

RUNNING HEAD: NEEDS ASSESSMENT OF IN PERSON COUNSELLING

Needs Assessment of In-Person Counselling for

The Manitoba Farm & Rural Stress Line

Applied Project

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ABSTRACT

The ongoing economic crisis experienced by Canadian producers is aggravated by additional farm-related stressors. Moreover, many farmers are reluctant to seek help for related mental and emotional health issues. Thirteen farm calls to the Manitoba Farm & Rural Stress Line (MFRSL) occurred during June and July of 2008. Callers included 7 females and 6 males between the ages of 35-65+ years. A qualitative design determined whether callers would identify in-person counseling as a need. Statements by callers were quoted directly and coded according to farm stress related issue(s), and three additional categories including reported health symptoms, coping mechanisms used, and perceived barriers to seeking help.

The most frequently cited coping mechanism was contact with the MFRSL. All callers stated that they would use an in-person counseling service if it was provided by the MFRSL. Reported farm stress related health symptoms included various physical, mental, emotional, and behavioural problems. Barriers to seeking help included health providers that lacked farming knowledge, and the values of pride and independence. These findings coincide with available literature related to farm stress and correlated help-seeking issues of farmers. The MFRSL is in a position to create an in-person counseling program that meets the unique needs identified by producers as critical to successfully assisting them with their health issues.

DEFINITIONS

Agricultural Population – The agricultural population includes producers of food and fiber, including farmers, ranchers, farm workers, fishers, persons involved in lumber production, any other persons whose economic livelihood depends substantially on agriculture and the families of all these persons (AgriWellness Glossary of Agricultural and Behavioural Health Terms, 2008).

Agricultural Producer - see definition for agricultural population.

Agricultural Behavioural Health – The field of health involving the behavioural healthcare of the agricultural population. Agricultural behavioural health implies the understanding of the culture of farmers, ranchers and other persons involved in the production of food and fiber and the understanding of the unique behavioural health risks of this population and methods of restoring disordered or dysfunctional behaviors' of this population to wellness (AgriWellness Glossary of Agricultural and Behavioural Health Terms, 2008).

Behavior – Observable activity of an organism, such as a human (AgriWellness Glossary of Agricultural and Behavioural Health Terms, 2008).

Behavioural Healthcare – Includes treatment for mental health conditions, substance misuse and other addictions; treatments such as psychotherapy, psychiatric medications, support groups, etc., for these behavioural disorders are referred to as behavioural healthcare services (AgriWellness Glossary of Agricultural and Behavioural Health Terms, 2008).

Farmer – a person who owns or operates a farm.

Farm Stress – Farm stress refers to the unique conditions experienced by farm family members including, weather, increased input costs, large debt loads, animal disease outbreaks (BSE and Avian Influenza), unpredictable markets, increased government regulation and complicated paperwork, long working hours, multiple on and off farm work roles, uncertain crop yield and

forage production, machinery breakdowns, and handling dangerous goods (Agricultural Health and Safety Network, 2000)

Health Care Professional Shortage Area – Regions of the country, usually rural areas, in which the number of available health care professionals such as family doctors, dentists and mental health professionals per 100,000 persons are well below the national average. An area is considered a health care professional shortage area at the determination of state and federal officials. These areas are deemed “underserved” in specific professional fields, such as mental health where there is an undersupply of available health care professionals to deliver service. Through the National Health Service Corps, licensed mental health care professional may receive inducements, such as repayment of education loans, to practice in a designated mental health care professional shortage area (AgriWellness Glossary of Agricultural and Behavioural Health Terms, 2008).

Peer Counselling – Peer counselling refers to social support provided by talking to other individuals who are similar in one or more ways and who are experiencing comparable conditions (Standing Senate Committee on Agriculture and Forestry, 1993, p. 16). Talking to peers is invaluable in that it provides needed support in times of distress, as well as normalizes shared problems and concerns (Standing Senate Committee on Agriculture and Forestry, 1993, p. 16). Peer counsellors are often referred to as paraprofessionals, or those without comprehensive professional training who are selected from the target population to be served, in order to be trained, and given ongoing supervision to perform a function traditionally carried out by a professional (Mamarchev, 1981). Commonly cited benefits from the use of peer counselling include: expanded program services and the potential to reduce costs as professionals are then freed to attend to other tasks; enhanced program capabilities with the addition of the unique

knowledge and skills of peer counsellors; the opportunity to gain valuable insight into the needs and concerns of the target population being served; and finally, insight into the target populations identified needs and problems assists in bridging the gap between professionals and the diverse groups they serve (Carkhuff, 1984).

Stress - Stress is a physical, mental, or emotional response to events that are perceived as a challenge or threat, and cause bodily or mental tension (Walker, J. L. & Walker, 1988).

Stressor – Stressors are events or conditions, internal or external to an individual, which cause a stress reaction (Walker, J. L. & Walker, 1988).

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CHAPTER I

For agricultural producers, hazards on the farm are varied, numerous, and arise from elements common to all farms such as, livestock management, machinery operation, and handling dangerous chemicals. Globally, and in terms of absolute numbers of fatalities, there is no more dangerous occupation than farming (Pickett, King, Faelker, & Bienefeld, 1999). According to the International Labour Organization (ILO), agricultural workers run at least twice the risk of dying on the job as workers in all other occupations (1997). Moreover, millions more of the world's 1.3 billion agricultural workers are seriously injured in occupational accidents most often involving machinery and agro-chemicals (International Labour Organization (ILO), 1997). Unfortunately, a more realistic forecast of occupational safety and health for farm workers is likely to be much more dire than statistics indicate due to global under-reporting of workplace injuries and fatalities (ILO, 1997). Worldwide, younger farm operators aged 25 to 34 years, experience the greatest number of machinery related deaths (ILO, 1997).

In Canada, agriculture ranks as the third most hazardous industry with respect to rates of fatal injuries (The Canadian Agricultural Injury Surveillance Program (CAISP), no date). A national program of the Canadian Agricultural Safety Association (CASA), the Canadian Agricultural Injury Surveillance Program (CAISP), released a report stating that there were 1,682 agricultural fatalities in Canada from 1990 –2004. Moreover, between 1990 and 2004, 14,884 agriculture-related hospital admissions related to injury were identified across Canada (CAISP, n. d.). The release of the most recent Canadian Census of Agriculture (2006) revealed that 13,801 farms reported farm-related injuries within the previous 12 months (Statistics Canada: The Daily, 2007).

The practical dangers associated with farming, and the subsequent risks to physical health, are well-documented threats for producers. However, a frequently overlooked health risk is the high levels of stress faced by farmers and their families (Standing Senate Committee On Agriculture and Forestry, 1993). Farm-related stress stems from a variety of sources, but is most frequently linked to unstable and adversative economic conditions associated with agriculture (Standing Senate Committee On Agriculture and Forestry, 1993). As the economic conditions for farmers become increasingly dire, the number of family owned farms dwindles due to farm failures, bankruptcies, and fewer newly incorporated farming endeavours (Belyea & Labao, 1990). Unfavourable economic circumstances, in and of themselves, create stress for farmers and, in turn, cause occupationally related health and safety issues (Smith, Culligan, & Hurrell, 1977; Keating, 1987; Van Hook, 1990).

In addition to ongoing economic difficulties, farmers experience other factors that impact their livelihood and quality of life, including unpredictable weather, long work hours, isolation, and managing multiple work roles both on and off the farm (Keating, 1987). The culmination of intense and prolonged stressful experiences further places farmers at risk for illness or injury from additional hazards related to physical, mental, and emotional health issues (Standing Senate Committee On Agriculture and Forestry, 1993). These concerns are ubiquitous in the lives of farmers and combine to contribute to what has more recently been termed the “Ongoing Farm Crisis” (Williams, 2001).

Farming has historically been ranked as one of the more stressful occupations, even during times of economic prosperity (Smith, et al., 1977; Keating, 1987; Van Hook, 1990). The National Institute for Occupational Safety and Health in the United States ranks farming in the upper 10% of the most stressful occupations (Heffernan, 1986). In Canada, farmers have lived

and worked under increasingly stressful conditions on an ongoing basis since the 1970's (Walker & Walker, 1987). Without doubt, the chronic nature of discouraging agricultural economic conditions such as, increasing market prices and fluctuating interest rates are major contributing factors related to the stress experienced by farmers and their families (Standing Senate Committee On Agriculture and Forestry, 1993).

Succeeding reactions to the economic conditions of the farm crisis have included a steady international decline in the number of farms. According to the United Kingdom Office of National Statistics (2004), the total number of self-employed farmers declined over 11% in the 9 year period between 1996 (616,000) and 2004 (546,000) (Health and Safety Executive, n. d.). The most recently released Census of Agriculture from United States Department of Agriculture (USDA) reported that the total number of farms had declined from 2,215,876 in 1997 to 2,128,982 in 2002. During the same period, the number of small farms with land between one and nine acres dropped significantly from 205,390 to 179,346 (United States Department of Agriculture (USDA), 2002).

In Canada, the number of viable farms has been steadily declining since 1941, with the most drastic drop of 10.7% between the years 1996-2001 (Statistics Canada: The Daily, 2007). The most recently released Canadian Census of Agriculture reports that the number of farms declined 7.1% from 246,923 in 2001 to 229,373 in 2006 (Statistics Canada: The Daily, 2007). During the same period, smaller farms with less than \$250,000 in receipts declined by 10.5% (Statistics Canada: The Daily, 2007). Although farm numbers decreased across the entire country, certain provinces demonstrated higher decreases than the national average. Of the ten provinces, Manitoba ranked third with a significant 9.6% drop in farm numbers (Statistics Canada: The Daily, 2007).

Increases in the failure to pay farm debts on time and a consequent rise in farm failures and bankruptcies are an increasing reality for producers (Murray & Keller, 1991). During 2006, 216 Canadian farmers filed for bankruptcy (Saskatchewan Agriculture and Food, 2007). Manitoba farm bankruptcies accounted for 36 of the total reported; up from 19 in 2001 (Saskatchewan Agriculture and Food, 2007). The subsequent result has contributed to farmers' increasing feelings of pessimism and a perceived loss of control over their lives (Kettner, Geller, Ludtke & Kelley, 1988; Bultena, Lastey, & Geller, 1986); isolation and the perception that the general public have no understanding or empathy for the plight of the farmer (Lyson, 1986). As well, the difficult economy and continuing declines in the farm population have had a subsequent negative impact on the surrounding rural communities (Fitchen, 1991; Smith, 1988; O'Brien, Edward & Dersham, 1994).

The prevalence of the additional occupational stressors related to farm work, including long working hours and role overload, are demonstrated in the number of Canadian men and women who report working off of the farm. Nearly half (48.4%) of Canadian farm operators reported off-farm employment in 2006 compared to 44.5% in 2001 (Statistics Canada: The Daily, 2007). Although significant numbers of both men and women work off of the farm, in 2006 the number of female farm operators who reported off-farm work (50.4%) exceeded the number of men at 47.6% (Statistics Canada: The Daily, 2007). The greatest increases in the proportion of farmers working off of the farm occurred throughout the western Canadian provinces, Manitoba included (Statistics Canada: The Daily, 2007).

A National Stress and Mental Survey of Canadian Farmers initiated by the Canadian Agricultural Safety Association (CASA) in 2005 surveyed 1100 farmers across Canada. The survey revealed that 20% of Canadian farmers are feeling "very stressed", and 45% described

themselves as feeling “somewhat stressed”. Factors most commonly reported by farmers as causing stress include unfavourable economic conditions, unstable weather, balancing long working hours with family obligations, and the financial reality of mandatory off farm employment in order to maintain the farm and support family (CASA, 2005).

Unfortunately, there is a limited amount of literature that documents the extent and experience of mental and emotional issues related to farm stress, and there consequent physical effects, in the Canadian farming population. Moreover, the data that exists related to farm-related stress is insufficient in terms of documenting the unique nature and degree of the stress. Much of the data is anecdotal however there is some evidence that proposes that many farm family members are in fact experiencing mental and emotional problems related to stress (CASA, 2005, Standing Senate Committee on Agriculture and Forestry 1993, Thurston, Blundell-Gosselin, & Rose, 2003).

There are a number of global studies that indicate that the experience of emotional and mental problems related to farm stress is evidenced, in part, by suicide. There is existing literature that cites evidence connecting farm stress with increased reports of purposive self-injury and suicide (Standing Senate Committee on Agriculture and Forestry, 1993; Hirsch, 2006; Ortega, Johnson, Beeson, & Craft, 1994). Gunderson et al. (1993) found suicide rates to be twice as high among farm residents and workers compared to the general population in five north central states in the United States during a period of grave economic circumstances for farmers. In Great Britain, during the most recent hoof and mouth disease and Bovine Spongiform Encephalitis (BSE) disasters, the suicide rate among livestock and dairy farmers rose sharply (Hartley, 2001). Related to the same agricultural disasters, the Netherlands reported an increased number of suicides during the same time frame (American Simmental Association, 2001).

Interestingly, Gunderson et al. (1993) documented a seasonal trend to suicide rates for farmers, citing planting and harvest times as periods when suicide rates increased.

Conversely, two Canadian studies found lower than average suicide rates among farm operators between comparison populations of Canadian males (Pickett & Brison, 1993; Pickett, King, Faelker & Bienefeld, 1999). However, these studies did not include farm suicides that were suspected of being staged to resemble farm accidents (Standing Senate Committee on Agriculture and Forestry, 1993). Furthermore, no additional studies have been conducted to replicate and confirm these findings to date (Centre for Suicide Prevention, SIEC Alert #50, 2002). It is reasonable to assume that Canadian farm operators would be at comparable risk of suicide to their international counterparts given the global similarities related to the nature of farm stressors.

Additional Canadian studies do offer some evidence that indicates that prolonged high stress conditions for farmers have frequently been correlated with signs of mental, emotional and behavioural health issues such as depression, inability to concentrate, difficulty making decisions, forgetfulness, loss of temper, emotional outbursts, inability to relax, mental confusion, sleep disturbances, substance abuse, reduced productivity, marital breakdown and other relationship problems, family violence and frequent arguments with family and friends (Walker, J. L. & Walker, 1988). In addition, the Standing Senate Committee on Agriculture and Forestry (1993) reported physical manifestations of farm stress that included “cardiovascular problems, digestive problems, chronic fatigue, headaches and backaches” (p.3). Further reports also uncovered the affects of farm stress on young children and adolescents concerned and preoccupied about their parents torment (Standing Senate Committee on Agriculture and Forestry, 1993).

Mental, emotional and physical problems can, in turn, contribute to poor decision-making in relation to daily farm work and put farmers and their families at increased risk for injury. The subsequent affects on farm health and safety are directly attributable to the mental, emotional and physical strain of chronic stress. The constant stress experienced by farmers affects the quality of decisions made in areas pertinent to farm safety including “the purchase and use of personal protective equipment, chemical use on the farm, purchase of machinery with improved safety devices” (Standing Senate Committee on Agriculture and Forestry, 1993, p. 3). Moreover, farm accidents and fatalities are more likely to occur when farmers are distracted, exhausted and under chronic stress conditions. Furthermore, ongoing stressful circumstances were found to negatively influence decisions regarding number of hours worked, on and off the farm, and the intensity of effort required during work hours, leading to increased risk of injury (Standing Senate Committee on Agriculture and Forestry, 1993).

Exacerbating the problem of farm stress is the reluctance by many farmers to openly discuss mental health issues or ask for assistance. Although it appears that the stigma attached to seeking support for stress related concerns is decreasing, farmers who do access health care providers do so only after a prolonged period of trepidation (Rosmann, 1994).

The use of personal coping strategies and social support networks are positively correlated with reducing the affects of exposure to chronic stressful circumstances (Plunkett, Henry & Knaub, 1999). The literature demonstrates that many farmers have adapted effective personal coping strategies (Swisher, 1998). However, the literature also documents the fact that many farm families fail to utilize social supports and/or seek professional assistance for behavioural health issues (Swisher, Elder, Frederick & Rand, 1998).

In June 2005, the Canadian Agricultural Safety Association (CASA) released the results of an internal national review regarding what resources, actions, and research were being pursued regarding Mental Health, Stress and the Farm throughout Canada (CASA, June 01, 2005). The report revealed that the Canadian Mental Health Association (CMHA) were aware of, and referred farmers to, farm and rural stress telephone lines if they were available in their province. However, "...the CMHA, even at the branch levels, did not have resources available specifically for farmers" (CASA, June 01, 2005, p. 9).

Currently, the CMHA offers free counselling to persons with mental health concerns throughout the province of Manitoba as part of the Canadian universal health care system. However, it is unknown how many Community Mental Health Workers (CMHW's) possess agricultural knowledge. Further, it is unknown whether farmers are aware of this service, or whether farmers feel comfortable accessing the CMHW's due to the stigma attached to mental health problems, and/or the uncertainty regarding the farming background of the individual worker.

The CASA review further stated that mental health organizations, such as the Schizophrenia Society and the Mood Disorders Association of Canada, offer quality services and self help groups but are not necessarily accessible to farmers. A major barrier for farmers is the lack of availability of such groups in rural areas compounded by the lack of anonymity that permeates smaller towns (CASA, June 01, 2005).

Only 2 in 10 farmers throughout Canada reported having spoken with a health care professional about issues relating to stress and mental health issues (Canadian Agricultural Safety Association (CASA), 2005). Attitudinal barriers within the farming population and the

subsequent stigma attached to accessing support continue to obstruct help-seeking behaviours. Interestingly, the majority of Canadian farmers (92%) surveyed reported that it is of paramount importance that the health care providers have extensive agricultural knowledge (CASA, 2005). Further, the majority of farmers reported a preference for meeting in-person with a health care professional over group and telephone help lines (CASA, 2005).

A Manitoba study conducted with mental health care and allied service providers revealed that providers themselves recognize that there is a deficit in available, appropriate, and acceptable mental health services for rural citizens (Ryan-Nicholls, Racher, & Robinson, 2003). Moreover, the study suggested that response times for referrals to mental health services, wait-times for clients, and length of time between appointments were on the rise in conjunction with mental health workers increasing case loads (Ryan-Nicholls et al., 2003).

Significant gaps in services aimed at meeting the specific behavioural health needs of farmers and their families are an ongoing issue throughout North America (Beeson, 1999; Rosmann, 2001; CASA, 2005). There is substantiation of farm crisis programs that include telephone help lines in the U.S. High Plains (Griffin & Bosch, 2003), and both farm crisis help lines and direct services throughout a seven state region of the United States (Rosmann, 2005) and the United Kingdom (Davies, 2002). Australia has developed specialized community education programs to assist the agricultural community (Reeve, 2001).

In Canada, several provinces maintain telephone help lines devoted to farmers namely, Manitoba, Nova Scotia, Saskatchewan and Ontario. Prince Edward Island and Nova Scotia each offer some form of in-person counselling for farmers. Finally, Ontario piloted a program combining an existing farm crisis help line with in-person counselling, however the project

received only a modicum of success and the combined service will not be funded following March 2008. Reasons for the dissolution of this program will be discussed in further detail in the literature review. Currently, Manitoba does not have a specialized in-person counselling service created specifically for the unique needs of the farming population.

Purpose of Applied Project

Organization Background

Since 2000, The Manitoba Farm & Rural Stress Line (MFRSL) has provided information, support, counselling and referrals to farm families and rural Manitobans through a confidential, toll-free telephone help line (Manitoba Farm & Rural Stress Line (MFRSL), 2008). The MFRSL is funded by Manitoba Health and is a program of Klinik Community Health Centre (MFRSL, 2008). The help line is staffed by paid professional counsellors and trained volunteers, all of whom have farming backgrounds. Statistics for 2007 revealed the highest call volume since the MFRSL inception with a total of 2223 calls (MFRSL, Annual Report, 2007). The MFRSL offers additional outreach and education services including an e-mail helpline, and interactive website, a rural database of organizations and services (available through the website and counsellors), workshops, presentations and an informational display (MFRSL, 2008).

In addition to the farm line, the MFRSL receives calls on two other phone lines during office hours namely, the Manitoba Suicide Line (MSL) and the Klinik Toll Free Crisis Line (MFRSL, 2008). These lines are answered by both volunteers and paid staff. Through the Brandon office alone, the MSL has received 586 calls in 2007 and the Toll free Crisis Line has received 441 in 2007 (J. Smith, MFRSL Program Manager, personal communication, March 2008). Currently, an active volunteer base of 15 volunteers takes calls on the MSL and Toll Free

Crisis Line. Four of the volunteers have farming backgrounds and have participated in a one-day MFRSL Orientation, which makes them eligible to answer farm line calls as well (J. Smith, MFRSL Program Manager, personal communication, 2008).

Applied Project Objectives

Personal communication with the MFRSL staff revealed that there are three consistent areas of discussion that occur during crisis calls with farmers and their family members. The literature review confirmed that these three areas are the predominant areas of study found throughout the research related to farm stress. The three subject areas are as follows:

1. Identification of the physical, mental, emotional, and behavioural health symptoms that result from farm related stress.
2. The coping mechanisms used by farmers and their family members.
3. The availability, appropriateness, and acceptability of mental health services; and the perceived barriers to those services, both internal and external to the farmer (MFRSL staff, personal communication, March, 2008).

The objectives of the needs assessment are as follows:

1. To examine existing MFRSL farm related records to determine if callers to the stress line identify a need for MFRSL to create an in-person counselling program for Manitoba farmers and their families.
2. To examine the same records for the three subject areas with a view to creating an in-person counselling program that would best meet the specific needs of Manitoba farmers.

*Health Behaviour and Health Education**Introduction*

Health educators have specific responsibilities and core competency areas that are clearly linked to the success of program planning for health education and promotion. The program planning process encompasses the two main responsibilities of health planners, namely executing an adequate needs assessment and subsequently planning an effective health program to address the health issue indicated by the assessment (Glanz & Rimer, 2005). The purpose of the needs assessment is to determine the health issue or desired health behaviour that is identified by the target population as a prioritized concern (Glanz & Rimer, 2005). In addition, the assessment provides baseline measurements of items such as current health programming services and successes, and the range of cognitive and social environmental factors that may help or deter the success of the health behaviour program (Glanz & Rimer, 2005).

Health behaviour and health education theory can assist in the program planning process by identifying the most suitable targets for programs, the methods for accomplishing change, and the outcomes for evaluation (Glanz & Rimer, 2005). More than one theory is often needed to adequately address an issue and subsequently develop comprehensive health promotion programs (Glanz & Rimer, 2005). While theory alone does not produce an effective program, research, planning, implementing and monitoring do. The proper combination of theories and conceptual frameworks will make assumptions about behaviours, individuals, and their environmental context that are rational and supported by research (Glanz & Rimer, 2005).

Precede-Proceed Introduction

The PRECEED-PROCEED planning model provides a comprehensive framework for assessing health issues and quality of life from an ecological perspective. Further, the model offers a systematic means for designing, implementing, and evaluating health programming (Green & Kreuter, 1999, p. 34). Consisting of five phases, PRECEDE is an acronym for Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation (Green & Kreuter, 1999, p. 34). Primarily investigative, the PRECEDE phase of the model provides a diagnostic action plan for the development of effective behavioural interventions. PROCEED is an acronym for Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development and as such, guides the implementation and evaluation portion of the program formulated in the PRECEDE component (Green & Kreuter, 1999).

For the purposes of this project, only the PRECEDE portion of the framework was used as a method to organize the literature and provide an ordered means of applying theory to explain the behaviour choices of farmers and farm family members (Green & Kreuter, 1999). The PROCEED portion of the framework could be utilized in the future in order to fully develop an in-person counselling program. The PRECEDE portion of the model focuses on the diagnostic elements of the planning model and will therefore enable the needs assessment process (Green & Kreuter, 1999). PRECEDE begins with an analysis of the target population's quality of life, and then reviews the epidemiological data regarding potential health issues in the population. The epidemiological data ties the quality of life to certain behaviours, lifestyle choices, and environmental realities. Following this, the model identifies the predisposing, reinforcing and enabling factors that are associated with each of the behaviour, lifestyle, and environmental issues. Determining these factors is critical to developing a health behaviour program that meets

the specific needs of the target population. Finally, the model progresses to an analysis of the policy, laws, and regulatory activities that impact and/or reinforce the health behaviours. This provides a means of altering each of the structural dynamics that may contribute to the desired health goal.

Theory

The following theories were employed singularly, or in combination, throughout the phases of the literature review and the examination of the MFRSL records:

1. Social Cognitive Theory (SCT).
2. Stress and Coping.
3. Community Organization (Social Networks and Social Support).
4. Health Belief Model (HBM).
5. Theory of Reasoned Action (TRA).

CHAPTER II

Review of Literature

The literature review consisted of continuous computer data base searches for relevant periodicals, non-periodicals, agricultural publications, government reports and books regarding farm related stress, coping, agricultural behavioural health services, barriers and gaps in services. The Manitoba Farm & Rural Stress Line provided copious personal information, articles, presentations, brochures and other media. In addition, several interviews with Co-ordinator's of existing farm support programs were conducted by telephone and email. This review will also encompass an examination of existing programs developed to address mental health issues related to farm stress.

Introduction

Beginning in the early to mid 1990's, research regarding farm stress and the subsequent behavioural health consequences focused predominantly on three general themes namely: 1. The physical, mental, emotional, and behavioural health symptoms resulting from the unique stressors experienced by farmers and farm family members; 2. Farm families coping mechanisms and subsequent adaptation ; and 3. The availability, appropriateness, and acceptability of mental health services; and the perceived barriers to those services, both internal and external to the agricultural population.

The review of the literature provides an overview of these three areas utilizing the most recent and relevant reports and research studies in order to substantiate the three themes, as well as identify inconsistencies within the literature. In addition, the three themes of interest were coordinated with the PRECEED portion of the PRECEED-PROCEED framework, including the corresponding health behaviour theory and practice examples. Finally, descriptions of existing

programs and services developed to meet the specific and unique behavioural health needs of the agricultural population will be outlined throughout the review.

Precede-Proceed Phase One – Social Assessment

Community organization and community building

The first four diagnostic phases of the PRECEED model provide three fundamental components namely, a self-evaluation of the target communities needs, problems, goals, strengths, and available resources; evidence regarding the root causes of the needs and problems; and prioritizing the needs, problems, and goals based on perceived importance, available resources, and ability to affect change (Green & Kreuter, 1999). The Social Assessment phase of PRECEED is utilized to measure quality of life as it is perceived by the target population (Green & Kreuter, 1999). Ideally, community level theory is utilized to encourage participation and assist the target population in identifying the specific problems they wish to address.

Community Level theory assists in outlining a Social Diagnosis that is based on a community driven method of identifying and resolving the identified health issue (Glanz & Rimer, 2005). Minkler & Wallerstein (1996) describe community organization as the process of mobilizing and empowering individuals and communities to commit to organizing and identifying issues of concern and subsequently planning and implementing health interventions to address the problems (p. 214). Community building traditionally required that the issue be identified by the community itself, and that the outcome of any intervention result in a tangible increase in community independence and ability (Minkler & Wallerstein, 1996, p.243).

According to Minkler & Wallerstein (1996), there is no single cohesive community organization or community building model but there are several fundamental concepts that can be utilized to

instigate and evaluate success at the community level namely, participation and relevance, empowerment, critical consciousness, community competence, and issue selection (p. 250).

Community organizing efforts are considered essential to health behaviour programming due to the strong reliance on the principle of “. . . starting where the people are” (Minkler & Wallerstein, 1996, p. 43). Hence the importance of the fundamental concepts of participation and relevance which refer to encouraging maximum involvement by the target population in identifying their perceived needs, problems, goals, strengths, and available resources (Minkler & Wallerstein, 1996, p. 250). Empowerment refers to increasing the capacity of individuals and communities to become more self-reliant and have the right to make their own choices as well as the ability to act on them (Minkler & Wallerstein, 1996, p. 250). Critical consciousness refers to an in depth interpretation of a problem based on reflection regarding the origin of the problem coupled with community change efforts (Minkler & Wallerstein, 1996, p. 250). Community competence is the target population’s belief in their perceived ability to identify problems and develop an agenda to address the chosen issue (Minkler & Wallerstein, 1996, p. 250). Finally, issue selection refers to the target populations’ participation in identifying the problem or goal to address (Minkler & Wallerstein, 196, p. 250).

Related to community organization and community building practice, the concepts of participation and relevance, and issue selection were applied during the administration of the National Stress and Mental Survey of Canadian Farmers initiated by the Canadian Agricultural Safety Association (CASA) in 2005. The CASA (2005) survey is an integral component in the current research regarding producers and several agricultural behavioural health themes namely, causes of stress and stress levels, dealings with behavioural health professionals; preferences when seeking help, and perceived barriers to accessing stress and mental health services.

The questionnaire was administered to 1100 respondents across Canada and represented Statistics Canada data on the distribution of farmers. The final survey results were weighted to precisely reproduce actual farm population distributions across Canada with an accuracy rating of + or – 3 percent. The survey consisted of a detailed battery of questions designed to produce specific and precise information on the chosen agricultural behavioural health related themes, as well as several open-ended questions included to evoke a “top-of-mind factor causing stress” (CASA, 2005, p. 3).

Certainly, abundant evidence exists concerning the high levels of stress identified and reported by Canadian farm communities (CASA, 2005; Standing Senate Committee On Agriculture and Forestry, 1993; Walker, L. J. & Walker, 1987). As described in the CASA (2005) study, when farmers were asked to respond regarding the biggest factor that is causing them stress using open ended questions they characteristically replied with issues concerning finances (p. 27). Conversely, when asked about the causes of stress using a more in depth battery of questions, farmers responded with more detailed answers such as “poor harvests/production, Government policies, and farm finances” (CASA, 2005, p. 27). Additional factors reported as causing high stress for producers include weather, the BSE crisis, and the “pressure to maintain the family farm” (CASA, 2005, p. 10). Four interpersonal and familial factors causing moderate stress included concerns about physical health, balancing roles on and off the farm, personal family relationships and concerns about mental health (CASA, 2005).

Clearly issues regarding finances and income cause immense stress for farmers. However, additional important factors identified by farmers as contributing to stress are poor harvest and Government policies as well as interpersonal and familial issues. Of interest is the fact that many of the factors recognized as causing stress for farmers such as BSE, gross income,

government policies and support programs, also affect prices and income and therefore contribute to financial issues (CASA, 2005).

Social conditions and health problems are often mutually exclusive and, in turn, have influence over each other. In the case of agriculture, unfavourable economic conditions are persistent, and numerous other uncontrollable factors such as fluctuating market prices, increasing input costs and interest rates, unstable weather, pests and agricultural disasters, such as Bovine Spongiform Encephalitis (BSE), have contributed to the increasing stress experienced by farmers and their families (Standing Senate Committee On Agriculture and Forestry, 1993). The subsequent symptoms of stress most frequently cited by farmers include physical symptoms such as not sleeping and lack of concentration and motivation as well as mental and behavioural symptoms such as: angry outbursts, fear of losing the farm, dysfunctional communication with family, and seeking off farm employment due to financial strain (Standing Senate Committee On Agriculture and Forestry, 1993).

Along with economic difficulties, farmers have identified two additional social and environmental issues unique to farming that, in turn, contribute to high stress conditions. First, farmer's often live with the difficult task of balancing on-farm, household, and off-farm responsibilities in the face of limited time and energy (Keating, 1987; Walker, J. L. & Walker, L. J. S., 1988). Second, a growing concern for farmers is the declining number of family owned farms and the subsequent impact on the surrounding rural communities (Belyea & Laboa, 1990; Heffernan N. P. & Heffernan, 1988).

Summary

Although the agricultural community has been instrumental in the identification of health issues related to farm stress, there is much debate regarding the most suitable method of assisting farmers in ameliorating the issues. One of the more salient debates refers to the question of the appropriate roles and functions of professionals in developing programming to address farm stress issues (CASA, 2005; Rosmann, 2001; Standing Senate Committee on Agriculture and Forestry, 1993). These will be thoroughly addressed in subsequent diagnostic phases.

The information gathered in this section of the literature review will be utilized when viewing the MFRSL encounter forms. The writer will be looking for comparisons between the existing literature and the encounter forms related to the agricultural issues that cause stress for farmers and their family members, and negatively affect quality of life. In turn, this information will be used to focus on creating an in-person counselling program that includes elements that will address the most salient and frequently cited causes of farm stress.

Precede-Proceed Phase Two - Epidemiological Assessment

To reiterate, Canadian farmer's state economics and financial issues as the most prominent causes related to farm stress (CASA, 2005, p. 3). While financial concerns related to general farm investments, the BSE crisis, and commodity prices are certainly an ongoing social reality, it is the resulting physical, mental, and behavioural health issues that pose the greatest threat to farmer's health overall. To restate the health concerns outlined in the introduction, there are particular physical, mental, and behavioural health issues related to farm stress that are experienced at a universal level among farmer's (Walker, J. L. & Walker, 1988). Prolonged high stress conditions for farmers have frequently been correlated with signs of mental, emotional and

behavioural health issues such as depression, inability to concentrate, difficulty making decisions, forgetfulness, loss of temper, emotional outbursts, inability to relax, mental confusion, relationship problems, family violence and frequent arguments with family and friends (Walker & Walker, 1988). In addition, Standing Senate Committee on Agriculture and Forestry (1993) reported physical manifestations of farm stress that included “cardiovascular problems, digestive problems, chronic fatigue, headaches and backaches” (p.3). Further reports also uncovered the affects of farm stress on young children and adolescents concerned and preoccupied about their parents torment (Standing Senate Committee on Agriculture and Forestry, 1993).

According to the Standing Senate Committee on Agriculture and Forestry (1993), many of the issues causing stress for farmers and their families are viewed as uncontrollable including unrelenting and volatile economic conditions, unpredictable weather, balancing multiple work roles on and off the farm, and the necessity of off-farm employment in order to supplement farm income.

The subsequent affects on farm health and safety are directly attributable to the mental, emotional and physical strain of chronic stress. The constant stress experienced by farmers affects the quality of decisions made in areas pertinent to farm safety including “the purchase and use of personal protective equipment, chemical use on the farm, purchase of machinery with improved safety devices” (Standing Senate Committee on Agriculture and Forestry, 1993, p. 3). Moreover, farm accidents and fatalities are more likely to occur when farmers are distracted, exhausted and under chronic stress conditions. Furthermore, ongoing stressful circumstances are found to negatively influence decisions regarding number of hours worked, on and off the farm, and the intensity of effort required during work hours, leading to increased risk of injury (Standing Senate Committee on Agriculture and Forestry, 1993, p. 3).

The Standing Senate Committee on Agriculture and Forestry (1993) identified certain groups of individuals who were at increased risk for mental, emotional and behavioural health issues from farm stressors including, disabled farmers. Adding a disabling injury to the strain already experienced by farmers has the potential to create, or exacerbate the economic instability of a farm business and increase stress for all farm family members (Standing Senate Committee on Agriculture and Forestry, 1993).

Farm women and farm family members were also cited by the Standing Senate Committee on Agriculture and Forestry (1993) as representative of groups of individuals who are at increased risk of harm due to domestic violence related in some measure to farm stress. In March, 1995, the Canadian Farm Women's Network (CFWN) published a position paper titled "Family Violence in Rural Canada" that focused in part on identifying the unique issues that contribute to farm family violence and the recommendations to address the issue. Global and national issues related to agricultural reformation and the subsequent economic turmoil were cited as external factors perceived as uncontrollable by the male farmer (Canadian Farm Women's Network (CFWN), 1995). As a result, some farm men may feel that maintaining control within the home and family is necessary (CFWN, 1995). The need for dominance and control is a primary force behind domestic and family violence. "Changing family structures, plus the restructuring of agriculture and rural communities, has lead to the need for more stabilizing factors in our family and home based business lives" (CFWN, 1995, p. 3).

Summary

This section of the literature will be used to evaluate similarities between the existing literature and the MFRSL encounter forms related to theme one and the identification of

physical, mental, emotional, and behavioural health symptoms related to farm stress.

Comparable data found in the MFRSL encounter forms will be critical in terms of providing compelling evidence related to the importance and necessity of creating an in-person counselling program for Manitoban farmers and their family members.

Precede-Proceed Phase Three – Behavioural and Environmental Assessment

The Behavioural and Environmental Assessment Phase assists in identifying factors that contribute to the health problem (Green & Kreuter, 1999). This phase reviews the behaviours of individuals and groups within the target population in terms of how they contribute to the quality of life and health issues previously identified (Green & Kreuter, 1999, p. 112). It also analyzes the environmental circumstances that may be hindering the health behaviours of individuals or directly affecting the quality of life and health of the target population (Green & Kreuter, 1999, p. 112). In the case of farmers, the stressors unique to farming and the subsequent health issues often experienced as a result are certainly salient issues. However, it is the reluctance by many farmers to seek help for mental health issues, combined with problems related to the traditional type of counselling offered by health care providers that worsens the situation (Robertson & Fitzgerald, 1992, p. 240).

Behaviours identified in the literature as barriers internal to the farmer that subsequently prevent them from seeking help for mental health problems related to farm stress included:

1. Pride and a culture that values independence and self-reliance combines with a fear that community members will find out that an individual has sought help for mental health problems, which would directly conflict with those values (CFWN, 1995; Martinez-Brawley & Blundall, 1989; Rosmann, 2001; Van Hook, 1990). Fuller, Edwards, Procter,

and Moss (2000) cite the self-reliant nature of the rural agricultural population as an obstacle to help seeking, often even from family and friends. The CASA (2005) survey cited “a great reluctance to identify themselves publicly as needing help or having difficulties” as an additional barrier to farmers help-seeking behaviour for mental health issues (p. 17). Unfortunately, the unwillingness to appear weak or helpless often extends to the farmers immediate family and community. Perhaps due in part to the reluctance from the head of the family to seek help (Brooks, 1996, p. 17).

2. A general mistrust of outsiders prevents seeking and accepting help from professionals and individual's they do not know on a personal level, even when circumstances become dire (Bushy, 1993; Fuller, Edwards, Procter, & Moss, 2000; Martinez-Brawley & Blundall, 1989; Rosmann, 2001).
3. Apprehension about seeking professional help due to the stigma associated with mental illness (CASA, 2005; Fuller et al., 2000; Martinez-Brawley & Blundall, 1989, p. 519; Rosmann, 2001, p. 28).
4. A lack of understanding about mental illnesses and their treatments, as well as a lack of knowledge regarding available, appropriate services (Martinez-Brawley & Blundall, 1989, p. 519; Rosmann, 2001, p. 23).
5. A fear of being perceived as mentally ill (CASA, 2005; Fuller et al., 2000; Martinez-Brawley & Blundall, 1989; Rosmann, 2001 ;).
6. A lack of perceived value regarding the usefulness of mental health services combined with the belief that time taken away from the farm in order to seek help for farm stress related issues is a waste of time, and/or cannot be justified (CASA, 2005).

Additional summative literature regarding the behaviours internal to the farmer that effect help-seeking actions regarding mental health issues, include their choice of care-giver. When farmers do choose to seek help for stress and mental health related issues, the majority turn first to a family physician, second to a “stress/mental health professional”, and third to a priest or other religious figure (CASA, 2005, p. 3). Interestingly, the CASA (2005) study shows that very few farmers would “turn to a sibling (7%), spouse (7%) or a friend (6%) for help with stress and mental health issues” (CASA, 2005, p. 7). Supplementary methods that appealed to farmers regarding learning how to manage stress and mental health issues were reported as attending workshops (45%) and/or one-day retreats with their peers (CASA, 2005, p. 17). According to additional research, collaborative efforts that include peer counselling, or turning to a friend, are successful when used in tandem with professional supports and additional outreach measures (Hannon, 1999; Rosmann, 2001; Standing Senate Committee on Agriculture and Forestry, 1993, p. 17). According to the CASA (2005) survey, barriers for farmers seeking help from professionals for stress and mental health include the well-cited reasons of pride and farmers independence at (41%) (p. 18). Other obstacles were reported as much less of an issue namely “. . . that farmers are too busy to seek help (9%), seeking help is a wasted of time (7%), that farmers do not feel they need help (7%), and that they may feel embarrassed or there is a stigma attached to needing help (7%)” (CASA, 2005, p. 18). The reports by Canadian farmers regarding the reduction in the stigma attached to farmers seeking assistance for stress and mental health issues, reflects a current trend in the research (CASA, 2005; Rosmann, 1994; 2001).

Various environmental factors, both internal and external to agricultural communities, were identified in the literature as effecting farmers choices regarding seeking outside help for mental health issues related to farm stress namely:

1. Professional helpers often lack agricultural experience and may, therefore, also lack the necessary knowledge and understanding required to meet the unique needs of farmers (CASA, 2005; Rosmann, 2001, p. 23).
2. Stereotypes, generalizations, and assumptions held by many professional helpers regarding farm and rural inhabitants has led to several common biases including, the perception of farm and rural people as having stronger traditions and being more resistant to change than their urban counterparts; as living under patriarchal rule; and as having inflexible standards regarding male/female roles (Brannon, 1985, p. 298; CFWN, 1995; Martinez-Brawley & Blundall, 1989, p. 519; Sawyer, Gale, & Lambert, 2006, p. 3).
3. Global and national issues related to agricultural reformation and ongoing economic problems serve to exacerbate uncontrollable factors affecting farmers' livelihood, such as weather and unpredictable markets (CASA, 2005; Rosmann, 2001; Walker L. S. & Walker, 1987).
4. Access to appropriate mental health services for farm and rural people is often made difficult due to geographical isolation, transportation barriers and prohibitive costs of mental health services (Fuller et al., 2000; Murray & Keller, 1991; Rosmann, 2001; Sawyer et al., 2006, p.4; Standing Senate Committee on Agriculture and Forestry, 1993, p. 18).
5. The focus on treatment for illness rather than on sufficient prevention and education places undue emphasis on the health care provider as holding a position of power and

- the farmer as losing the values of independence and self-reliance (Martinez-Brawley & Blundall, 1989; Rosmann, 2001, p. 29; Sawyer et al., 2006, p. 3).
6. The general acceptance by farm and rural communities that suicide, addictions issues and domestic violence are ingrained in the lifestyle and therefore not amenable to change (CFWN, 1995; Rosmann, 2001, p. 28).
 7. The reluctance by primary care physicians in rural areas to diagnose mental health issues due to the well-known stigma that farm and rural patients associated with mental illness (Rosmann, 2001, p. 28).
 8. The deep-rooted values reported by farmers as integral to the farming culture namely, independence and self-reliance, have in some cases justified the reluctance by political leaders to allocate public funds for social programs and mental health services for rural areas (Rosmann, 2001, p. 28).

Additional research by the Canadian Farm Women's Network (CFWN) (1995) summarizes the numerous environmental barriers related to seeking help for farm family violence issues counting "a great concern regarding the limited understanding about farming and farmers among the general population, when it comes to the economics of farming" as one of the most daunting (p. 26). In addition, the CFWN (1995) felt that the "stereotypes, generalizations and assumptions" about farm families by mental health professionals were counterproductive when seeking mental health services and/or support from a person who lacked direct agricultural experience as, "Wrong conclusions are formed because professionals approach the rural and farm families with preconceived concepts, such as rural and farm people are resistant to change" (p. 27).

Social cognitive theory (SCT)

Utilizing concepts fundamental to Social Cognitive Theory (SCT) helps in understanding the factors that contribute to farm families' choice of coping mechanisms in response to farm stress. Moreover, SCT concepts assist in identifying and explaining some of the perceived barriers to accessing mental health services from the point of view of the agricultural population. Identifying internal and external factors associated with the reluctance by many farmers to seek help for mental health problems will, in turn, facilitate the creation of an in-person counselling program developed to best address the specific needs of farmers.

Utilizing constructs associated with SCT this writer hypothesizes that farmers will only seek help for mental health issues with outside sources if they feel certain that they are capable of engaging with the chosen helper (Glanz & Rimer, 2005). Moreover, they must also believe that they will gain the appropriate knowledge and skills that will assist in coping with farm stress issues (Glanz & Rimer, 2005). Further, individual farmers must perceive that the benefits of meeting with a professional or peer will, in turn, justify the potential costs (Glanz & Rimer, 2005). Finally, the farmer must believe that by seeking help for mental health issues they will be internally and externally reinforced, both by the agricultural and health care related communities (Glanz & Rimer, 2005). Several important constructs support SCT and offer a means of determining why farmers may choose particular methods of coping with stress (Glanz & Rimer, 2005). In addition, these concepts provide clues as to what factors may support or hinder the decision to access assistance from a mental health professional (Glanz & Rimer, 2005).

An ever-present construct in health behaviour theories including SCT, self-efficacy refers to the confidence an individual possesses regarding their ability to take action and overcome

obstacles (Glanz and Rimer, 2005, p. 21). Often cited as the most significant personal factor in behaviour change, self-efficacy is best achieved through incremental steps that allow for reinforcement and feedback (Glanz & Rimer, 2005, p. 21). Related to farmers and help-seeking behaviours for mental health issues, opportunities for building self-efficacy would be necessary to gain access to continuous reinforcement (Glanz, Lewis, & Rimer, 1997, p. 157).

Observational learning provides the opportunity to build self-efficacy, especially if the models being observed are similar to the individuals who are attempting to implement the behaviour (Glanz et al., 1997, p. 157). Therefore, opportunities to observe and speak with other farmers who have successfully engaged with a professional or peer health service provider, may increase the likelihood that individual farmers will also seek help for mental health issues (Rosmann, 2005). Related to observational learning is the concept of behavioural capacity, or the belief in one's ability to perform a particular behaviour successfully (Glanz et al., 1996, p. 157). In order for individual farmers to engage in help-seeking behaviour for mental health issues they must believe that they will learn, and successfully utilize, the knowledge and skills required to overcome issues related to farm stress. Outcome expectations are also related to building self-efficacy and refer to the value that is placed on engaging in certain behaviours (Glanz et al., 1997, p. 157). There is a vast amount of literature related to the internal behavioural factors that affect individual farmer's outcome expectations regarding the efficacy of seeking mental health services (CASA, 2005; Rosmann, 2005; Walker, L. S. & Walker, 1987).

Reciprocal determinism is an additional concept related to SCT that suggests that there are causal influences acting between an individual and their environment (Glanz & Rimer, 2005, p. 20). As such, a person's behaviour both influences, and is influenced by, personal factors and the social environment in which they live (Glanz & Rimer, 2005, p. 20). Reciprocal determinism

helps to explain individual farmers' adaptation and coping choices in response to farm stress and the internal and external factors that effect help-seeking decisions for mental health issues. In other words, farm families' perceptions of obstacles to seeking help for mental health issues are based on personal beliefs namely: the stigma associated with mental illness; a lack of knowledge about mental illness, as well as a lack of understanding about what mental health services entail; a distrust of professional helpers; and a farming culture that values independence and self-reliance. Decisions related to seeking help are further swayed by environmental factors that effect availability, appropriateness, and accessibility of services. These factors may include professional helpers that lack agricultural knowledge, providers who hold stereotypes, generalizations, and assumptions about farmers that effect treatment, and the lack of adequate farmer specific programs.

Social networks and social support

In conjunction with SCT, constructs related to social networks and social supports assist in understanding the social and environmental forces that contribute to the health and quality of life of farm families'. During times of stress, a farmer's social foundation may offer valuable emotional support, enhance coping abilities, and increase access to community resource (Heaney & Israel, 1996). Conversely, an agriculturally based social support system that values self-reliance and independence above the health of the individual farmer may indirectly thwart efforts to access mental health services (Martinez-Brawley & Blundall, 1989, p. 519).

Social networks and social support that produce improvements in health include basic qualities that initiate “. . . expressions of trust, closeness, and caring”, similar to the virtues found in family members, neighbours, and peers (Heaney & Israel, 1996, p.188). Moreover, research

supports the concept of reciprocity, or the exchange of social support from members within the social network, as a means of improving the overall health of a community (Heaney & Israel, 1996, p. 187). The quality of social support is affected by the individual providing the support; the type of support offered namely, emotional, instrumental, or informational, and the timing of the offer (Heaney & Israel, 1996, p. 188). Social support can be provided by informal supports, such as family, colleagues, and friends; or by means of formal supports, namely, health care providers (Heaney & Israel, 1996, p. 188).

Social support is most often effective when supplied by peers who are socially similar to the receiver, and have most likely experienced similar stressors and/or situations (Heaney & Israel, 1996, p. 187). Peers who are similar are most often perceived as being capable of “. . . empathic understanding” and subsequently serve to decrease the stigma associated with seeking help for stress related issues (Heaney & Israel, 1996, p.189). Of note is that the perception of an empathic peer helper is most effective when delivering emotional support. Limitations to utilizing peer support include the possibility that the individual delivering the support is also distraught over the same source of stress and, therefore, unable to offer quality support (Heaney & Israel, 1996, p. 189). Moreover, research suggests that peer to peer support is most successful when it involves emotional support rather than information or advice (Heaney & Israel, 1996, p. 189).

According to Heaney & Israel (1996), research regarding the effectiveness of social support delivered by professional health care providers is mixed (p. 189). Although professional health providers have access to much needed information and resources often unavailable through traditional social networks, they are not as likely to be available to individuals over a long-term period (Heaney & Israel, 1996, p. 189). Further, the mutual exchange of support is not

present in the professional-client relationship and may also lack the empathic quality essential to effective social support (Heaney & Israel, 1996, p. 189). However, information and advice is most likely to be accepted and utilized when delivered by a professional helper (Heaney & Israel, 1996, p.189). It is therefore reasonable to assume that an individual may benefit most when their social support system consists of an amalgamation of both peer and professional supports.

Summary

Phase three has identified those behaviours and environmental issues most often mentioned in the literature, and therefore potentially have the greatest impact on help seeking behaviours by producers for farm stress issues. The writer will be assessing the MFRSL encounter forms for comparative data related to theme two and three in terms of the coping mechanisms used by farmers and their family members, and the perceived barriers to help-seeking. Efforts to determine program objectives regarding an in-person counselling program at the MFRSL will be based, to some degree, on the findings of the behavioural and environmental assessment. Each behaviour identified as significant in phase three produces an educational assessment, and each environmental factor generates an ecological assessment (Green & Kreuter, 1999, p. 148). For that reason, only the most potentially successful behavioural and environmental factors, as they relate to increasing the chances that individual farmers will seek help for mental health issues, will be fully explored in the Educational and Ecological Assessment Phase and during planning of the in-person counselling program (Green & Kreuter, 1999).

*Precede-Proceed Phase Four – Educational and Ecological Assessment**Introduction*

The Educational and Ecological Assessment serves to identify the predisposing, enabling, and reinforcing factors that have the potential to influence health behaviours (Green & Kreuter, 1999, p. 40). These factors are the bi-products of the Behavioural and Educational Assessment, and thereby consist of behaviours and circumstances, both internal and external to the farmer, that must be addressed in order to offer mental and behavioural health services that appeal to the farming population. The Health Belief Model (HBM), Social Cognitive Theory (SCT), and the Theory of Planned Behaviour/ Theory of Reasoned Action are utilized to connect the predisposing factors of knowledge, beliefs, values, attitudes, and confidence, to choices in health behaviour regarding farm stress and coping. The enabling factors of accessibility and appropriateness of health resources available to address the mental health needs of farmers are also reviewed. Worth mentioning is that enabling factors include the subsequent barriers to, and gaps in, service provisions. Social Network and Social Support constructs assist in explaining the social environmental function of reinforcing factors. Reinforcing factors also encompass both the positive and negative physical consequences of health behaviours.

Predisposing factors - health belief model.

Predisposing factors refer to the predetermined motivations, desires, and preferences that individuals and groups bring to the decision-making process, regarding choices to engage in behaviours and activities (Green & Kreuter, 1999, p. 40). Specifically, predisposing factors include preconceived knowledge, beliefs, values, attitudes, and level of confidence regarding the

performance of a particular behaviour or activity related to health (Green & Kreuter, 1999, p. 158).

A certain amount of knowledge and awareness regarding farm stress, the potential subsequent health issues, and the benefits to seeking help, are necessary for a farmer to make an informed decision regarding seeking out mental health services. In turn, acquiring knowledge about farm stress symptoms, recognizing the symptoms, and experiencing the health consequences of farm stress produces associated beliefs, values, and attitudes about the efficacy of seeking professional health services (Green & Kreuter, 1999). As identified in the Behavioural Assessment Phase, one of the universally perceived personal barriers to farmers seeking help for farm stress symptoms through social service agencies is the lack of knowledge about available services (Martinez-Brawley & Blundall, 1989, p. 513). In addition, the CFWN (1995) cited a lack of prevention education and awareness regarding farm stress symptoms, individual coping mechanisms, and available mental and behavioural health services (p. 25). Rosmann (2001) states that farmers have insufficient knowledge regarding the deleterious effects of exposure to prolonged farm stress coupled with lack of information about services for mental and behavioural health issues (p. 23).

Beliefs, values, and attitudes are interrelated predisposing factors and as such combine to determine and influence behaviours (Green & Kreuter, 1999, p.165). According to Glanz & Rimer (2005), the Health Belief Model (HBM) can be used to track belief patterns that may predict health behaviours. The HBM includes six constructs that influence an individual's decision to take action regarding the prevention or control of illness namely, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Glanz & Rimer, 2005, p. 13).

According to the principles of the HBM, people continue to engage in unhealthy behaviour's, or fail to engage in healthy behaviours, because they do not perceive the severity of the health issue to be adequate (perceived severity); nor do they believe that they are sufficiently vulnerable to warrant a change in behaviour (perceived susceptibility). Perceived severity is the individual's belief in the potential seriousness of the health issue as it relates to pain, discomfort, health care costs, etc (Glanz & Rimer, 2005, p. 13). Perceived benefits and barriers are weighed against the severity of the health issue and the individual's belief about their susceptibility (Glanz & Rimer, 2005, p. 13). The individual must believe that the benefits of engaging in the suggested health behaviour will outweigh the potential costs. The concept of Cues to Action refers to some precipitating event or force that prompts the individual into action (Glanz & Rimer, 2005, p. 13). Finally, self-efficacy refers to an individual's belief in their ability to be successful in the health behaviour process (Glanz & Rimer, 2005, p. 13). In other words, the confidence the individual has about performing the behaviour. This confidence can be gained and/or improved by simplifying the health task, modeling the health behaviour, and providing multiple opportunities for the desired behaviour to be repeated and reinforced (Glanz & Rimer, 2005, p. 13).

According to the Behavioural Assessment, individual farmers are reluctant to seek help for farm stress related mental health issues because they perceive the barriers as outweighing the benefits. Worth mentioning is that it is the farmer's perceived belief, and not the actual barriers and/or benefits to seeking assistance from service providers, that often impacts a decision to act (Green & Kreuter, 1999, p. 162). According to the CASA (2005) survey, the most significant barrier to help-seeking for stress and mental health was the predisposing concept of pride and independence (41%) (p. 18). Although considered much less of an issue, additional predisposing

barriers worth mentioning are the opinions that, “. . . farmers are too busy to seek help (12%), seeking help is a wasted of time (7%), and that farmers do not feel they need help (8%) (CASA, 2005, p. 18).

Interestingly, according to the CASA (2005) survey only (9%) of Canadian farmers cited concern regarding embarrassment or the perception that there is a stigma attached to seeking help for mental health issues (9%)” (p. 18). This is somewhat of a departure from previous studies regarding farmers and help-seeking for mental health issues, that traditionally cited stigma as a major barrier (Fuller et al., 2000, p. 150; Martinez-Brawley & Blundall, 1989; Rossman, 2001; Sawyer et al., 2006, p. 3). Increasingly research is citing negative stigma as a deterrent to seeking help for mental health problems as much less of an issue, than previously documented (Fuller et al., 2000; Hannan, 1998; Martinez-Brawley & Blundall, 1989; Rossman, 2001; Roy, 1994; Sawyer et al., 2006). Several researchers have suggested that the negative stigma associated with seeking help for mental health issues may be a problem for only specific farm and rural individuals such as, older generation farmers and less educated residents (Fitchen, 1991; Rost, Owen, Smith, & Smith, 1998; Kenkal, 1986). Suggestions to overcome stigma in these groups include pairing them with culturally and occupationally similar prevention agents who have successfully obtained assistance for mental health issues (Kenkal, 1986). Other ideas include providing education about mental illness and substance abuse issues (Rosmann, 2001). A growing number of studies cite the negative stigma associated with mental illness as due in part to the perception by farmer’s that they are misunderstood by mental health professionals and viewed as reluctant to change (CFWN, 1995, p. 28). Suggestions to surmount this issue include training indigenous members of the community, such as farm men and women, to function as outreach workers and act as social support and provide referrals to distressed farmers (Hannan,

1998; Rossman, 1994). A number of researchers believe that negative stigma attached to mental illness can be all but eliminated if the health provider is familiar with farming (CASA, 2005, p. 16; Martinez-Brawley & Blundall, 1989; Rossman, 1994; Rossman, 2001).

Values are the beliefs of an individual or group in which they have an emotional investment, and constitute the principles, standards, and judgements about what is important for the individual and/or group (Green & Kreuter, 1999, p. 163). As was revealed during the Behavioural Assessment, the research regarding farmer's values depicts a system steeped in independence and self-reliance and the consequent belief that seeking help is a sign of weakness (CFWN, 1995; Martinez-Brawley & Blundall, 1989; Rosmann, 2001). Martinez-Brawley and Blundall (1989) cited a belief by some farmer's that feelings and problems should be dealt with alone and that no peer or professional would have any better insight into the individual farmer's problems (p. 519). Fuller et al. (2000) refer to the often general consensus by farm and rural communities that mental health issues are equivalent to insanity (p. 148). Directly related to the values of self-reliance and independence is the general attitude within agricultural communities that seeking treatment for mental illness is viewed negatively and considered a personal failure on the part of the farmer (Rosmann, 2001, p. 28). Research regarding individual farmers and agricultural communities beliefs and values indicates that the issues regarding stigma, pride, independence, self-reliance and a distrust of professional helpers and the consequent reluctance to seek help for mental health issues, can be almost completely ameliorated if the provider is familiar with farming (CASA, 2005; Martinez-Brawley & Blundall, 1989, Rosmann, 2001).

Attitudes are the manifestations of our values, and are expressed in our actions and speech. Individual and group attitudes represent a positive, negative, or neutral view of a person, behaviour, or event (Green & Kreuter, 1999, p. 164). As revealed in the Behavioural

Assessment Phase, farmers not only hold an attitude of distrust of professional helpers, but also of outsiders in general (Bushy, 1993; Martinez-Brawley & Blundall, 1989; Rosmann, 2001).

Moreover, individual farmers may be reluctant to turn to family and friends as a source of support during stressful times (Fuller et al., 2000).

An exploratory study regarding the attitudes and preferences of 44 farm families residing in Iowa and Pennsylvania was conducted by Martinez-Brawley and Blundall (1989) to determine families attitudes and perceptions of both giving and receiving help for mental and emotional issues from peers and professionals (p. 513). The study explored whether attitudes regarding helping behaviours changed during times of financial stress, and if there were preferences regarding the personal attributes of the helper or the sponsorship and location of professional agencies (Martinez-Brawley & Blundall, 1989, p.513).

Martinez-Brawley and Blundall (1989) found that most farm families favoured seeking help from “a combination of kin, friends, neighbours, and the formal system” (p. 515). Reasoning for this choice was related to current farming circumstances and stated by the researchers as follows, “Family and kin may have been the sole support among the farm population at one time; it appears that under current stressful circumstances, family is not enough” (Martinez-Brawley & Blundall, 1989, p. 515). During times of mental and emotional anguish related to farm finances or other issues, families identified clergy, followed by family and friends, and finally professional helpers or social agencies in order of help-seeking (Martinez-Brawley & Blundall, 1989, p. 515). In terms of reciprocity and attitude toward offering and accepting help from informal sources, most families stated they would be more likely to accept help if they believed they could reciprocate, but did not want to be obligated to do so (Martinez-Brawley & Blundall, 1989).

Perceived attitudinal barriers to social service agencies were reported as pride and shame, lack of knowledge about available services, and lack of outreach by agencies (Martinez-Brawley & Blundall, 1989, p. 519). The most important identified barrier was concern about reputation within the community (Martinez & Blundall, 1989). Moreover, the combination of pride and shame with reputation in the community was found to be one of the chief impediments to be surmounted by service providers (Martinez-Brawley & Blundall, 1989, p. 519). An additional barrier found was the ingrained belief that feelings and problems should be born alone and “that no one has real answers to life problems . . .” (Martinez-Brawley & Blundall, 1989, p. 519).

Predisposing factors - social cognitive theory.

Social Cognitive Theory (SCT) can be utilized to explain the predisposing factors of confidence and self-efficacy, as well as how these factors relate to behaviour engagement (Glanz & Rimer, 2005). The basic premise of SCT is that individual's learn by observing others and gain confidence in their own ability to reproduce the behaviour through modeling (Glanz & Rimer, 2005). By observing the behaviour of others, and imitating the observed actions, the individual observer incorporates that learned action into their repertoire of behaviours (Glanz & Rimer, 2005). Self-efficacy is an individual's belief about their ability to be successful when attempting and repeating new behaviours, giving them the perception of influence and control over their lives (Glanz & Rimer, 2005).

Increasing farmer's self-efficacy and confidence in their ability to simultaneously maintain their independence and seek help for farm stress related issues, pairs well with the farming communities' traditional value system (Green & Kreuter, 1999, p. 165). According to Rosmann (2001), increasing the self-efficacy of farmers regarding their ability to learn how to

improve farm stress symptoms, with initial assistance from mental and behavioural health providers, will also reduce the negative stigma associated with help seeking (p. 29). Research suggests that contacts with health care providers may best be initiated by the farmer through telephone crisis lines, or by contacting the helping professional directly (Rossmann, 2001). Rossmann (2001) also suggests linking farmer's at risk for mental and behavioural health issues with culturally, occupationally and socially similar peers who have had successful experiences with help-seeking for mental health issues (p. 29).

Predisposing Factors - theory of reasoned action.

Forming a behavioural intention is the final step in the predisposing process, and is central to the Theory of Reasoned Action (TRA) (Montana, Kasprzyk, & Taplin, 1999, p.166). In other words, an individual farmer's choice to acknowledge their susceptibility to farm stress symptoms, and a belief in the efficacy of mental health services, is then influenced by the individuals attitude about seeking help, as well as the social norms of their community (Green & Kreuter, 1999, p. 167). Similarly, the concept of reciprocal determinism posits that an individual's behaviour is controlled and/or determined by the individual through cognitive processes, and by events in the surrounding environment via external stimulus and social proceedings (Glanz & Rimer, 2005).

Enabling factors

Enabling factors are those external to the individual that facilitate the performance of a chosen behaviour by the individual (Glanz & Rimer, 2005, p. 41). These factors include social environmental conditions including services and resources that are available, accessible, and appropriate (Glanz & Rimer, 2005, p. 41). The Environmental Assessment unearthed several

enabling factors that require restructuring in order to facilitate help-seeking behaviours by farmers for mental health issues.

Nearly ubiquitous in the literature and related to the barriers to services for farmers, were the environmental issues of geographical isolation and transportation limitations (Fuller et al., 2005; Murray & Keller, 1991; Rosmann, 2001; Sawyer et al., 2006). According to the Standing Senate Committee on Agriculture & Forestry (1993), farm stress issues are often compounded by inadequate access to mental health services as a result of the geographical isolation of farmers and the lack of health care providers (p. 17). Several issues uncovered during the Environmental Assessment are identified by the Standing Senate Committee on Agriculture & Forestry (1993), who suggest that solutions to ameliorate, or limit, the effects of mental and emotional stress on farm families should include: providing education about recognizing and reducing farm stress and the connection between farm stress and adverse health; peer counselling by fellow producers and family members; agriculturally based self-help groups, community support groups and seeking out producers who are experiencing similar issues “serve as an indication that a particular problem or concern is not unique” (p. 17). The insight by individual farmers that their issues are common to others has the potential to validate feelings of stress and reduce anxiety. Community-based services were suggested as a means of eliminating barriers by providing farm families with “access to support networks within their community, rather than require them to travel vast distances to access services in a traditional clinic environment with which they may be less comfortable” (Standing Senate Committee on Agriculture and Forestry, 1993, p. 18).

Related to the predisposing issue of awareness of resources, is the enabling factor of access to available, appropriate services that meet the unique needs of the farming population. Developing services that meet the mental health needs of farmer’s must take into account both

geographical and transportation factors, as well as the distinctive issues regarding workload and long working hours. The CASA (2005) survey outlines and summarizes Canadian farmer's suggestions for providing mental health services that are accessible, appropriate, and available when farmers need them. Although, less than one-half of farmers stated that they "strongly agree" that they are aware of the resources available to assist them in managing stress and mental health issues, two-thirds of farmers are "aware" of the Farm Stress Line, with one-quarter identifying as "very aware" (CASA, 2005, p. 3). Overall, the majority of respondents prefer to participate in one to one counselling as opposed to either telephone help lines or group sessions (CASA, 2005, p. 3). Producers between the ages of 35 and 64 years preferred to meet one-on-one with a mental health professional and farmers under the age of 35 years were more likely than others to indicate telephone counselling as a preference (20%) (CASA, 2005, p. 17).

In terms of accessing telephone help lines on the subject of stress and mental health, the majority of farmers would prefer evening and 24 hours a day contact options (CASA, 2005, p. 14). Most farmers (52%) indicated a preference for evening hours with some (25%) preferring 24 hour contact (CASA, 2005, p. 14). It appears from the survey that utilizing the telephone to discuss moderate levels of stress and mental health issues is not considered a viable resource to farmers in comparison to other options including in-person counselling (CASA, 2005). However, the telephone becomes more appealing to farmers who are experiencing higher levels of stress and those farmers between the ages of 35 and 54 years (CASA, 2005).

A caveat was presented by the Canadian Agricultural Safety Association (2005) regarding the preference by farmers for in-person counselling (65%) as opposed to telephone assistance (10%) (p. 13). Undoubtedly, in-person counselling appears to be the preferred method for assistance regarding issues of stress and related issues. However, as stated within the CASA

(2005) report “Diverting monies away from telephone stress and mental health counselling for Canadian farmers would be a mistake” (p. 26).

A large number of Canadian farmers reside in remote areas and would be forced to travel potentially great distances to speak directly with a mental health professional. The benefit of a telephone stress line is that it offers immediate and accessible assistance for farmers who are feeling high levels of stress and consequent feelings of hopelessness, and are unable to directly access in-person professional assistance (CASA, 2005, p. 26). The CASA (2005) study cited additional instances when a telephone crisis line is the most realistic option for Canadian farmers including times when travel is not practical due to inclement weather, or when farm commitments do not permit it (p. 26). Furthermore, the potentially prohibitive cost of counselling are especially salient given that one of the main causes of stress on Canadian farms has been reported as financial. A proposed overlooked benefit of the farm stress line is that farmers may perceive initial access to help by telephone as less daunting, and injurious to the values of pride and self-reliance, than an in-person meeting with a health provider.

Related to the predisposing factors of stigma, and perceived value of services versus perceived barriers to services, are associated enabling factors. The enabling factors of access to health providers and the level of importance associated with providers who possess agricultural knowledge effect the level of stigma perceived by farmers. According to the CASA (2005) survey, the majority of farmers cited anonymity as very important when seeking assistance for stress or mental health issues from a professional (p. 15). However, by and large, farmers were not opposed to receiving help from a professional in their local area, perhaps due to the issue regarding geographical isolation (CASA, 2005, p. 15). Nonetheless, there was a significant

quantity of farmers (27%) who stated a preference for working with a mental health professional from outside their local area (CASA, 2005, p. 15).

Overall, the research regarding whether farmers are at ease working with a mental health professional from their immediate area is mixed (Hannan, 1999; CASA, 2005; Martinez-Brawley & Blundall, 1989). Hannan (1999) suggests that farm families respond positively to mental health service providers who are professional and organized regardless of whether they come from the farmer's immediate geographical area (p. 17). Hannan (1999) also states that outreach efforts by service providers that include opportunities to meet at the family farm, gain much greater acceptance (p. 17). Further, acceptance of the mental health provider is increased exponentially if the individual has an understanding of farm life (Hannan, 1999, p. 17).

Martinez-Brawley and Blundall's (1989) research explored farm families' preferences regarding the personal attributes of the helper as well as the sponsorship and location of the professional agency (p. 513). The study consisted of interview questions covering five areas of discussion as follows 1. Attitudes and preferences about help-seeking and help-giving, 2. Preferences about helpers, 3. Preferences about the helping agencies, 4. Perceived obstacles to the use of social services by farm families, and 5. Farm families recommendations to social agencies interested in serving farmers (Martinez-Brawley & Blundall, 1989).

The study demonstrated that farm families preferred personal attributes of professional helpers that included “. . . not only generalized attributes such as caring, good listening skills, and pleasant manners, but also a keen understanding of the indigenous concerns of those connected with agriculture” (Martinez-Brawley & Blundall, 1989, p. 521). In addition, the

assurance of confidentiality and anonymity were cited as critical (Martinez-Brawley & Blundall, 1989, p. 521).

In terms of the sponsorship of the helping agency, overall the families first choice was a government sponsored agency (Martinez-Brawley & Blundall, 1989). There was a definitive reluctance across most of the families regarding the use of for-profit mental health services (Martinez-Brawley & Blundall, 1989). Some farm families' demonstrated a preference for local community mental health centers (also government sponsored) (Martinez-Brawley & Blundall, 1989). Others stated that although they would consult clergy regarding mental and emotional issues, they would not go to church based services when more organized and professional services were thought to be required (Martinez-Brawley & Blundall, 1989).

By and large, the favoured location of the helping agency was determined to be within each family's local community (Martinez-Brawley & Blundall, 1989). Those families who preferred an agency to be outside of their local community “. . . did not want to drive more than 30 miles” (Martinez-Brawley & Blundall, 1989, p. 518). Overall, the families expressed a preference for a “multi-service type building, suggesting that no one would then know why the family (or person) was going into the building” (Martinez-Brawley & Blundall, 1989, p. 518).

Suggestions by farm families to improve the accessibility of social service agencies included utilizing key informants within the community (i.e. clergy, farm organizations) to inform families about services and accompanying procedures (Martinez-Brawley & Blundall, 1989). Of note was the value placed on behavioural health related articles published in farm-oriented publications (Martinez-Brawley & Blundall, 1989). Moreover, outreach by social service agencies was deemed crucial to knowledge and utilization of services by farm families

(Martinez-Brawley & Blundall, 1989). Several families suggested that “. . . agencies needed to be more flexible about new ideas, to cut down the red tape, and to be more willing to take risks with farm oriented services and outreach” (Martinez-Brawley & Blundall, 1989, p. 520).

According to Martinez-Brawley and Blundall (1989), of the 44 families interviewed, only 24 mentioned a willingness to utilize a professional social agency during times of stress (Martinez-Brawley, 1989, p. 521). This number can be considered quite low given that the farm organizations and natural helpers were identified as not adequately filling the gaps in times of need (Martinez-Brawley & Blundall, 1989, p. 521). The authors’ final recommendations included outreach by social service agencies, partnerships with key stakeholders, and establishing helping networks that allow farm families to decide where they wish to meet with helpers (Martinez-Brawley & Blundall, 1989, p. 521).

Clearly, the research is consistent regarding the importance of mental health professionals having knowledge about agriculture (Standing Senate Committee on Agriculture and Forestry, 1993; Hannan, 1999; Martinez-Brawley & Blundall, 1989; Rosmann, 2001). The sentiment is reiterated in the CASA (2005) survey with (92%) of responding farmers stating that the provider they choose to work with must have agricultural knowledge in order to be considered appropriate and accessible (p. 16).

Several of the predisposing and enabling factors identified in the Behavioural and Environmental Assessment are outlined by Fuller et al. (2000). The researchers conducted an exploratory study of twenty-two key informants consisting of mental health and generalist health professionals, human service workers, and mental health consumers residing in Australia. The study was conducted in order to determine the unique rural and remote influences on help

seeking behaviours for mental health issues (Fuller et al., 2000). The researchers were interested in understanding people's identification and response to mental health issues, and in determining the most effective ways of delivering appropriate services (Fuller et al., 2000).

The researchers were also cognizant of the differences between mental health issues caused by stressful or distressing situations versus diagnosable psychiatric illnesses. Key informants confirmed this distinction stating that "Examples of problems ranged from financial threats, alcohol abuse, relationship problems, grief, sexual abuse and domestic violence" (Fuller et al., 2000, p. 150). According to the authors, these types of problems are circumstantial and would respond best to some type of support and intervention, but are not necessarily appropriately treated with a mental health specialist (Fuller et al., 2000, p. 150).

The results of the study revealed three themes namely a general unwillingness to acknowledge mental health issues and a subsequent reluctance to seek help; the reluctance to seek help was related to the stigma attached to mental health issues; and the influence of rural and remote conditions (Fuller et al., 2000, p. 148). Key informants suggested that most mental health issues could be addressed by generalist workers (telephone counsellors, rural financial counsellors, community nurses, general medical practitioners) with back up from mental health specialists as required (Fuller et al., 2000, p.150). Informants supported this method of intervention over a "specialist only" approach due to the common view of mental health issues as equivalent to 'insanity' (Fuller et al., 2000, p. 148). Moreover, in some rural and remote areas generalist workers may be the only available providers who are readily accessible.

Based on their findings, the researchers supported a model of rural mental health delivery that could be largely provided by generalist health and other human service workers with

consultative support from specialists. Models that also included a “broad range of helpers, such as ministers and rural financial counsellors” were suggested for exploration (Fuller et al., 2000, p. 152).

Although this study did not specifically include the agricultural population it can be assumed that the results would generalize based on research with farmers that confirms themes of the current study, including the challenging economic and social circumstances that many rural populations exist in and the consequent manifestation of mental health issues (Fuller et al., 2000). Moreover, the self-reliant nature of the rural agricultural population prevents help seeking often even from family and friends. In addition, a general mistrust of outsiders prevents seeking and accepting help from professionals even when circumstances become dire.

Reinforcing Factors - social networks and social support.

Reinforcing factors become particularly significant once a behaviour, or health program, has been initiated (Glanz & Rimer, 2005, p. 41). Factors that encourage continuation of a desired behaviour are both internal and external to the individual. External influences may include social support through the approval of peers, family, and health providers (Glanz & Rimer, 2005, p. 41). Internal factors may include symptom relief and the positive feelings that accompany increased self-efficacy and influence over one’s own health (Glanz & Rimer, 2005, p. 41). Conversely, negative reinforcement from internal and external sources can have the unwanted effect of extinguishing the desired health behaviour (Green & Kreuter, 1999, p. 171). Regardless of the role that social support is expected to play in a health intervention, it is important to recognize the positive impact that social support relationships can have on health and well-being. One approach is to use a combination of social network intervention strategies that address the

unique needs of a target population and may increase the effectiveness of health programming (Heaney & Israel, 1996, p. 195).

External reinforcing factors that prompt an individual farmer to pursue outside assistance for mental health issues can be further explored utilizing social network and social support constructs. For example, an intervention to improve social support for farmer's may focus both on enhancing existing social networks amongst the agricultural community such as, training indigenous members of the farm community to provide social support to farm peers in distress (Rosmann, 2001). In addition, intervention plans could include introducing new opportunities for social support such as the inclusion of mental health providers as referral sources for more serious mental health issues (Heaney & Israel, 1996, p. 195). This method strengthens current relationships and offers the chance of cultivating new social connections and resources (Heaney & Israel, 1996, p. 195). Additional strategic combinations may include an ecological approach such as, uniting peer helpers and/or indigenous natural helpers with community organizing initiatives, together with professional mental health providers (Heaney & Israel, 1996).

Initiating new social network linkages is a strategy that is most useful when the target populations “. . . existing network is small, overburdened, or unable to mobilize for the provision of effective support” (Heaney & Israel, 1996, p. 193). In the case of the ongoing farm crisis, new resources and connections with professional and/or non-professional supports can be instituted in order to more effectively address farm stress and the resulting mental health issues.

The investigation of the literature demonstrates that the predisposing, enabling and reinforcing factors effect help-seeking behaviours in farmers and are often intertwined. The ready availability of accessible services for farm related mental health issues (enabling factors)

will, in turn, enhance awareness and provide reminders to farmers about farm stress symptoms and the available programs to assist with these issues. As a result, the farmer is more likely to be predisposed to perform the behaviour, and subsequently reinforced when farm stress symptoms are reduced as a result of increased knowledge, coping skills, social supports, and additional services (Green & Kreuter, 1999, p. 155).

Reinforcing Factors - farm and rural programs.

An examination of the Sowing the Seeds of Hope (SSoH) program in the United States demonstrates how attending to the predisposing, enabling, and reinforcing factors can assist in creating successful programming. It is the predisposing, enabling, and reinforcing factors that determine how farm family's will adapt and cope with farm stress, and whether they will perceive the barriers to seeking outside help as outweighing the benefits. The Sowing the Seeds of Hope (SSoH) project was implemented throughout a seven-state region of the United States namely, Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota and Wisconsin (Rosmann, 2005). These seven states were most negatively affected by the farm crisis of the 1980's, and again by low commodity prices and farm related disasters in the 1990's. Accordingly, the behavioral and mental health care needs of the agricultural population increase during times of economic stress. The aim of the SSoH project was to create services designed to respond to the specific behavioural health needs of the agricultural population including farmers, ranchers, farm workers and their families (Rosmann, 2005).

SSoH provides a model of behavioural health supports that include "the development of farm stress telephone hotlines, confidential and affordable outpatient in-person mental health and substance abuse counselling, training of professional providers in agricultural behavioural health,

training of indigenous farm and rural residents as outreach workers who can respond to disasters, and weekend educational retreats for farm couples” (Rosmann, 2005, p. 431). The seven states share resources and ideas and are collectively administered by AgriWellness, Inc., a regional non-profit corporation created specifically to oversee grant writing, train service providers throughout the SSoH network and offer technical assistance (Rosmann, 2005).

The SSoH project leaders identified 12 core service components that were being implemented sporadically throughout the region. The goal was for each state to begin implementing the service components with the eventual aim of a comprehensive service available in each participating state (Rosmann, 2005):

1. Outreach to the agricultural population at community events and by trained outreach workers.
2. Training and education of traditional and non-traditional behavioural healthcare providers.
3. Education of the community on agricultural behavioural health issues.
4. Information clearinghouses.
5. Crisis telephone hotlines that provide counselling, referral information, and vouchers for direct services/in-person counselling.
6. Direct services funded through vouchers, contracts with approved providers who would accept less than average payment.
7. Prevention of more serious difficulties through early intervention.
8. Coalition building with organizations, agencies, and communities.
9. Advocacy for behavioural health of the underserved.
10. Social marketing through publications, press releases, and other media activities.

11. Educational retreats for farm couples.
12. Support groups for farm couples and families (Rosmann, 2005, p. 432).

Since 1999, Iowa, Kansas, Nebraska, North Dakota and Wisconsin have each established farm hotlines and collectively responded to approximately 34,000 farm and ranch callers (Rosmann, 2005). Of those calls, 5600 farm callers have been linked to mental health and/or substance abuse counselling through referral and distribution of vouchers that can be exchanged for in-person counselling (Rosmann, 2005). In-person counselling (direct service) is provided by contractual agreement between the state coordinating SSoH partner and approved behavioural health care providers within each state (Rosmann, 2005). The providers are selected based on the location and maintenance of their practice in rural areas and their direct experience and/or training in agricultural behavioural health issues. The in-person counselling services provided by each state are coordinated in a similar way to an employee assistance program (EAP) for agricultural producers (Rosmann, 2005). As of 2005, Minnesota and South Dakota were in the process of developing specialized farm crisis hotlines (Rosmann, 2005).

As of 2005, the seven states had established over 400 contracts with direct service providers to provide EAP in-person counselling (Rosmann, 2005). The goal of coalition building and outreach is ongoing with 520 outreach events attended to promote SSoH services. In addition, approximately 740 behavioural health service providers have received specialized training in agricultural behavioural health issues (Rosmann, 2005). More than 7500 farmers have participated in community education on topics specific to the agricultural population (Rosmann, 2005). Finally, three of the seven SSoH states trained outreach workers who were indigenous to the area to respond to the behavioral health needs of farm and rural residents following agricultural disasters and other crisis situations.

The benefits of creating a Regional Network such as the SSoH include the standardization and specialization of training for paid staff and volunteers throughout the seven states. Further, “the sharing of ideas, information, training, and expertise across state boundaries in a collaborative fashion is the greatest strength of the regional SSoH program” (Rosmann, 2005, p. 438). Finally, this program is currently able to offer behavioural health supports to the agricultural population, including those who are uninsured and underinsured (Rosmann, 2005).

Ongoing challenges to the SSoH partnership include the difficulty in securing sustainable funding across the seven states (Rosmann, 2005). The lack of universal health care within the U.S. means that permanent funding for the behavioral health needs of the uninsured and underinsured agricultural population must be found elsewhere. A solution to this issue is being experimented with in Wisconsin in the form of an insurance cooperative “that blends high-risk members of the agricultural population with non-farm members of the insurance cooperative to spread the risk” (Rosmann, 2005, p. 437). An additional challenge to the partnership includes the lack of adequate support and collaboration with primary care givers despite intentional efforts to involve them (Rosmann, 2005).

The effectiveness of farm crisis support networks such as SSoH has not been adequately evaluated. Although process evaluations have provided constructive qualitative information, a formal outcome evaluation has not been completed (Rosmann, 2005). Examples of outcome evaluation measures may include comparing the suicide rates of those states that have farm crisis support networks, and those who lack supports. Additional outcome measures may consist of an examination regarding the awareness of the SSoH partnership, and use of the services, within the seven states. Although no formal outcome evaluation measures were conducted as of 2005, the

program has experienced much success by addressing many of the predisposing and enabling factors identified as preventing farmers from seeking help for mental health issues.

In addition to the challenges and limitations revealed by the author, the issue of initiating this type of program within Canada includes potential problems with transferability. However, the universal health care system currently in place in Canada provides access to Community Mental Health Workers for more serious mental health issues and precludes many of the financial issues associated with the high cost of mental health care. There are, however, potential funding issues regarding the training of peer and/or outreach workers and additional paid staff.

The Rural Quality of Life Program was created by Nikki Gerrard (1995) a community psychologist in Saskatoon, Saskatchewan. The program is based on a community development approach and relies on grass roots organizing and community ownership and empowerment (Gerrard, 1995). The program consists of four main components namely on-site education (workshops and presentations on stress symptoms and stressors), group support work (self-help groups, launching telephone crisis lines), a resource clearinghouse, and coalition building in order to bring various individuals and organizations together (Gerrard, 1995). Gerrard's (1995) program included a community development approach to offering in-person mental health services to farm and rural communities. The provider would be visible in the community and meet people at their farm in order to encourage less paternalism, reduce stigma, and empower individuals (Gerrard, 1995).

Gerrard (1995) created this program around her premise that the rural population does not respond as well to conventional mental health service methods, as their urban counterparts.

Gerrard (1995) cites many barriers to farm and rural people accessing traditional mental health services including, paternalism, a lack of trust of outsiders, and the values of pride and self-reliance (p. 434). Anecdotal evidence suggests that the Rural Quality of Life Program experienced a certain amount of success as measured by the decrease in visits to primary care physicians and mental health services (Standing Senate Committee on Agriculture and Forestry, 1993).

AgResolve was developed as a two-year pilot project and was provincially funded by the Ontario Trillium Foundation to address agricultural stress and the associated issues experienced by Ontario farmers (R. Gamble, personal communication, February 10, 2008). Agricultural leaders in the province cited farm stress resulting from “withering stress from not only soaring costs and low commodity prices but long hours and family turmoil” (R. Gamble, personal communication, February 10, 2008). Further, given the ongoing nature of farm stress, industry experts suggest that farmers need access to peer and professional support to prevent “an increase in suicides, domestic violence, addictions and stress related ailments like high blood pressure and heart attacks” (R. Gamble, personal communication, February 10, 2008).

The funding included provisions to assess the demand for a free, confidential stress reduction service for farmers in three test areas (R. Gamble, personal communication, February 10, 2008). These areas were later expanded to a total of ten geographical regions. AgResolve was designed by Haldimand-Norfolk R.E.A.C.H. (Resource, Education and Counselling Help), a rural multi-service agency partnering with the Ontario Farm Line, a peer counselling telephone support line set up in 2000 in response to the ice storm that devastated eastern Ontario in 1998 (R. Gamble, personal communication, February 10, 2008; Small, Fuller, & Koekkoek, no date).

AgResolve was developed in response to the R.E.A.C.H. survey of Ontario farmers in which “84 per cent said there was an urgent need for a free, confidential service to help producers experiencing stress” (R. Gamble, personal communication, February 10, 2008; Small et al., no date). The survey also revealed that 55 per cent of farmers were experiencing sleep related difficulties, 30 per cent experienced periods of verbal and physical aggression, 16 per cent had increased the use of medications and 14 per cent had increased their use of alcohol (R. Gamble, personal communication, February 10, 2008; Small et al., no date).

In answer to the survey results R.E.A.C.H. developed a “tool kit” of services that consisted of peer-counselling for those farmers who wished to access support through The Farm Line, a toll-free, confidential telephone support service (R. Gamble, personal communication, February 10, 2008). As well, farmers wanting professional assistance could contact The Farm Line for a referral to in-person counselling with a professional who had been “specially trained to meet the unique challenges faced by producers” (R. Gamble, personal communication, February 10, 2008). Professional assistance could also be obtained directly through the offices of the assigned counsellors. The goal was to have a professional consultation in place within 48 hours, using a network of Family Service agencies across the province (R. Gamble, personal communication, February 10, 2008).

AgResolve will continue after March 2008 as a fee for service program (R. Gamble, personal communication, February 10, 2008). Those farmers who also derive income from off-farm employment will be eligible to access services through their employee assistance programs (EPA) (R. Gamble, personal communication, February 10, 2008). Subsidized counselling will be available for farmers who do not participate in EPA programs. The Farm Line will continue

to offer peer support to farmers and rural families in Ontario through the toll free telephone line (R. Gamble, personal communication, February 10, 2008).

Reasons for the discontinuation of funding for AgResolve include inadequate participation in several of the ten test areas (R. Gamble, personal communication, February 10, 2008). AgResolve Co-ordinator, Rick Gamble, stated that underutilization was due to “farmer’s focus on more immediate economic pressures” and the long period of time it takes to gain credibility among the agricultural population (R. Gamble, personal communication, February 10, 2008). Additional feedback from producers regarding any future development of similar stress-reduction programs customized for the agricultural population include “flexible hours and counsellors with an understanding of agricultural issues” (R. Gamble, personal communication, February 10, 2008).

The Men at Risk Program originated in North-western Alberta in 1999 and continues to be administered out of the Suicide Prevention Resource Centre (B. Campbell, personal communication, August 6, 2008). The program currently consists of an advisory committee and six male volunteer facilitators from target groups that include agriculture, men in trades, and various industry sectors (B. Campbell, personal communication, August 6, 2008). The program is primarily educational and provides presentations that are facilitated by trained volunteers from the specific group that is targeted. The Men at Risk in Agriculture presentation includes information on health and safety, farm stress, work-life balance, and identification and amelioration of the barriers to seeking and receiving help (B. Campbell, personal communication, August 6, 2008). The program does not provide counselling but does provide information and referrals to local clinics, counsellors, and self-help groups (B. Campbell,

personal communication, August 6, 2008). The success of this program is credited in part to the matching of target groups with a peer facilitator.

Summary

In comparing the existing literature with the MFRSL encounter forms, the writer will be looking for analogous predisposing, enabling, and reinforcing factors that affect the choice by farmers to seek help for farm-stress related health symptoms. The writer will be evaluating the MFRSL encounter forms for evidence of predisposing factors that are related to the internal values held by producers such as pride, independence and the reluctance to burden others; and the external factors related to a lack of knowledge about mental health issues and a distrust of outsiders who lack agricultural knowledge (CASA, 2005; Martinez-Brawley & Blundall, 1989; Rosmann, 2001).

Enabling factors that impact the decision to seek outside help for mental health issues include health providers that lack agricultural knowledge and are unapproachable in their demeanour, the stigma attached to mental illness, and transportation and cost issues (CASA, 2005; Martinez_Brawley & Blundall, 1989; Rosmann, 2001; 2005).

Reinforcing factors are less critical in the assessment and planning stages of a program, however the existing research suggests that certain elements are essential to program success. Research suggests that the most successful programs that address farm-stress related issues have included in-person counselling and telephone hotlines staffed by professional counsellors who also possess agricultural knowledge and experience, prevention and education workshops, community outreach efforts, and the dissemination of related literature CASA, 2005; Martinez_Brawley & Blundall, 1989; Rosmann, 2001; 2005; Standing Senate Committee on

Agriculture and Forestry, 1993). The writer will be evaluating the MFRSL program for these elements.

To sum up, the literature in this section will be used to examine issues related to theme three regarding the acceptability of mental health services; and the perceived barriers to those services, both internal and external to the farmer (MFRSL staff, personal communication, March 2008). If similar data regarding the predisposing, enabling, and reinforcing factors is found throughout the MFRSL encounter forms, the literature associated with existing farm programming provides insight and suggestions related to creating successful programming for farmers (B. Campbell, personal communication, August 6, 2008; R. Gamble, personal communication, February 10, 2008; Rosmann, 2005; Senate Committee on Agriculture and Forestry, 1993). Moreover, information regarding the predisposing, enabling, and reinforcing factors will be instrumental in the evaluation of the two main objectives of the needs assessment namely:

1. To examine existing MFRSL farm related records to determine if callers to the stress line identify a need for MFRSL to create an in-person counselling program for Manitoba farmers and their families.
2. To examine the same records for the three subject areas with a view to creating an in-person counselling program that would best meet the specific needs of Manitoba farmers.

CHAPTER III

Methodology

Subjects

The subjects do not constitute a true representative sample of the agricultural population of Manitoba. A non-probability purposive sampling technique was utilized because not all calls to the MFRSL are related to farming. The time frame of the study was the period June 01, 2008 – July 31, 2008 and was chosen randomly. In total, thirteen farm related calls were recorded on encounter forms between the periods June 01, 2008 – to July 31, 2008. The callers included 7 females and 6 males between the ages of 35-65+ years. The MFRSL encounter forms provided a means of recording an approximate age within a certain range for most of the callers (Appendix A, page 1, 2; Appendix D).

Institutional Review Board (IRB)

This study is based on the analysis of existing MFRSL encounter forms and is, therefore, considered secondary data. As a result, no Institutional Review Board (IRB) human subject approval was necessary.

Consent

All calls to the MFRSL are considered to be consenting to services based on the concept of *Implicit Consent*. In brief, it is assumed that the caller is contacting the MFRSL of their own free will and as such, consenting to speak to a counsellor. Callers are not required to provide any identifying information and the MFRSL does not subscribe to caller display. In the event that the caller is considered to be demonstrating suicidal and/or homicidal behaviours, the call may

be traced through the appropriate 911 service. However, the MFRSL would not be privy to the callers identifying information.

This study utilizes secondary data only. As such, confidentiality and anonymity are certain as no individual in the study is identified at any time. The needs assessment final report does not require the use of personal identifiers or direct quotes containing information that may identify individual callers to the MFRSL. The results of the encounter form analysis were summative in nature in order to capture data as it related to the main themes of the existing research. Moreover, this information provided insight into the predisposing, enabling, and reinforcing factors that affect help-seeking behaviours in the agricultural population. Alternately, identifiers such as “one farmer” or “subject” were used to protect specific identities. All records and documents were kept in a locked file cabinet at the Manitoba Farm & Rural Stress Line (MFRSL) office located in Brandon.

Variables

The variables of interest for the needs assessment included the demographic and farm related variables of age, gender, marital status, farming region, and off-farm employment (Appendix A). A supplementary piece of information provided in the encounter forms is whether the counsellor provided information, referrals, support, and/or counselling. This data was also a variable of interest when reviewing the types of services most likely to be requested from an in-person counselling program for farmers and farm family members.

Although the interview instrument was designed to elicit primarily qualitative data around the identified themes of interest, there are several critical variable groups that are often identified by callers to the MFRSL. Several of these variables contributed to the interpretation of

the data results of this study. In addition, some may factor into future MFRSL research endeavours. Research regarding farmers and farm family members' suggests that the demographic variables of age, gender, marital status, years farming, family income, and percent of income from farming impacts self-reported health status and coping choices (Rosmann, 2001; Standing Senate Committee on Agriculture & Forestry, 1993). Farm Operation variables such as role on the farm, number of employees, percentage of total family income from farming, off-farm employment, and principle commodity may also impact interpretation of the research questions (Thurston, 2003).

Instrument Design

Introduction and Relevance

The study of farm stress, particularly as it applies to explaining individual farm family members coping choices, incorporates many complex and sensitive issues that defy simple quantitative summarization (O'Sullivan, Rassel, & Berner, 2003). As such, a qualitative design was chosen to facilitate an in-depth and holistic approach to understanding individual farm family member's behaviour regarding farm stress related issues, and the factors that affect the choice to illicit outside help. The research involved a content analysis of existing MFRSL records during the period between June 01, 2008 and July 31, 2008. All telephone calls to the MFRSL related to the provision of information, referrals, support, and counselling are recorded on an individual encounter form (Appendix A). The purpose of developing client records is to facilitate the sharing of information regarding clients between counsellors; to ensure on-going client care for those callers that contact more than once; as well as for statistical and funding purposes (J. Smith, Program Manager MFRSL, personal communication, August 1, 2008). All

client records are kept in compliance with best practices according to the MFRSL parent company, Klinik Community Health Centres', in addition to The Personal Health Information Act (Personal Health Information Act, 1997).

Information recorded in the MFRSL encounter forms includes date, time of contact, duration of contact, and counsellor identification (Appendix A). In addition, if provided pertinent information regarding demographic and farm related information including age, gender, relationship status, living arrangements, and problem area are recorded (Appendix A). Although not required, if the caller consents, supplementary information is requested from the caller for statistical purposes and ongoing client care such as, name, contact number, and geographic location (Appendix A).

Perhaps the most informative portion of the encounter form is the descriptive narrative completed by the counsellor. This information includes the caller's statement of their perceived presenting problem; presentation of feelings regarding the problem; the caller's relevant history as it pertains to the current issue; and the focus of the current contact (Appendix A). The assessment completed by the counsellor is based on her/his perception of the client's responses to specific inquiries regarding safety, suicide, lethality, child welfare, coping abilities, caller identified goals, and available supports such as, community mental health workers, family, friends, neighbours, and spiritual mentors. Often times, counsellors will transcribe direct quotes in order to fully and accurately capture the callers stated beliefs, values, attitudes, emotions and self-described behaviours. As a result, the unique and specific features of the caller's situation, and reason for calling, can be recorded and later reviewed for quality control and ongoing client care.

Although the MFRSL staff and volunteers were made aware that the researcher would be viewing existing farm related encounter forms for the purpose of the potential development of a specialized farmer specific in-person counselling program, they were given no instructions to alter the content of calls. Moreover, the time frame of encounter forms to be viewed was unknown to staff and volunteers. The prospective development of an MFRSL based in-person counselling program for farm callers had been in the discussion stage for some time, and consequently all staff have been instructed to appropriately incorporate questions into farm related calls as a means of gauging interest (J. Smith, MFRSL, Program Manager, June 2008). A formal inquiry or questioning of farm callers may cause an interruption in the natural stream of dialogue between counsellor and caller. Moreover, calls to the MFRSL by farmers often occur only after a long period of apprehension. As such, research suggests that farmers may respond best to indirect prompting regarding farm stress symptoms, coping strategies, and seeking outside help (Brannon, 1985).

Research further suggests that male farmers in particular may react best to inquiries regarding farm stress related problems by first warming up with dialogue unrelated to feelings and emotions (Robertson & Fitzgerald, 1992). Accordingly, a battery of formal questions regarding farm stress, symptoms, coping, and willingness to meet with a counsellor may interfere with the therapeutic discourse between counsellor and caller. Furthermore, knowledge by the counsellor or caller that they are under scrutiny for the purpose of a research project may bias the behaviour of one or both (Hsieh & Shannon, 2005). Unobtrusive measures such as the content analysis of existing encounter forms will presumably reduce the biases that result from the intrusion of the researcher or measurement instrument (Hsieh & Shannon, 2005).

Instrument Design

The interview instrument was developed in conjunction with the MFRSL staff and consists of seven open-ended research questions created to reflect the aforementioned three themes, and the services, supports and resources that farmers and their families utilize (Appendix B). The schedule of questions was designed to approximate the main themes exposed during the literature review and the subsequently identified predisposing, enabling, and reinforcing factors effecting farmers help-seeking behaviours. The questions were also designed to further assist in gathering information regarding the specific mental health needs of Manitoba farmers, and if services would be enhanced by offering in-person counselling through the MFRSL.

Through personal communication with the MFRSL staff, the researcher determined that the guidelines provided on the encounter forms were predisposed to extrapolating information that approximated one or more of the three main themes identified in the literature review. It was therefore decided that a directed content analysis of the encounter forms would assist in identifying thematic patterns in the text of each individual farm related telephone call (Hsieh & Shannon, 2005). Subsequently, a data sheet consisting of seven questions that approximate the three themes of interest identified during the literature review was designed to facilitate the documentation analysis of each farm call during the allotted time period (Appendix B).

Coding

A subsequent step included coding of text written by an MFRSL staff member from each encounter form onto the data sheet, under the appropriate question heading. As previously mentioned, MFRSL staff often include direct quotes from a caller in addition to paraphrasing caller conversation (MFRSL, personal communication, March 2008). The data that is included

under each question heading is quoted directly from the hand written documentation of MFRSL staff, and may include direct quotes and/or paraphrasing (Appendix C).

Reliability and Validity

The nature of qualitative research often creates problems with traditional concepts of reliability and validity (O'Sullivan, Rassel, & Berner, 2003). Qualitative methods often research items through several methods in order to increase reliability (O'Sullivan et al., 2003, p. 110). The current research, and development of the data analysis instrument, has been guided by a thorough literature review in order to corroborate the proposed themes of interest and enhance reliability (O'Sullivan et al., 2003). Internal consistency enhances reliability and was accomplished through the use of multiple observers during the content analysis of the existing encounter forms (O'Sullivan, Rassel, & Berner, 2003). First, the writer viewed each of the encounter forms from the chosen sample and documented direct quotes from the text of the encounter form and transcribed this data to the data sheet. Second, a counsellor employed by the MFRSL independently repeated the process. Any fundamental difference in the interpretation and documentation of an encounter form was to be subsequently analyzed by a third MFRSL counsellor. There were no discrepancies in the documenting and transcription of text under the appropriate question on the data sheet. Therefore, no third party examination was necessary.

Regarding qualitative research, validity is enhanced through the justification of the appropriateness of the method utilized for the study at hand (Hsieh & Shannon, 2005). In this case, the thorough examination of the existing literature confirming the themes of this research provided the context with which to interpret the data generated by the existing MFRSL encounter forms. In terms of validity, qualitative research does not generally produce broadly

generalizable research (Hsieh & Shannon, 2005). Rather, it is more important in terms of enhancing validity, that the research is transferable to other contexts and setting (Hsieh & Shannon, 2005). Through the description of the research context and the duplication of the central assumptions and themes of the research, the transferability of this study further enhances validity (Hsieh & Shannon, 2005).

Chapter IV

Results

Between the time period of June 1, 2008 and July 31, 2008, 13 farm related calls were recorded on MFRSL encounter forms (Appendix A; Appendix B). All 13 calls were analyzed for this study; 5 calls from June, and 8 calls from July. Seven research questions formed the basis of this study (Appendix C). Two unexplored subjects arose during analysis of the encounter forms, and are also recorded (Appendix D). Text from the encounter forms was extrapolated and grouped as themes under one of the seven research questions. This was done for each encounter form separately, and then the themes of each research question were combined (Appendix D).

Callers to the MFRSL often cite multiple presenting issues, symptoms, coping strategies, and barriers to seeking help for farm stress related issues. Accordingly, many of the individual encounter forms investigated during this study contained numerous statements/themes applying to one or more research question. Subsequently, all statement/themes were recorded under a research question with a number value in brackets to indicate the number of times the theme was mentioned (Appendix D). Pertinent demographic information was recorded separately for each call and then combined (Appendix D).

Worth mentioning is that all callers to the MFRSL are directly or indirectly assessed for suicide. No study subjects presented as requiring support or intervention related to suicide risk. Although this study does not specifically deal with data related to agriculture and suicide, certainly the literature suggests that certain groups of farmers are at increased risk for suicide (Beeson, 1999; Rosmann 2001). As such, all MFRSL counsellors and volunteers are trained to recognize the signs of suicide, assess callers presenting with suicidal ideation, and provide the necessary support services (J. Smith, personal communication, March 2008).

Summary of Research Question 1

The presenting problems stated by farm callers to the MFRSL were similar to the causes of stress for farmers and farm family members referenced in the literature. The most frequently cited sources of stress for Manitoba farm families during the time period of this study were farm related financial difficulties due to high debt load and increasing input costs, and relationship problems related to farm stress. Stated relationship issues included problems related to a spouse's depression and/or anxiety, demonstrations of anger towards family members, and problems between farmers and family members related to farm transitions. Additional presenting problems included the complexities of farm succession and adaptation, frustrations related to machinery breakdown, farm bankruptcy, unpredictable weather, managing a heavy farm workload, and balancing work responsibilities, on and off the farm.

Summary of Research Question 2

Symptoms related to farm stress issues were grouped as either physical, emotional mental, or behavioural. The most commonly reported physical symptom was interruption in sleep patterns. Additional symptoms mentioned with equal frequency included physical

exhaustion, high blood pressure, and cold sweats. The most regularly cited emotion experienced by callers was embarrassment related to farm financial difficulties. Other emotions mentioned with equal frequency include sadness, guilt and shame, emotional exhaustion, frustration, and periods of frequent crying. The most common issues stated by callers related to mental health were anxiety and depression. Additional issues included feelings of stress and having difficulty concentrating. According to this sample of callers, behavioural problems were cited as the main area of concern, with relationship difficulties and displays of anger occurring most often. Lack of communication among farm family members, dwindling motivation, frequent arguments between farm family members', family dysfunction and break-up, and children feeling the effects of their parents' stress were also mentioned.

Summary of Research Question 3

Positive ways in which farm family members cope with stress include reaching out to others and talking about their problems. Of note, is that each of the encounter forms reviewed during this study, mentioned the Manitoba Farm & Rural Stress Line (MFRSL) as a place to turn when dealing with farm stress related issues. Following the use of the MFRSL, the most frequently used coping method included visits to primary physicians or Community Mental Health Workers (CMHW). A number of callers mentioned confiding in spouses, other family members, and neighbours. Friends and professional services, such as mediation counselling, psychiatrists or psychologists, were mentioned less often as useful coping sources. Community was mentioned as a place to find support only one time. One farmer expressed a need to see a doctor "or someone" regarding farm stress issues, but had no specific plan to do so. Many callers to the farm line stated that they preferred to deal with farm stress related issues and symptoms internally, or wanted only to be connected to a farm financial service. Of note is that

only one caller stated, “Always thinking of the positive”, as a means of coping with stressful situations.

Summary of Research Question 4

Directly associated with how the agricultural population views the availability, appropriateness, and acceptability of mental health services are the perceived barriers to those services. This study revealed barriers internal to farmers and farm family members that included pride and independence, self-reliance, embarrassment, a fear of outsiders combined with a lack of knowledge about mental illness and treatments, and a lack of time to attend to mental health issues. By far, pride and independence were cited most often as internal barriers to seeking help, followed by a mixture related to a fear of outsiders and lack of adequate knowledge regarding mental health problems and treatment modalities.

The most significant external barrier identified by callers as interfering with seeking help for mental health issues was a lack of agricultural knowledge on the part of the health care provider. The negative stigma associated with mental illness was stated as the second leading obstacle to seeking assistance for mental health related issues, followed by issues of geographical isolation and subsequent transportation costs. Worth mentioning is that two callers stated no explicit barriers to seeking help for farm stress related mental health issues.

Summary of Question 5

Nine out of 13 callers stated that they would utilize in-person counselling if the MFRSL were to provide this service. Callers were either directly asked if they would use such a service, or the caller independently inquired about the potential of in-person counselling through the MFRSL. Of note, is that not all callers were asked if they had an interest in using an in-person

counselling service. Subsequently, the number of callers who answered affirmatively regarding in-person counselling may be higher than established here.

Summary of Question 6

The majority of callers independently identified agricultural knowledge as of the utmost importance when considering seeking help from a professional health care provider, whether an MFRSL counsellor or otherwise affiliated. Without prompting, one caller who was inquiring about MFRSL services on behalf of her husband stated that it was important that the counsellor also be male.

Summary of Question 7

Those callers who identified a need for in-person counselling stated that topics they would be interested in exploring with a counsellor would include farm stress and transitioning out of farming.

Unexplored Theme Related to Research Question 4

An external barrier often unexplored in the Canadian literature is the cost associated with accessing publically provided mental health services due to the provision of universal health care. Nonetheless, one caller stated a concern with the potential cost of in-person counselling through the MFRSL, unrelated to the costs associated with transportation. An internal barrier mentioned by one caller was a prolonged period of reluctance to utilize the MFRSL due to a lack of knowledge regarding the specific services offered.

Unexplored Theme Unrelated to Research Questions

Without fail, all 13 callers stated a need for continued access to MFRSL support, regardless of the future availability of an in-person counselling program dedicated to farmers and farm family members.

Summary of Demographic and Farm Related Variables

The demographic information recovered from the encounter forms included a summation of data regarding gender breakdown, age, relationship status, off-farm employment status, level of contact, and geographical location by region. In addition, presenting problems and subsequent symptoms were collapsed into female and male identifiers. Also, callers who had accessed their area CMHW, or who had considered this as an option were identified. A summary of this data follows.

1. Of the 13 callers, 7 were female and 6 were male.
2. The encounter forms identified 5 female callers that were between the ages of 51-64; one caller between the ages of 36-50; and one caller stated an age of 35 years. The encounter forms identified 2 male callers that were 65 years or older; two callers that were between the ages of 51-64; one caller stated an age of 40 years; and one callers age was not identified.
3. Eleven callers in total stated that they were married; one caller identified as a single male; and one male caller had an unknown relationship status.
4. Six females were identified as working both on and off the farm out of financial necessity due to farm related economic issues; four were female callers to the MFRSL and 2 were

identified by male callers to the MFRSL as their spouse; two callers stated that their adult children were employed both on and off the farm as a result of farm financial difficulties.

5. Level of contact to the MFRSL includes referrals, information, support, and counselling. A total of 8 callers received support services from MFRSL staff; three received both support and counselling; one caller requested a referral to a farm financial resource; and one caller received both information and support.
6. Of the 13 calls to the MFRSL, 5 originated from the Central region, 4 from the Assiniboine region, 2 from the Interlake region, and 2 from the South Eastman region.
7. Of the 7 female callers, 6 were contacting the MFRSL for support or support and counselling regarding their spouse; three callers stated that their spouse was experiencing ongoing anxiety and depression due to farm financial stress and heavy work load; two callers stated family conflict between their spouse and other family members; one caller stated family conflict as an issue resulting from her spouses' angry outbursts towards her children and herself due to farm related financial problems. Of interest is that only one female caller identified her spouse as a "good support".
8. Of the 6 male callers, 4 were contacting the MFRSL for support, or support and counselling, regarding themselves; one caller requested both information and support; one caller requested only a referral; four callers stated anxiety and depression due to farm financial stress, work load, weather, and/or a combination of all; two callers stated feelings of stress related to farm financial problems. Of note is that only one male caller stated "always thinking of the positive" as a means of combating stress internally.

9. Of the 13 callers, 2 female callers revealed that their spouses' had met with the CMHW from their area, each only one time, but were discouraged by the health provider's lack of agricultural knowledge. One female caller stated a lack of knowledge regarding what CMHW services entailed, and a reluctance to talk to an outside source about problems related to the farm. Worth mentioning is that one male caller stated that he would not feel comfortable meeting with the CMHW from his area due to knowledge that they did not have an agricultural background.

Chapter V

Discussion

This study was qualitative in nature and as such, the results cannot be generalized to the farming population as a whole. However, the information gleaned does provide some interesting insight and useable data related to the development of a specialized in-person counselling program for Manitoban farm families. The data is primarily summative in nature, and grouped under seven research questions that correspond to one of the research themes and/or objectives of the needs assessment. The addition of a miscellaneous section was reserved for new or unexplored themes that may be utilized to develop further research questions, or explore additional development of in-person counselling strategies.

The data grouped under the research question regarding internal and external barriers was also examined for its relation to the predisposing, enabling, and reinforcing factors identified in the literature review. The data relating to the predisposing, enabling, and reinforcing factors was particularly useful in determining whether the MFRSL is in a position to create an in-person counselling program that will appeal to farmers and farm family members. Finally, several demographic and farm related informational items were gathered to explore their impact on the themes of interest, and provide data for future research projects related to in-person counselling. Data transcribed from the information in the encounter forms consisted of direct quotes and exact wording.

A fundamental underlying premise of community health behaviour theory is that the success of health education and health promotion efforts hinges on the voluntary cooperation and participation of the target population; regarding what they believe to be the health issues and how best to ameliorate the issue. Carlson-Gielen & McDonald (1996) stress the importance of

participation stating “The principle of participation states that success in achieving change is enhanced by the active participation of members of the target audience in defining their own high-priority problems and goals and in developing and implementing solutions” (p.362).

The first step in determining the self-identified needs of a target population involves conducting a social diagnosis in order to assess quality of life. This phase consists of three main steps namely, identifying the health related agenda of the target population, establishing a link between this agenda and specific health problems and/or risk factors, and contacting decision makers and caregivers who may be able to assist in the development of the intervention (Green & Kreuter, 1999). Needs assessments that involve the use of focus groups, surveys, and community meetings are cited as effective means of identifying the health concerns of the population (Green & Kreuter, 1999).

Research question one was designed to determine and reflect the quality of life of each farm caller. Results reflected the information found in the literature review. In the main, the farmers and farm family members in this study cited financial issues related to increasing market prices, interest rates, and input costs, as the primary source of stress that negatively impacts their quality of life. Contributing factors such as unpredictable weather and agricultural disasters, in particular BSE, were also stated by subjects as causing stress. Unfortunately, the factors contributing most to the financial difficulties were also perceived by the study subjects as out of their control, and therefore especially distressing.

The second most frequently cited factor affecting quality of life was family and relationship conflict. Conflict between spouses was described by subjects as very common, and problematic. Interestingly, the issue of relationship conflict can be indirectly connected with

farm financial difficulties. For example, the day-to-day struggles of marriage are often magnified by the lack of income (Martinez-Brawley & Blundall, 1989; Standing Senate Committee on Agriculture and Forestry, 1993).

Difficulty with managing work roles on and off the farm was specifically stated as an issue by only one caller. Conversely, the research has suggested that managing multiple work roles is a major factor contributing to the stress experienced by farm family members (CASA, 2005; Keating, 1987; Standing Senate Committee on Agriculture and Forestry, 1993; Walker, J. L. & Walker, 1988). Although, not always specifically stated, work role overload can be indirectly connected to increased stress. Six of the 13 females in this study mentioned that they worked both on and off the farm. Moreover, two female callers stated that their adult children also worked both on and off the farm. In each case, working an off farm job was stated as necessary to supplement inadequate farm income. In addition, the majority of these female subjects stated ongoing relationship conflict with their spouses. The reasons given were most often related to the depression, anxiety, and/or stress experienced by their spouses, as a direct result of economic difficulty and work role overload.

According to Green and Kreuter (1999) “The task of Phase 2 is to identify the specific health goals or problems that may contribute to the social goals or problems noted in Phase 1” (p. 38). Glanz, Lewis, and Rimer (1997) suggest that “With data on the community’s’ health problems in hand the planner is ready to begin setting priorities and writing program goals” (p. 365). Social and environmental issues are very often tied to health problems in a target population. Research question two produced data that reiterated many of the same health issues identified in the literature during the epidemiological assessment phase. Symptoms related to farm stress are generally grouped under the headings of physical, emotional, mental, and

behavioural health (CASA, 2005; Standing Senate Committee On Agriculture & Forestry, 1993; Rosmann, 1994; 2001).

Research question two explored health symptoms related to farm stress and closely reflected the current anecdotal research that exists. In terms of physical symptoms, one female subject reported experiencing a change in sleep patterns as a result of exposure to ongoing farm stress. In comparison, there were four reports of males presenting with physical symptoms such as, physical exhaustion, high blood pressure, cold sweats, and sleep disturbances. This is typical of men in general, who tend to seek help for, and report, physical symptoms (Kuehn, 2006; Walker, J. L. & Walker, 1988). However, men are also much less likely to report symptoms related to stress and mental health issues (Kuehn, 2006; Walker, J. L. & Walker, 1988).

The reluctance to seek help for mental health issues is exacerbated in many farm men by the traditional ideal of being male. For instance, some men have learned that being invulnerable and in control of their situation, regardless of how grim, is part of being male (Robertson & Fitzgerald, 1992). Therefore, admitting to having trouble managing mounting stress may be difficult for some farm men. Related to the mental health symptoms reported in this study, three female callers identified their male spouses as suffering from depression and anxiety symptoms. All three men had been diagnosed by a health provider and prescribed medication, however none had pursued counselling or other support services. However, four male callers to the MFRSL admitted to experiencing ongoing symptoms of depression and anxiety, related to farm issues. Two additional male callers mentioned feelings of stress and difficulty coping with their circumstances on the farm. Increasingly, research is demonstrating that the negative stigma associated with mental illness is almost completely ameliorated if the provider is familiar with farming (CASA, 2005; Martinez-Brawley & Blundall, 1989; Rosmann, 1994; 2001; Standing

Senate Committee On Agriculture & Forestry, 1993). It is reasonable to assume that the males in this study felt comfortable reporting mental health symptoms to the MFRSL counsellors for this same reason.

The male callers in this study verbalized their emotional symptoms with greater frequency than is often reported in the literature (Robertson & Fitzgerald, 1992). The general assumption that many farm men are reluctant to express emotions is regularly cited (Brannon, 1985; Robertson & Fitzgerald, 1992). However, equally corroborated is the fact that barriers to expressing emotions are all but completely removed when the listener has knowledge of farming. This situation appears to exist regardless of whether the farmer has adequate knowledge regarding mental illness and treatment options (Brannon 1985; CFWN, 1995; Martinez-Brawley & Blundall, 1989; Sawyer, Gale & Lambert, 2006).

Behavioural issues were a major area of concern cited by most subjects. Relationship conflict, frequent arguments between spouses, and family dysfunction were mentioned most often. Although contacts to the MFRSL consisted of an almost equal amount of male and female callers, all calls made by female farm spouses were in regard to their male partners and subsequent issues. These findings are in agreement with existing research that cites farm women as more likely than men to act as the emotional support person for the family (Johnson & Booth, 1990; Walker, L. S. & Walker, 1987). Farm women are also more likely to seek outside help for themselves and family members than their male counterparts (Delworth, Veach & Grohe, 1988; Gallagher & Delworth, 1993). Farm women who do not receive emotional support from their spouses do not cope as well as those who do (Delworth, Veach & Grohe, 1988; Gallagher & Delworth, 1993). Unfortunately, only one of the female subjects in this study identified her husband as a positive support. Moreover, aside from expressing concern for the farms financial

situation, she reported no symptoms related to farm stress. Of note is that six of the seven female callers cited contact with outside supports, both formal and informal, as critical to their ability to cope with farm stress related issues.

One female subject had contacted the MFRSL for support regarding her husband's demonstrations of anger and frustration towards herself and their two young children. The Standing Senate Committee on Agriculture and Forestry (1993) cited farm women and farm family members as representing groups that are at increased risk of harm from domestic violence. Although domestic violence is equally prevalent between rural and urban family groups, there are unique circumstances that make farm families a high-risk group. Economic worries, isolation, excessive demands on the time and energy of farmers and their family members, and the scarcity of appropriate services that meet the specialized needs of farmers, aggravate family situations (CFWN, 1995; Rosmann, 2001; Ryan-Nicholls, 2003; Standing Senate Committee on Agriculture and Forestry (1993). The CFWN (1995) suggests that addressing farm family violence will require a community ownership approach to the issue (p. 45). Moreover, easily accessible counselling and support services in the form of toll free telephone crisis lines and in-person meetings with "trained support personnel sensitized to the rural culture" are cited as essential (CFWN, 1995, p. 45).

Research questions three and four are intertwined and can therefore provide information regarding the subject's thoughts and feelings about their individual coping strategies, as well as perceived barriers to support services. Moreover, this data provided valuable information regarding the behavioural intentions of the subjects, based on the stated perceived internal and external barriers to seeking help for farm stress related issues. Essentially, questions three and

four provided data about the predisposing, enabling, and reinforcing factors that influence the study subjects' behaviours related to seeking help for farm stress related issues.

Predisposing factors are intrinsic factors that determine whether a person will engage in a particular behaviour (Green & Kreuter, 1999). Reinforcing factors are those that are internal or external to the individual and influence whether a person will engage in certain behaviours (Green & Kreuter, 1999). Enabling factors include the resources, services, and assistance available to the individual that dictate to what extent they will be able to engage in certain behaviours (Green & Kreuter, 1999).

Predisposing factors can be viewed from the perspective of behavioural motivation and include the knowledge, beliefs, values and attitudes of the target population regarding a particular health issue and potential remedies. Enabling factors are defined as behavioural supports that maintain the health behaviour and include accessibility, availability, skills, and laws. Reinforcing factors, or behavioural consequences, include family, peer, community, media, and technology.

The use of the Health Belief Model (HBM), Social Cognitive Theory (SCT), Social Networks and Social Supports, and the Theory of Reasoned Action (TRA) act as useful methods to guide the examination of the predisposing, reinforcing, and enabling factors that influence whether a farmer will access in-person counselling to address mental health issues. A brief reiteration of the theories precedes the remainder of the discussion.

Health belief model.

“The Health Belief Model (HBM) addresses the individual's perceptions of the threat posed by a health problem (susceptibility, severity), the benefits of avoiding the threat,

and factors influencing the decision to act (barriers, cues to action, and self-efficacy)” (Glanz & Rimer, 2005, p. 12).

The goal of the HBM is to try and understand why people tend to fail to accept preventive measures for early detection of health problems. Originally developed in the 1950’s in response to low participation in health screenings for diseases such as tuberculosis, the HBM attempts to explain and predict health related behaviour by looking at beliefs and patterns.

Social Cognitive Theory (SCT)

Social Cognitive Theory (SCT) is based on the premise that there is an ongoing dynamic interaction between individuals, their behaviours, and the environment in which they exist (Glanz & Rimer, 2005). Moreover, SCT suggests that in order for people to engage in health enhancing behaviours they need to be confident in their ability to perform the desired behaviour; to believe that the outcome of the desired behaviour is beneficial to them; to believe that the desired behaviour will be effective; to have health enhancing behaviours reinforced; and to be provided with knowledge and skills related to the behaviour (Glanz & Rimer, 2005). Several concepts are integral to the application of SCT to health behaviours namely, reciprocal determinism, self-efficacy, reinforcement, observational-learning, outcome expectations, and behavioural capacity (Glanz & Rimer, 2005, p. 20).

Social Networks and Social Support

Pertaining to health promotion efforts, social ecology refers to the dynamic social forces operating on the situation, the person, and the person’s subsequent behaviour. The environment and all its subsystems, including family, community, cultural, physical, and social, may or may not, offer conditions that are conducive to health. Several concepts assist in explaining how

social relationships enhance or have negative effects on health. Social Networks and Social Support are concepts that describe the organization, practices, and purpose of social relationships (Heaney & Israel, 1996, p. 180). Although they do not constitute theories in the formal sense, they are equally useful in explaining the essential interpersonal methods that contribute to the association between relationships and health (Heaney & Israel, 1996).

The concept of social networks refers to the social relationships in a person's life. Social support is a basic central component of a social relationship (Heaney & Israel, 1996, p. 180). An individual's social network, or relationship between themselves and another individual as well as amongst network members, has certain characteristics. The presence or absence of certain characteristics will determine the health enhancing benefits of the relationship (Heaney & Israel, 1996). According to Heaney and Israel (1996), characteristics include reciprocity, or the exchange of support and resources; intensity, or the strength of feelings and intimacy shared; complexity, or the number of roles a relationship fulfils; and density, or the degree to which members interact with each other as well as the focal person, and hence offer emotional support (p. 181).

Regardless of stress levels, Social Networks and Social Support may enhance an individual's coping abilities and access to community resources (Heaney & Israel, 1996, p. 183). At a community level, increasing social networks and encouraging the trading of social support will, in turn, add to a community's ability to garner resources and cope with issues (Heaney & Israel, 1996, p. 183). Subsequently, increasing positive coping mechanisms and resource gathering at both the individual and community levels may improve health and reduce the harmful impact of stressors. In addition, there is suggestion that Social Networks and Social Supports may help reduce exposure to the number, intensity, and duration of contact to stressors

(Heaney & Israel, 1996). Moderating the impact of stress on individuals and communities has been directly connected with improvement in mental and physical health (Heaney & Israel, 1996, p.186). Moreover, individual exchanges between individuals within a social network may encourage and support the adoption of positive health behaviours that, in turn, may reduce the incidence of mental and physical health problems (Heaney & Israel, 1996, p. 186).

Theory of reasoned action/ theory of planned behaviour.

The Theory of Reasoned Action (TRA) is utilized to explain the relationship between attitudes, norms and behaviour, and the central element of behavioural intention. Behavioural intention is predisposed by the person's attitudes about executing the behaviour, combined with the belief that other individual's whose opinion matters to the person will approve or disapprove of the behaviour (Glanz & Rimer, 2005, p.16). The Theory of Planned Behaviour (TPB) expands on the TRA "in that it includes one additional construct, perceived behavioural control (Glanz & Rimer, 2005, p.16). In other words, an individual's perception of personal control over a particular situation may critically influence how that individual behaves (Glanz & Rimer, 2005, p. 16).

An examination of the MFRSL callers revealed that the predisposing factors most often mentioned as internal barriers to seeking help for farm stress related mental health issues reflected data uncovered in the literature. The values of pride and independence followed by a distrust of outsiders and a lack of knowledge about mental illness and treatment options were most frequently cited by subjects. Related to the values of pride and independence and according to the Theory of Reasoned Action (TRA), a farmer's willingness to seek help for farm

stress issues may be compromised by a belief that peers may not approve, and professionals may lack understanding (Glanz & Rimer, 2005).

For some farm family members' in this study, the previous reluctance to access help was due to the perception that the barriers outweighed the benefits. The Health Belief Model (HBM) would refer to this dilemma as one of perceived barriers that outweigh perceived benefits (Glanz & Rimer, 2005). Interestingly, research regarding individual farmers values and beliefs indicate that the reluctance to seek outside help for mental health issues is a non-issue if the provider has farming knowledge (CASA, 2005; Martinez-Brawley & Blundall, 1989; Rosmann, 2001). This appears to be the case with callers to the MFRSL, as all but one of the 13 subjects presented with a general awareness that the staff possessed farming knowledge.

As well, only one caller stated a lack of knowledge regarding the types of services provided by the MFRSL. This was also a factor stated by the subject as a reason for hesitation regarding making initial contact with the help line. The majority of callers, however, were familiar with the MFRSL services. This is in large part due to the promotion and outreach efforts of the MFRSL staff. Aside from the telephone help line, the MFRSL staff travel to various locations in Manitoba to provide education and training on a number of farm related topics including stress management, work-life balance, communication, building resiliency, and suicide prevention/intervention (MFRSL, 2008). In addition, extensive outreach and promotion of the MFRSL services occurs through mail-outs of promotional materials, and advertisement through various agricultural and health related media sources (MFRSL, 2008). Finally, the MFRSL interactive website and informational display provide farmers and farm family members with facts about the services, and the agricultural background of the staff.

In keeping with the concepts of Social Support and Social Networks, the MFRSL services were identified as a form of support by all subjects, and also instrumental as a means of building self-efficacy. Self-efficacy is often cited as the most influential personal predisposing factor in behaviour change (Glanz & Rimer, 2005). It refers to the confidence an individual has in their individual ability to perform a behaviour, even in the face of obstacles (Glanz & Rimer, 2005). Building self-efficacy is best achieved through the opportunity to take small steps towards approximating behaviour, while also receiving reinforcement and feedback. Callers to the MFRSL gain self-efficacy through speaking to counsellors and volunteers with farming backgrounds who understand their circumstances and needs, and at the same time provide support and counselling services. Initial assistance by the MFRSL empowers the individual by identifying their strengths and ability to come up with their own solutions to problems.

Ecological approaches to planning health programs take into account the environment in which the target population resides including an assessment of Social Networks and Social Support. The quality and amount of social support in a target population may affect how well and individual adapts to stressors (Lerman & Glanz, 1996, p. 125). A final predisposing factor mentioned by some subjects was the reluctance to burden family and friends with problems related to the farm. The support of a spouse, other family member, friends, and neighbours were seen as an important source of social support to the majority of callers. However, overall these social supports were quoted as inadequate in and of themselves. Worth mentioning is that for the most part the subjects were contacting the MFRSL because their available coping and support sources were insufficient. The reasons given for contacting the help line included the draining effect on family and friends, and a reluctance to admit a need for help from family and community.

There is some research suggesting that supportive spouses and family members are instrumental in helping farm families' cope with farm stress (Van Hook, 1990). However, additional research suggests that the provision of support for mental health problems cannot be adequately addressed by family and community sources alone (Beeson, 1999; CASA, 2005; Martinez-Brawley & Blundall, 1989; Rosmann, 1994; 2001; Standing Senate Committee on Agriculture and Forestry, 1993). Certain mental health and stress related problems are complex and require specialized expertise. Having counselling skills and farming backgrounds, puts the MFRSL staff in a position to offer services that meet the self described needs of farmers and their families.

Enabling factors refer to the social and environmental conditions that affect the availability, accessibility, and perceived appropriateness of mental health services. The enabling factors are also the conditions that are most likely to be successfully altered in order to create an in-person counselling program that reflects the needs of farmers. The circumstances mentioned most often by the study group as impacting decisions to seek outside help for mental health issues included, health providers that lack agricultural knowledge, the stigma attached to mental illness, and transportation and cost issues.

Although primary physicians were mentioned by over half of the subjects as a provider they had accessed to cope with farm stress related problems, most subjects reported dissatisfaction primarily due to the provider's lack of agricultural knowledge. According to the subjects, Community Mental Health Workers (CMHW's) were stated as a less attractive option than either the MFRSL or a family physician. Of those who had met with their area CMHW, none felt that they would utilize the service again due to the provider's lack of farming knowledge and subsequent lack of understanding about their distinct circumstances. Those

subjects who were considering contacting a CMHW were adamant that they would only consider using this service if the worker possessed agricultural knowledge. According to the constructs of social cognitive theory (SCT), the reluctance by farmers to seek help for mental health services is related in large part to the lack of agricultural knowledge on the part of the provider, and is perceived as a major barrier. To reiterate, research has demonstrated that access to providers who have farming backgrounds removes the barriers associated with a lack of agricultural understanding and the negative stigma linked to mental illness (CASA, 2005; Martinez-Brawley & Blundall, 1989; Rosmann, 2001).

Two subjects mentioned geographic distance and transportation issues related to accessing in-person counselling at the MFRSL Brandon, Manitoba office. Without doubt, it is unreasonable to expect that farmers throughout all regions of the province would access an in-person counselling service. However, the telephone help line remains a core service of the MFRSL and callers will continue to have access to telephone counselling and support services. Of note is that the majority of the study subjects live in the Assiniboine, and Central regions of Manitoba, all within approximately 100 miles or a one hour drive of the MFRSL Brandon office location. Research by Martinez-Brawley and Blundall (1989) suggested that in-person counselling was considered appealing to farmers if the geographic location approximated this range.

An additional enabling factor cited in the literature as a major barrier to seeking help for mental health issues, was the perception by farmers that the health care provider held a position of power, and hence all of the decision making ability (Martinez-Brawley & Blundall, 1989; Rosmann, 2001; Sawyer et al., 2006). This coincides with statements made by the study subjects regarding the discomfort in revealing mental health problems to a provider who appeared to have

no understanding of farming. Research demonstrates that farmers respond very well to providers who are “professional and dependable” (Hannon, 1999, p. 17). Observational learning, a Social Cognitive Theory (SCT) construct, would suggest that the reluctance by farmers to seek help may be ameliorated if the health provider has a similar occupation and has overcome farm related stressors themselves (Glanz & Rimer, 2005). Certainly, existing literature suggests that farmers respond best to a provider who also has agricultural experience, and is viewed in many ways as a peer (Hannon, 1999; Rosmann, 2001). Peer support has proven to be very effective due in large part to the fact that people who have similar experiences can better relate, and offer more authentic empathy and validation (Hannon, 1999; Rosmann, 2001).

Reinforcing factors become more significant once a health program has been initiated (Glanz & Rimer, 2005). These would include factors and conditions that encourage farmers and farm family members to continue to access the MFRSL for in-person counselling, as well as the existing services. In addition, reinforcing factors may include referrals by the MFRSL to other support services, thereby initiating new social linkages. By addressing the aforementioned predisposing and enabling factors that may negatively impact help-seeking behaviours in farmers, the MFRSL can provide increased opportunities for reinforcement. Positive social support through the approval of peers, family and other health providers, outside of the MFRSL, may also reinforce help-seeking behaviours by farmers.

Research question five revealed that nine of the 13 subjects would be interested in personally utilizing an in-person counselling service provided by the MFRSL. It is unknown whether the subjects would be willing to travel to the Brandon office to take advantage of such a service. Answers to research question six demonstrated once again that it was of the utmost importance that farmers could access a counsellor that has agricultural knowledge. Based on

data gathered from research question seven, seven callers would be interested in exploring general farm stress issues and two would like to discuss farm transitioning during in-person counselling sessions. Of note is that all study subjects cited the MFRSL telephone help line as integral to their ability to cope with farm stress and mental health issues.

As suggested by the research, farmers respond best to mental health services that include the following: in-person counselling from professional counsellors with farming backgrounds; indigenous helpers and volunteers; services that meet the unique geographical, transportation, and time related needs of farmers such as, telephone hotlines that include evening hours; provide education through workshops and presentations related to agricultural and farm stress related issues; perform outreach to the farming population through community events; and provide information by disseminating agricultural related articles and press releases (Beeson, 1999; CASA, 2005; Martinez-Brawley & Blundall, 1989; Rosmann, 1994; 2001; 2005; Standing Senate Committee on Agriculture & Forestry 1993). The MFRSL is in a position to provide programming that incorporates all of these services, and thereby, addresses the self-identified needs of the farming population.

Summary and Conclusions

Further, following their initial contact by phone, numerous callers to the MFRSL have expressed a desire for in-person counseling from the MFRSL staff (MFRSL staff, personal communication, March, 2008). Moreover, many callers have expressed a need to speak with a counselor who has direct farming experience (MFRSL staff, personal communication, March, 2008). Currently, short-term follow-up counseling over the phone is available for these individuals; however the MFRSL has not yet implemented an in-person counseling program.

For some time, the MFRSL has been interested in developing a specialized in-person counseling program for farmers; the current study provided valuable information regarding how the MFRSL could best meet the mental health needs of the agricultural population (J. Smith, Program Manager, personal communication, March, 2008). Currently, the MFRSL does not possess the funding to offer a full spectrum in-person counseling service, and is therefore in a position to offer these services to clients within a restricted geographical area. Further issues regarding funding include the potential need to subsidize the hiring of additional counselors to maintain coverage for existing services as well as offer in-person counseling. Nonetheless, if a need for this service is identified several potential funding possibilities exist.

Conducting a needs assessment through the examination of existing MFRSL farm related client records provided an opportunity to document the existence and validity of the above three themes of interest. Subsequently, this information aided in developing a rationale for providing in-person counseling for the farming population of Manitoba. More importantly, the assessment process identified the barriers, both internal and external to farmers that impact the decision to seek help for mental health problems. The MFRSL is somewhat limited in its ability to influence internal barriers that prevent farmers from reaching out for assistance. However, the social and environmental factors that are impeding help-seeking behaviors can be altered to better suit the mental health needs of farmers. For example, many farmers who contact the MFRSL state that they feel it is essential that the health providers they access have direct agricultural experience (MFRSL staff, personal communication, March, 2008).

Prior to initiating the current needs assessment, the MFRSL had started the process of drafting plans for the development of an in-person counselling pilot project. The suggested program would offer short-term, in-person counselling to farmers dealing with farm stress

related issues. Among others, the potential issues may include stress management, relationship conflict, communication, work-life balance, anger, depression, anxiety, coping skill development, and problem solving. The program is based on a solution-focused counselling approach that encourages clients to discover solutions to their self-identified problems, and move towards their preferred future (Guterman, 2001). This strength-based approach marries well with the values of independence and self-reliance that are so ingrained in the agricultural community (CASA, 2005; Martinez-Brawley, 1989; Rosmann, 2001). The MFRSL would refer clients who required long term counselling, or who demonstrated significant mental health and/or substance use concerns, to outside agencies.

Research has demonstrated that in-person counselling services for farmers and farm family members have a long gestation period, and are slow to be accepted by agricultural communities. The MFRSL has a long and well-established history with the agricultural communities of Manitoba. In addition, the organization has cultivated relationships with various agricultural and health related associations, within the province as well as nationally.

Based on the data gathered from the subjects in this study, there is a need for in-person counselling for farm families' in Manitoba. Moreover, the needs assessment process confirmed that the MFRSL is in a position to address the most significant predisposing, enabling, and reinforcing factors that negatively impact help-seeking behaviours in farmers. In addition, the needs assessment data may also be used to secure funding for the continuation and growth of the in-person counselling program, as well as for future research endeavours. Finally, the data gleaned from this study may be condensed into summary form and disseminated to various agricultural and health related publications and organizations, as well as be posted on the MFRSL website.

Recommendations

As previously mentioned, presently the MFRSL does not possess the funding to offer a full spectrum in-person counselling service, and is therefore in a position to offer these services to clients within a restricted geographical area. Further issues regarding funding include the potential need to subsidize the hiring of additional counsellors to maintain coverage for existing services as well as offer in-person counselling. Clearly, the acquisition of additional funds would be required in order to further develop the program. Finally, the results from this study may be used to provide evidence of the need for this type of programming for farmers, as well as position the MFRSL as the organization to be awarded the funding to do so.

Utilization of the remaining phases of the Precede-Proceed framework is recommended to fully develop the program and provide opportunities for process and outcome evaluation. Green and Kreuter (1999) state that phase five involves “the assessment of organizational and administrative capabilities and resources for the development and implementation of the program” (p. 42). At this stage the program planner may want to explore the policies that may alter enabling factors and impact availability and accessibility issues. Finally, phase six involves turning the corner into the PROCEED section, and implementing the health intervention program (Green & Kreuter, 1999).

Phase seven begins the PROCEED portion of the framework and is utilized to assess administrative and business activities. Measuring whether there are adequate materials, facilities, personnel and equipment to run the program are functions of process evaluation (Green & Kreuter, 1999).

Phase eight is conducted immediately following program administration/implementation completion in order to measure the programs impact on knowledge, attitudes, intentions, values, and beliefs (Green & Kreuter, 1999).

Phase Nine represents the outcome evaluation that generally occurs following the intervention (1-25years or more) and assesses any measurable improvement in behaviours, by looking at quality of life as perceived by the target population (Green & Kreuter, 1999).

Successful evaluation procedures will, in turn, increase the opportunity for future funding possibilities if a need for in-person counselling continues to be realized. The Educational and Ecological Assessment Phase utilized in the literature review is directly followed by the Administrative and Policy Assessment (Green & Kreuter, 1999). This subsequent phase provides the opportunity for an appraisal of resource needs and availability, and identification of any organizational barriers or policy restraints as they relate to addressing the predisposing, enabling, and reinforcing factors previously recognized (Green & Kreuter, 1999, p. 189).

Additional suggestions for evaluation purposes include conducting focus groups consisting of key informants from agricultural and health related organizations, as well as producers throughout Manitoba. Further, the identification of CMHW's, and counsellors from supplementary organizations throughout Manitoba, who also possess agricultural knowledge will aid the MFRSL in providing the most effective and efficient services to farmers.

The Standing Committee on Agriculture & Forestry (1993) indicated a need for additional research particularly around "stressors as they relate to the changing context of farming in Canada" and the viability and efficacy of the various farm stress programs (p. 18). Similar research efforts are also suggested for the MFRSL as it continues to expand its services

in order to provide valid support to farmers. Further recommendations from Committee (1993) include the creation of a “collaborative clearinghouse or central repository within Agriculture Canada” that would act as a base for programs, research and support services (p. 19). Currently, the concept of the Manitoba Farm and Rural Resource Centre is in the development stages at the MFRSL (Appendix F). The development of an in-person counselling program would meet yet another objective in the plan to offer comprehensive specialized services to Manitoban farmers and their families.

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APPENDICES

Appendix A – Blank MFRSL Encounter Form Page 1

DATE

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Yr. Mo. Day

--	--	--	--

TIME OF CONTACT: _____ hrs.

--	--	--	--

DURATION OF CONTACT: _____ **min.**

SHEET NO. _____

REFER TO: _____

Sector:	Contact Category:	Type of Contact:	Level of Contact:
Farming <input type="checkbox"/>	Information <input type="checkbox"/>	New <input type="checkbox"/>	Information <input type="checkbox"/>
Rural <input type="checkbox"/>	Caller about self <input type="checkbox"/>	Previous <input type="checkbox"/>	Support <input type="checkbox"/>
Urban (<i>Wpg./Bdn.</i>) <input type="checkbox"/>	3 rd Party <input type="checkbox"/>	Follow-up <input type="checkbox"/>	Counseling <input type="checkbox"/>
Unknown <input type="checkbox"/>		E-mail <input type="checkbox"/>	Intervention <input type="checkbox"/>

Client Information:
 Name _____
 Address _____
 Phone # _____
 E-mail: _____

Gender:
 Male
 Female
 Unknown
 Transgender

Age :
 Under 12 36-50
 13-17 51-64
 18-26 65 & over
 27-35 Unknown

Relationship Status: _____

Living Arrangements: _____

Problem Area: (√ all applicable areas)

Alcohol/Drugs Information Sexual Assault

Farm related issues -

BSE PMU
 Exit Financial

Anger	<input type="checkbox"/>	Isolation/Loneliness	<input type="checkbox"/>	Sexuality	<input type="checkbox"/>	Gov. Programs/Policies	<input type="checkbox"/>		
Child Welfare	<input type="checkbox"/>	Job	<input type="checkbox"/>	Suicide	<input type="checkbox"/>	Information	<input type="checkbox"/>		
Domestic Abuse	<input type="checkbox"/>	Loss/Grief	<input type="checkbox"/>	Threats to Others (form)	<input type="checkbox"/>	Off-farm Employment	<input type="checkbox"/>		
Financial	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Other: _____	Relationship	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	
Housing	<input type="checkbox"/>	Relationship	<input type="checkbox"/>			Excess Moisture	<input type="checkbox"/>		
Mental Health: Depression, Anxiety, other _____						Weather	<input type="checkbox"/>	Drought	<input type="checkbox"/>
						Other:	_____		

Suicide Ideation: Yes No 3rd Party **If yes, fill out "Threat to Self/Other" form**

Past Ideation: **Yes** **No** **3rd Party** **If yes, fill out "Threat to Self/Other" form**

Homicide Ideation: Yes No 3rd Party **If yes, fill out "Threat to Self/Other" form**

Region Calling From:

Assiniboine	<input type="checkbox"/>	Brandon	<input type="checkbox"/>	Burntwood	<input type="checkbox"/>	Central	<input type="checkbox"/>	Churchill	<input type="checkbox"/>
Interlake	<input type="checkbox"/>	Nor-Man	<input type="checkbox"/>	N.Eastman	<input type="checkbox"/>	Parkland	<input type="checkbox"/>	S.Eastman	<input type="checkbox"/>
Winnipeg	<input type="checkbox"/>	First Nation	<input type="checkbox"/>	Out of Country	<input type="checkbox"/>	Out of Province	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

Heard about MFRSL: Clinic Radio TV Newspaper Referral Phone book Pamphlet/poster

Other _____

Consultation: (For follow-up calls use encounter form)

Date: _____ Time: _____ Duration: _____ Done by: _____

Outcome: _____

OUTCOME: CONTRACT/REFERRALS

Appendix A – Blank MFRSL Encounter Form Page 2

PRESENTING PROBLEM(S)PRESENTATION/FEELINGS –

RELEVANT HISTORY

FOCUS OF CONTACT/ASSESSMENT (ie: Safety, Lethality, Child Welfare, Coping Abilities, Client Goals, Supports, etc.)

Appendix B

Individual encounter form data collection sheet

Intake #	Date	New or Previous	M / F	Age	Relationship Status	Region	Farm Related Issues

Research Question 1

What is the presenting problem stated by the farmer or farm family member?

Research Question 2

What, if any, physical, mental, emotional, and behavioural health symptoms are the farmer or farm family members experiencing?

Research Question 3

What coping mechanisms is the farmer or farm family member using to cope with the above farm related symptoms, and how are they adapting? (i.e. Does caller turn to family, friends, neighbours, clergy, or attempt to manage without outside help)?

Research Question 4

What does the farmer or farm family member believe about the availability, appropriateness, and acceptability of mental health services? (i.e. The identified barriers to these services, both internal and external, to the farmer and farm family members).

Research Question 5

If the Manitoba Farm & Rural Stress Line (MFRSL) was to offer in-person counselling would the farmer or farm family member use this service?

Research Question 6

What are the characteristics you would prefer in a counsellor? (i.e. Agricultural knowledge, age, gender, etc.)

Research Question 7

Does the farmer or farm family member mention any particular topics they would be interested in exploring with a counsellor? (i.e. farm stress related, relationship, work/life balance).

Appendix C

Research Question 1

What is the presenting problem stated by the farmer or farm family member?

1. Farm related financial difficulties of high debt load and input costs. (6)
2. Farm related financial difficulties due to unstable farm economy and markets. (1)
3. Farm exit due to bankruptcy. (1)
4. Transfer of farm to adult children, and subsequent adaptation issues. (4)
5. Frustration related to machinery breakdown. (2)
6. Unpredictable weather. (2)
7. Managing work roles on and off the farm. (1)
8. Managing heavy farm workload. (2)
9. Relationship problem - conflict between son/daughter-in-law and husband related to farm transfer to son. (2)
10. Relationship problems - conflict related to husband's anxiety and depression regarding farm workload. (1)
11. Relationship problems – conflict related to husbands' depression regarding financial issues associated with farm debt loads. (2)

12. Relationship problems – conflict related to husbands’ angry outbursts towards caller and children, linked to drought/weather conditions. (1)

Research Question 2

What, if any, physical, mental, emotional, and behavioural health symptoms are the farmer or farm family members experiencing?

Physical:

1. Physical exhaustion. (1)
2. High blood pressure. (1)
3. Changes in sleep habits. (2)
4. Cold sweats. (1)

Emotional:

1. Emotional exhaustion. (1)
2. Sadness. (1)
3. Guilt and shame. (1)
4. Frequent crying periods. (1)
5. Embarrassment. (2)
6. “Feeling hollow inside”. (1)

Mental:

1. Depression. (5)
2. Anxiety. (5)
3. Stress. (3)
4. Difficulty concentrating. (1)

Behavioural:

1. Relationship conflict. (5)
2. Lack of motivation. (1)
3. Family break-up. (2)
4. Family dysfunction. (2)
5. Frequent arguments between spouses/partners. (2)
6. Frequent arguments between parents and adult children that are both living and working on the farm. (2)
7. Communication problems among farm family members. (3)
8. Displays and feelings of anger. (4)
9. Displays and feelings of impatience and frustration. (3)
10. Children feeling the effects of parents stress. (1)

Research Question 3

What coping mechanisms is the farmer or farm family member using to cope with the above farm related symptoms, and how are they adapting? (i.e. Does caller turn to family, friends, neighbours, clergy, or attempt to manage without outside help)?

1. Contact by phone with the MFRSL. (13)
2. Primary physician. (7)
3. Farm Succession Mediation Counselling Services. (2)
4. Spouse/partner. (4)
5. Family other than spouse. (4)
6. Friends. (2)
7. Neighbours. (3)
8. Community. (1)
9. Community Mental Health Worker. (6)
10. Expressed need to see a doctor “or someone”, but has not yet. (1)
11. Deal with issues internally/solve problems on our own. (7)
12. Professional farm financial related services. (4)
13. Psychiatrist or Psychologist. (2)

Research Question 4

What does the farmer or farm family member believe about the availability, appropriateness, and acceptability of mental health services? (i.e. The identified barriers to these services, both internal and external, to the farmer and farm family members).

Internal :

1. Pride and independence. (5)

2. Self-reliance. (1)
3. Embarrassment. (1)
4. No time to talk about mental health issues. (1)
5. Fear of outsiders/lack of knowledge about mental illness and treatments. (2)

External :

1. Stigma attached to mental illness. (3)
2. Health provider lacks farming knowledge and background. (6)
3. Transportation and geographical distance to in-person counsellor. (2)

Other:

1. No barriers explicitly stated. (2)

Research Question 5

If the Manitoba Farm & Rural Stress Line (MFRSL) was to offer in-person counselling would the farmer or farm family member use this service?

Would take advantage of in-person counselling (9).

Research Question 6

What are the characteristics you would prefer in a counsellor? (i.e. Agricultural knowledge, age, gender, etc.)

Agricultural knowledge and background (9).

Male counsellor (1).

Research Question 7

Does the farmer or farm family member mention any particular topics they would be interested in exploring with a counsellor? (i.e. farm stress related, relationship, work/life balance).

Farm stress (7).

Transition out of farming (2).

Unexplored Theme 1 – (Potential internal and external barriers stated by callers)

External barrier - Inquiry regarding cost of in-person counselling (1).

Internal barrier - Lack of knowledge regarding MFRSL services (1).

Unexplored Theme 2

Stated need by callers to have the opportunity to continue with MFRSL phone line support as needed, regardless of the availability of in-person (13).

Appendix D

Demographic Data

Intake #	Date	New or Previous	M / F	Level of contact	Age	Relationship Status	Region	Employed on and off farm
2248	June 10	N	M	Support & Counselling	65+	Married	Central	
2196	June 24	N	M	Support	40	Married with 2 children	Central	
2204	June 25	P	F	Support	51-64	Married	Interlake	
2207	June 26	P	F	Support	51-64	Married	Interlake	
2210	June 30	N	M	Information	65+	Single no children	Assiniboine	
2233	July 5	N	F	Support Counselling	51-64	Married	Central	Yes – Caller
2235	July 8	P	F	Support	51-64	Married	Central	Yes – Caller and son
2269	July 18	N	M	Information Support	?	?	Assiniboine	
2277	July 21	N	F	Support	36-50	Married – 2 children	South Eastman	Yes – Caller
2279	July 21	P	F	Support Counselling	51-64	Married	Central	Caller
2309	July 28	P	M	Support	51-64	Married	Assiniboine	Caller's spouse

2313	July 28	P	M	Support	51-64	Married	Assiniboine	Caller's spouse
2322	July 30	N	F	Support	35	Married 2 children	South Eastman	

APPENDIX E

Focus Group

OPEN ENDED QUESTIONS FOR KEY INFORMANTS/PRODUCERS

1. What does the farmer/caller see as the major source of stress in their lives?

Internal

External

2. What is the impact of this stress?

What are some emotions the farmer/caller is feeling?

What types of coping strategies has the farmer/caller used to cope with the stress in their lives?

What are some of the issues being caused by farm stress? (physical, mental, emotional, behavioural)

3. Who has the farmer/caller turned to for help with issues resulting from stress (currently or in the past)?

Family and Friends, Community, Clergy, Professionals

4. What does the farmer/caller feel are the “gaps”, if any, in services to address their needs regarding mental health issues?

5. What are the barriers preventing this farmer/caller from seeking help?

Internal to the farmer

External to the farmer

6. If the Manitoba Farm & Rural Stress Line was to offer in-person counselling would the farmer/caller use this service?

If yes, what would facilitate the use of this service?

If no, what do you perceive as the barriers to using this type of service?

7. Potential probing questions specific to expectations regarding in-person counselling:

What are the characteristics you would prefer in a counsellor? (agricultural background/experience/knowledge; age; gender)

Would you prefer peer-counselling or professional counselling?

What topics would you be interested in exploring with a counsellor? (stress, relationship, work/life balance)

What time frame would you expect for a counselling session? How many sessions would you expect to attend?

Appendix F

MANITOBA FARM & RURAL RESOURCE CENTRE (MFRRC) STRATEGIC PLAN 2008

