

engage  NATIONAL MEN'S  
HEALTH TRAINING

ON  
FEIRM  
GROUND   
WELLBEING  
FOR  
FARMERS

**Interim Report  
Executive Summary**



**'On Feírm Ground':  
A formative evaluation to inform the design of a  
bespoke farmers' health training programme.**

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## FUNDING PARTNERS



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## **Foreword**

The publication of this landmark report is to be warmly welcomed, it is the culmination of an extensive consultation process with farmers, agricultural advisors, representatives from farming organisations, and farmers' significant others. This is the first farmers' health initiative in Ireland to be co-funded by two government departments and we acknowledge the significant inputs of our project partners; the HSE, Teagasc, IT Carlow, WIT and the project co-ordinator, the Men's Development Network. We also wish to pay tribute to the project Advisory Group and to all research participants who so generously gave of their time.

We know that farmers in Ireland experience a disproportionate burden of health problems, which come at a great cost to themselves, their families and to their livelihoods. Traditionally, farmers have tended to prioritise the welfare of their farms over their own health needs. This report's findings, however, are a timely reminder that farmers' health is 'the most important cog in the wheel' in terms of farm productivity and profitability.

The report's findings and recommendations provide a clear roadmap for the development and roll-out of a bespoke farmers' health training programme designed to support agricultural advisors to engage safely and effectively on supporting and signposting farmers on health issues. It is well established that agricultural advisors in Ireland play a crucial role in supporting farmers on a range of issues through extension. They are uniquely and strategically positioned to be seen as a confidant and to develop trusting relationships with farmers and, in the context of this report's findings, can play a crucial role in acting as a conduit between farmers and health services into the future.

## **1.0 Introduction**

Compared to other occupational groups, farmers in Ireland experience a disproportionate burden of health problems related to cardiovascular disease<sup>1,2</sup>, cancers<sup>1</sup> and mental health<sup>3</sup>/suicide<sup>4/5</sup>. These conditions have a detrimental impact on farmers' lives, resulting in a higher risk of farming injury, disability, and premature death<sup>6</sup>. They are also associated with various activity limitations, which undermine the profitability, competitiveness and sustainability of farming. However, issues such as farming masculinities and rural isolation make farmers a 'hard-to-reach' group to engage with on health matters and health promotion interventions<sup>7</sup>.

It is well established that agricultural advisors (defined in the context of this report as agricultural advisors and agricultural consultants) in Ireland play a crucial role in supporting a well- co-ordinated 'Agricultural Knowledge and Information Systems' network<sup>8</sup>, including a focus on farmers' health<sup>9</sup>. Advisors, working in a facilitative role, are uniquely and strategically positioned to be seen as a confidant and to develop trusting relationships with farmers<sup>10</sup>, improving farmers' decision-making, problem-solving and management skills<sup>11</sup>. Despite encountering farmer 'stress' on a regular basis, advisors are uncomfortable with their skill level in dealing with health-related issues and have expressed the need for training/guidance on their potential roles, responsibilities and boundaries in this area<sup>12</sup>.

### **1.1 Aim**

The aim of this project is to develop a bespoke farmers' health training programme that equips frontline agricultural advisors with the knowledge, skills and competencies to engage and signpost farmers on health issues, and to mainstream a health promotion/prevention focus into farming practices and farm discussion groups.

### **1.2 Project Governance**

This project is jointly funded by the Department of Agriculture, Food & Marine, the Department of Health, the Health Service Executive, Institute of Technology Carlow and through a Teagasc Walsh Scholarship. In terms of governance and implementation, a multi-stakeholder Project Steering Group, chaired by the Men's Development Network (MDN), is overseeing the project. The training programme is being developed under the auspices of Engage, Ireland's National Men's Health Training Programme. The focus of this formative evaluation was to consult with key stakeholders (farmers, agricultural bodies, advisors) in order to provide clear, actionable recommendations to inform the design and rollout of the training programme. Such data is best derived from qualitative focus groups and interviews that offer in-depth, rich descriptions from farmers, advisors and other stakeholders who have a close relationship with the farming community. This report represents an extended Executive Summary of the Main Report; a copy of the latter can be obtained by contacting the authors directly.

## 2. Methodology

### 2.1 Research Approach

This study adopted a community-based participatory research (CBPR) approach<sup>13</sup>. The research ethics committee granted ethical approval at Institute of Technology Carlow in November 2019. The study used an exploratory, qualitative design. Purposive sampling<sup>14</sup> was used to select participants. Semi-structured interviews (n=2) and focus groups (n=4) were conducted with farmers (n=22) to openly explore their perspectives and experiences concerning health, including patterns of help-seeking and rural masculinities, barriers to self-care, and potential pathways to active engagement in health services. Focus groups (n=7) were also conducted with other key stakeholders (n=44) that were closely aligned to the farming community (i.e. agricultural advisors, partners of farmers and farming bodies such as Macra na Feirme and the Irish Farmers Association). The purpose of this was to ascertain a rich picture of attitudes, perspectives and needs of the farming community as well as to explore the parameters of any potential health role for advisors. Details of the participant groups, the number of participants within each group and the methods of data collection used are outlined in Table 1.

**Table 1: Participant groups and methods for data collection**

Farmers	Location	Farm enterprise	N	Gender	Code
Focus group 1	Mid-east of Ireland	All dairy farmers	3	Male (n=3)	F001 – F003
Focus group 2	West of Ireland	All stock farmers	5	Male (n=5)	F004 – F008
Focus group 3	South-east of Ireland	Tillage/stock farmers	5	Male (n=3)	F009 – F013
Focus group 4	South midlands	Stock/dairy farmers	7	Female (n=7)	F014 – F020
<b>Other key stakeholders</b>					
Stock advisors	West of Ireland	N/A	4	Male (n=3) / female (n=1)	AA001 – AA004
Dairy advisors	South-west of Ireland	N/A	8	Male (n=4) / female (n=4)	AA005 – AA012
Tillage advisors	South-east of Ireland	N/A	7	Male (n=7)	AA013 – AA019
Private advisors	National	N/A	6	Male (n=3) / female (n=3)	AC001 – AC006
Significant others	South-east of Ireland	N/A	7	Female (n=7)	FG001 – FG007
Irish Farmers Association (IFA) management	East of Ireland	N/A	7	Female (n=7)	P001 – P006
Macra na Feirme	South midlands	N/A	5	Male (n=5)	MNF001 – MNF005

## 2.2 Data Collection/Analysis

A semi-structured, qualitative focus group/interview schedule guided the focus group/interview process. These were continually revised based on reflection and evolving conceptualisation. All interviews and focus groups were recorded using a digital Dictaphone and transcribed verbatim. Thematic Content Analysis (TCA), which involved generating initial codes, searching for themes among codes, and reviewing, defining and naming themes<sup>15</sup> was conducted to analyse the data. Transcripts were coded iteratively using open and comparative coding techniques, and emerging themes were grouped into primary and subthemes. Theme memos and conceptual maps were used to track evolving relationships between themes.

## 3. Results

Four broad themes capture the main findings from this study:

### 3.1 Mainstreaming farmers' health

There was broad consensus that, in order to maximise its effectiveness, the proposed farmers' health programme ought to be underpinned by research and a robust evidence base, and positioned as part of a more holistic, integrated and streamlined approach to address farmers' health. In particular, it was felt that the programme ought to be:

- Seen as part of a cultural shift that places farmers' health and wellbeing at the centre of farm productivity and as a core pillar of farming business success.

*if you are interested in your client and your client's business, obviously your client's welfare has to be in that equation somewhere. AC006*


- Delivered in tandem with other initiatives – at a policy, advocacy, education and training, and service delivery level.

*...in the colleges. That is where they need to educate the farmers on well-being and looking after themselves, in all the ag colleges. FG006*

- Backed up by a high-level implementation strategy, underpinned by support from key decision makers in relevant government departments (Department of Health; Department of Agriculture, Food & Marine) and state organisations (e.g. HSE, Teagasc, agricultural organisations, agri-food sector and third-level institutions).

*Probably we need to collectively, and not just us - some of the people we have been giving out about - put our heads together and recognise that there is a problem and try to positively address it. AC006*

- Based on collaboration and partnership between all relevant stakeholders in the agricultural sector (vets, agri-banking, co-ops, farming publications, agricultural



training and education institutions) and linked to the wider issue of rural development.

*The year of the fodder crisis, we would have linked with the local Co-Op advisors a bit. They would have discretely or informally mentioned Johnny or so-and-so is under pressure, 'I don't think there is much fodder in the yard' - all going on in the background and someone would drop in then, be it one of us or one of them depending on who he had most contact with, or who he felt more comfortable with. AA006*

*Co-op personnel should be trained up on this even before us. Like the fodder thing, I would have called to one or two, from a tip-off from the co-op. AA009*

- Linked to other community and social events with the wider aim of restoring the social fabric of rural communities by bringing farmers out of isolation through greater social and community engagement.

*As far as I can see, it's the way you package this. Cause if you had something as a hook that can attract you into it, and you introduce this into it, that's where you will get them. And once you get them there, you can talk to them. F005*

*...if it was attached to something else, you get people together and then they'll talk. A more social thing for them. F008*

## 3.2 Farming, rural masculinity and identity

### ***Farming identity: 'it's in the genes'***

For the majority of farmers, their masculine identity was wrapped up in their farming identity; farming was much more than a business, it was 'in the genes', a vocation that farmers were passionate about and took great pride in. For most farmers, their identity and outlook on life was still shaped by more traditional farming and rural masculinity norms – working long hours, being committed to hard physical work, and holding firm in the face of adversity (being stoic, self-sufficient, staying 'strong' etc.). A key challenge for advisors was to break down perceptions among farmers that they were 'bulletproof' and therefore, invincible or impregnable to harm and ill-health, as well as to convince farmers that their own health was central to the welfare of their farm enterprise.

*Ya, I think it's a pride thing, there are tough men out there in all weathers working hard and have the signs of hard work all over us. (F009)*

*Because I used to find even for myself [female farmer], if I was going to get my hair done, I was selfish, to go to the doctor to check out something, I was selfish, you know cause maybe you're only looking after yourself and not thinking of other things. (F0015)*



### ***'Real' farmers don't ask for help?***

Prevailing rural and farming masculinity norms mitigated against farmers asking for help or support during times of distress, rather their 'in-built' default position was to endure hardship, soldier on and 'stay going'. There was a perception that to be seen as vulnerable, particularly for a mental health issue, was an admission of failure, and would not be looked on favourably in a tight-knit local rural community.

*I would say the old perception of 'we are hardy and we are men, and we are ok. We don't have problems'. That's the perception. (F003)*

Farmers' approach to help-seeking was shaped by two critical aspects of their professional practice; the ability to problem-solve and to draw on a multi-disciplinary skillset to solve problems. The norm therefore was to 'outsource' help for a health matter, only after drawing on all of one's own resources to solve the matter.

*...he [farmer] works on his own and he is used to problem-solving, and he is multi-disciplined, whereas you go into another occupation they are trained in one stream of work, and if they require help, they outsource it. You're very self-sufficient as a farmer, and the thing is to ask for help when you require it. (F009)*

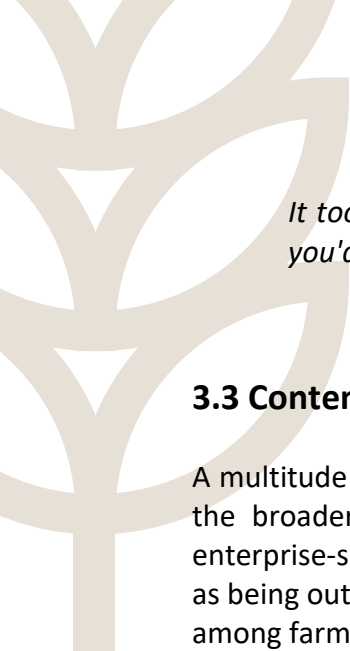
Some argued that given the right environment, where farmers could share and talk openly about common problems, the 'weight' of a problem could be lessened. Whilst for some farmers, their approach to going to the doctor was to 'leave well enough alone' or to avoid 'opening a can of worms'; others favoured a more proactive and 'responsible' approach.

*My father died of a sudden heart-attack at the age of 44 and I knew when I came to 43, I was getting my heart checked out...You are putting an awful lot at risk by not simply going once in a while. (F009)*

### ***Relational aspects of farming and rural masculinity***

Gender norms in relation to health for men were also framed in a relational way. For example, some [male] farmers proposed that women were overly vigilant or hypochondriac about health issues and were, therefore, an inappropriate yardstick against which to gauge how men should care for their health. This was reinforced further by perceptions (among both male and female participants) of women as gatekeepers or custodians of men's health, reinforcing more traditional gender norms, which assign caring roles to women and divest men of responsibility for their own health. There was also a perception that male farmers were more likely to open up to a female advisor, who was seen as having superior 'soft skills' and being less likely to 'judge' them. Relational aspects of gender also arose in the context of farmers' wives/partners discretely talking to female advisors and sharing concerns about their husband/partner. Notably, compared to male farmers, female farmers' conceptualisation and experience of discussion groups appeared to be much broader and more holistic than simply a forum to discuss agricultural matters.

*But compared to women though, you wouldn't go [to a GP] a fraction of the time, sure they are always going. (F002)*



*It took me about three years to basically bully my husband into going for a medical, you'd have to come up with all of these excuses. (FG004)*

### **3.3 Contemporary challenges & stresses associated with farming**

A multitude of challenges and stresses were cited concerning experiences with farming and the broader occupation of farming. In some cases, these issues were exacerbated by enterprise-specific or geographical factors, and/or by unforeseen factors that were regarded as being outside farmers' control. As well as impacting or compounding mental health issues among farmers, there were also potential ripple effects on farmers' families.

#### ***Isolation and the demise of rural communities***

A broad range of factors was cited as contributing to rural isolation, including the demise of rural communities more generally and the loss of 'meitheal', diminishing opportunities for social interaction, changes to legislation such as drink driving laws, the isolated nature of farming as an occupation which was seen as having led some farmers to become institutionalised by farming and therefore lacking a sense of perspective in coping with problems, being vulnerable to break-ins, and the perception that rural communities had been let down or abandoned by the key pillars of civil society. As a result, many rural people were left feeling vulnerable and bereft, with the knock-on effects having the potential to cascade into a deeper personal isolation and more pressing mental health problems. Older, as well as middle-aged single farmers living with an elderly parent, were identified as being particularly vulnerable. Enhancing community engagement in rural Ireland and restoring the social fabric of rural communities was highlighted as a key starting point in combating social isolation in the farming community.

*...you don't actually meet enough people to develop the conversation around things. (FF006)*

*...we have a huge problem in rural Ireland of isolation and lack of social structures within the community. (P002)*

#### ***'Getting everything but entitled to nothing': succession and inheritance***

Tensions between different generations of farmers relating to succession and inheritance revolved around younger farmers' sense of insecurity, uncertainty and lack of autonomy in not knowing when or if the farm might pass to them. Other challenges relating to this issue included the bureaucracy or 'red tape' involved, the costs, feeling excluded from key decision-making prior to inheriting the farm, the lack of meaningful income pre-inheritance, the sense of treading water, stagnation and falling behind one's [professional] peers pre-inheritance, as well as, for many, the additional caring responsibilities. In terms of honouring farming family tradition, many felt duty bound to ensure that the farm was handed on to the next generation (to a rightful heir) and that the farm [or any part thereof] was not sold (even for those who 'ended up on the farm').

*It's that stagnation...you are 20 or 30 working at home, you don't know where you stand in relation to the succession of the farm, you are making shit money...You have no opportunity to stamp your own authority on it. (F001)*

*My father always worked you know. He didn't take weekends off, it was just the farm. You feel that responsibility and to some extent the burden of it. (F008)*

*...it's like you are a failure to those who went before you more or less. (F006)*

### ***Pressures associated with scaling up [and to scale]***

The pressures associated with scaling up, as well as the pressure to scale – particularly in dairy farming - were seen as leaving many farmers floundering in unmanageable workloads and 'out of their depth'. In particular, the increased and diverse responsibilities as well as the borrowings and debt that were associated with scale, posed inevitable challenges to farmers' mental health. Whilst scale offered 'bigger farmers' the opportunity to delegate labouring responsibilities and to assume more of a management role, many farms simply were not large enough to retain year-round labouring help and were left to face the increased workload on their own. The only option for many 'smaller farmers' was to engage in 'double-jobbing'. Trying to fit their farming work around a full-time job left many with 'no lives other than work'.

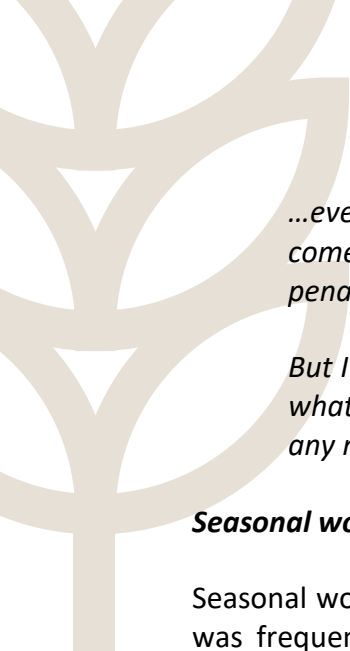
*There's greed in it as well I suppose, instead of calving 40 cows over 4 months they're calving 120 over 6 weeks. The intensity. It's the same as tillage. Farmers are running themselves into the ground trying to keep up. (AA015)*

*I mean I love farming, but...anyone with a small farm and has a family is probably working two jobs and you have very little time for anything else outside working. (FG002)*

### ***Changing farming roles/ increased paperwork***

Farmers repeatedly cited what they regarded as changing farming roles in recent years and, in particular, the exponential increase in paperwork (bank loans, farm inspections, changes to farm subsidy payments, scheme paperwork...). Indeed, in terms of financial, legal and various professional requirements, farmers regarded their occupation as being no different from any other self-employed person. Many older farmers, in particular, felt inadequate in navigating these new roles. Moreover, many also felt that they were being held to account more and more by what they saw as increasingly punitive regulatory structures, including living with the threat of being reprimanded or facing sanction should they fail to meet various regulatory or scheme deadlines. There was also a sense of being dictated to from agricultural authorities and 'losing [their] grip' on the level of autonomy and control they once had over their farms.

*I think farming is kind of gone from your technical knowledge to actually your farm business management. And that model is after leaving a lot of farmers behind. (FG003)*



*...everything is more accountable now, we have a lot more boxes to tick...and they all come with deadlines and markers, and if we don't meet them, we are severely penalised. (F009)*

*But I see it there in older lads...they have this fear of Jesus if something's wrong here, what will happen – I'm gonna get thrown under the bus...they're terrified to make any mistake. (MNF003)*

### **Seasonal work stress**

Seasonal work stress (e.g. spring calving, dairy farmers; autumn harvesting, tillage farmers) was frequently accompanied by sleep deprivation and left many farmers operating in a pressure cauldron. These busy periods also had the potential to exacerbate isolation, with many farmers feeling trapped within the confines of their own homestead. This ran the risk of some farmers dwelling on and apportioning blame to themselves for problems and, as a result, questioning their own self-worth as farmers.

*...if you're a farmer like it was 2 or 3 nights this week for me that you'd get no sleep cause you're calving cows, which is fine, you sign up to that. But you do that for two nights in a row you don't get any sleep, then you start taking chances you start taking risks, you know what I mean? You start making stupid decisions. MNF001*

*I think the people that are more isolated, there is just no degree of perspective, where there is a problem on the farm. For instance, if a calf dies, they are ramming that around their heads all day; whereas someone who is talking to more people during the day, that is forgotten about by 11 o'clock. (AC003)*

### **Financial pressures**

Financial issues emerged as a recurrent source of stress for farmers and were interwoven with other challenges, most notably relating to scale, succession/inheritance, and the uncertainty and volatility of farming incomes - predicated by factors outside of the farmer's control such as weather, milk prices etc. The increasing uncertainty in relation to farm incomes was compounded by a sense of constantly running faster to stand still. This left many farmers living with residual financial stress that was always 'hanging over them' and that was regarded as highly damaging to farmers' mental health.

*It's [financial strain] not even unsolvable; they are under constant financial pressure. It's not desperation, or it's not 'losing the farm' kind of pressure; it's just a constant economic cash flow pressure. (P004)*

### **'The buck stops with me': the harsh reality for farmers of being self-employed**

Farmers reflected on the burden of responsibility that came with being a self-employed sole trader. Maintaining an income flow was contingent on farmers being able to work. The very real fear of not being able to work (e.g. through ill health) brought inevitable financial repercussions, with the income of the farm being predicated on the farm's productivity.

*Farmers can't really afford to get sick, and if they do, they probably won't say anything unless they neglect it for so long it gets really bad. So farmers kind of plod on regardless, really and they are nearly afraid to go to the doctor sometimes.* **FG002**

*But if something goes wrong on the farm, when there's money not coming in, you have no income that is very worrying...so it puts a lot of pressure on the farmer to keep working.* **FG002**

### **3.4 Defining a health role for advisors: roles, responsibilities and boundaries.**

#### ***'Having a value beyond numbers': Advisors' inherent duty of care to farmers***

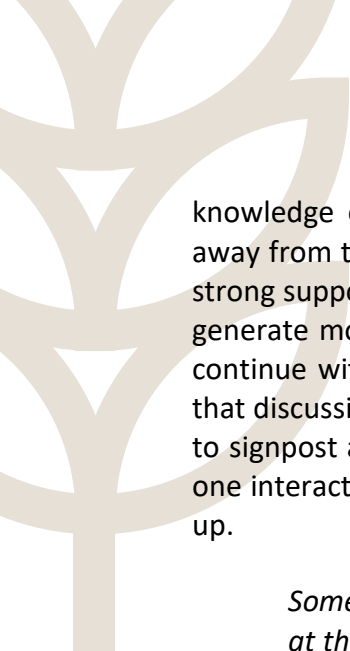
Notwithstanding certain obstacles that were identified in relation to advisors assuming a health role, overall there was overwhelming support in favour of the proposal, with many seeing it as a natural extension of advisors' principal role and as something that was already happening organically. Advisors' desire to have a more holistic and meaningful role emanated from a vision of their profession as more pastoral and vocational – having a strong sense of duty of care to the farmers they served, being a potential linchpin to connect farmers to other support services, as well as having a wider supportive role with rural communities. There was also a more pragmatic consensus that if a farmer's health was compromised, then the business was compromised. Although advisors were favourably disposed to a health role, concerns were raised about not having the skill set for such a role and having to rely on intuition to deal with the wide-ranging 'complexities' of farmer distress that they were already encountering on a regular basis.

*There is more to this than just paperwork. In terms of we have a little bit more to offer the rural community than just filling up a form and telling them how many hectares are in that field and all that. That our interaction with that farming body has a value beyond numbers.* **AC006**

*He (farmer) would tell me (ag advisor) lots of things and he would talk to me about it (depression) as well. I gave him a number of a social worker that I am very friendly with and asked him to go to him and talk to him directly. That's all I felt I could do for him but then I heard that one day he had died through suicide not long after that. This is a very big area.* **AA002**

#### ***Advisors as health champions***

Assuming a health role and the notion of advisors becoming health champions or mentors prompted 'a horses for courses' reaction – some were seen as 'naturally' better at such a role than others. Nevertheless, it was felt that all advisors should be offered the training and that, even among the least converted, this might still reap dividends at some point (or crisis). It was also made clear that farmers frequently saw advisors as a 'trusted companion' and as possessing the 'unique' set of skills required to engage with farmers. The key to engaging farmers on health was to have earned the respect of farmers, to be relatable and to build a safe and trusting relationship. This trust emanated from advisors' in-depth



knowledge of their clients' family backgrounds and personal circumstances, whilst living away from the community conferred the added advantage of objective outsider. There was strong support for introducing 'specialists' to support advisors in any health mentor role - to generate momentum, win over support and pave the way for the non-specialist advisor to continue with the 'soft sell' of inculcating health into discussion groups. Whilst it was felt that discussion groups were an appropriate medium to raise awareness of health issues, and to signpost and make farmers aware of what supports and services were available, one-to-one interactions with the advisor could also offer the farmer further opportunity for follow-up.

*Some advisors would need more training than others, some would be naturally good at this...I think all advisors should be trained in the area anyway. AA004*

*I would say personally from what I have seen, two people in the last year have spoken to me (ag advisor) about suffering from depression and they just feel very comfortable saying it to me - it has got to that stage - I am calling to them for 10 years or so they now and they are happy to discuss it with me. From talking to them it is something there have been dealing with for years which I would not have known. AC001*

### ***Obstacles to advisors assuming a health role***

A number of obstacles were cited as impeding the advisors capacity or potential to have a broader role in engaging with farmers on health.

#### ***Health [not] a priority***

Reflecting on how much of a priority health was in farmers' lives, it was agreed that [good] health was generally taken for granted, only becoming a priority when faced with ill-health. There was therefore a sense that farmers were reactive rather than proactive in relation to their health, with age bringing an increased health consciousness. Lack of attention to physical health was highlighted as potentially embodying underlying mental health difficulties.

*Take it for granted a bit alright....you don't think about them things, you're always busy, until something happens. F006*

#### ***'I was a bit scared about it': broaching the issue of mental health***

The persistence of stigma surrounding mental health emerged as a particular stumbling block in terms of any proposed advisor role on farmers' health. Unease with broaching mental health was seen not just as a challenge for farmers but also potentially for advisors, many of whom had concerns about being exposed to potentially 'sensitive situations', which, in the absence of training, they felt ill equipped to manage. Farmers who were experiencing severe psychological distress were seen as the most difficult group to approach, even though signs of distress on a farm, including the neglect of farm animals and substandard living conditions, were generally regarded as a clear 'tell-tale' sign of a farmer who was in psychological distress and struggling to cope.

*I (ag advisor) would not like to be that person who approaches someone and says to them 'Do you need help?'. AC001*

*But would the ag advisor want to play this role, that's the other thing, I (farmers' health and well-being advocate) don't know, I don't know the answer to that. I think brilliant if he can be but would he want to do the two jobs, not easy. I had this man before crying his eyes out to me. Now that certainly is not for everybody, but that's what's out there and would advisors be able for that. They would need training. CF003*

### The constraints of time

A key obstacle to overcome in attempting to formalise a health role for advisors (private advisors in particular) was to address what was seen as a gap at an agricultural policy level between stated commitments to promote wider welfare issues in the farming community and monetary investment in people at the coalface [advisors] to enable this to happen. The decline in opportunities for informal social interaction – having cups of tea, walking the land, the shift towards online remote working – was seen as alienating the advisor-farmer relationship. The trade off with offering a listening ear was not making principal work deadlines and financial loss.

*We have to kind of marry that up with the commercial reality of being in the private sector and the demand of the Department of Agriculture, their demands are solely in relation to agriculture. AC006*

*I think sometimes we are getting a little more removed from the advisory role – we don't visit our clients as often anymore, since those schemes [large scale agricultural plans] are gone - you don't necessarily go out and sit in the kitchen anymore. AC005*

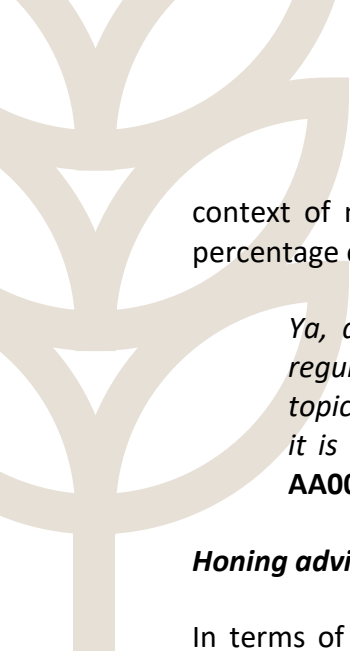
### Gaps in relation to follow-up pathways of care

Whilst the majority of advisors were committed to the notion of a sign-posting health role, concerns were raised about what were regarded as significant gaps in relation to pathways of care due in particular to the paucity of services and supports in rural areas. Advisors were also unsure about knowing what services/programmes were available and appropriate to recommend to farmers. Attention was drawn to the importance of having an inventory or network of support services related to health that advisors could use as a reference point in sign-posting farmers to appropriate support.

*So yeah, the first thing is 'where do they go'? Because if we find out about it, whether that's a planned programme or not, we can tell them where to go and what to do, in whatever manner we tell them I don't know that either. AA015*

### Reaching beyond 'the worried well'

A key priority was to extend the reach of any health initiative beyond 'the worried well' by targeting those farmers who were most vulnerable and in need of support, and who might more typically 'fall through the cracks'. This was highlighted as a particular priority in the



context of mental health. Concerns were also raised about not reaching the substantial percentage of farmers who did not attend discussion groups.

*Ya, again it would probably be taken up by the farmers who attend these on a regular basis anyhow. They would probably be quite comfortable with exploring the topic in front of each other as they are together every week for discussion groups. But it is the individuals that are not in groups that I would be more concerned about.*

**AA008**

### ***Honing advisors' skills to engage farmers on health***

In terms of the programme design to equip advisors with the skills necessary to engage farmers on health, there was broad consensus that this needed a three-dimensional focus; a surveillance /problem recognition dimension, an action/response/sign-posting component, as well as some form of on-going support for advisors to help them to manage the potential 'toll' of such a role. 'Reading the signs' and being able to ask the right questions, particularly in relation to the 'hard to reach farmer', were seen as critical elements of any training programme. There was strong support for a type of community watchdog role with an overarching focus on signposting and referral. There were some concerns in relation to boundaries – in terms of how far such a role might extend, striking a balance between allowing a space for disclosure and having the requisite skill set to deal with sensitive issues that might be disclosed, the limits of confidentiality, and the need for clear guidelines for referral – all of which needed to be negotiated without positioning the advisor as a health expert. A key priority was to 'package' health in a way that farmers could relate to and to empower farmers to be proactive and to be able to identify and act upon problems for themselves.

*You know we might not be able to sort them out, but we might be able to recognise signs and symptoms and direct them somewhere.* **AC006**

*I would say for us to even know what the signs are because I am just putting two and two together that there is an issue here but to have someone who has expertise in the area and highlight all the possible signs, so we can try and pick up on it.* **AC001**

### ***'Minding the Minders': Supporting the well-being of the advisor***

Reflecting on the emotional toll that engaging with farmers on health issues would likely entail, reinforced the need in advisors' minds of the need for support structures to assist them in such a role. This prompted calls for support mechanisms for advisors - a 'mind the minder' model – which would afford opportunities to debrief or offload about health concerns they might have about clients. Putting in place a regional structure of advisor health mentors whose role would include mentoring and supporting other advisors was seen as a key strategy in assisting advisors with their work on the ground.

*Another thing is that we protect ourselves as well, you don't know what you might come across and if we do start helping people with their health, that we have support for ourselves also.* **AA001**



## 4. Conclusion & Recommendations

There is an urgent need to address the disproportionate burden of health problems that impact on farmers in Ireland and that undermine the profitability and sustainability of farming. Whilst it is well established that agricultural advisors are uniquely placed to support farmers on a range of issues, including health, more guidance is needed to support advisors on any potential health role. Findings from this formative study point to the following recommendations to inform the design and rollout of a bespoke farmers' health training programme.

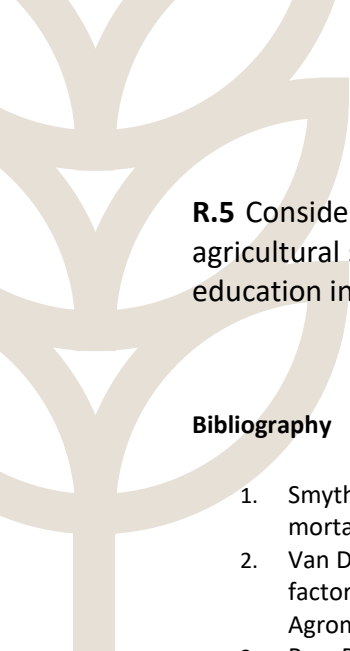
**R.1** Ensure that the ongoing roll-out and development of 'On Feirm Ground' is backed up by a high-level implementation strategy, underpinned by support from key decision makers in relevant government departments and state organisations.

**R.2** Develop and implement an advocacy strategy that positions 'On Feirm Ground' as part of a more holistic, integrated and streamlined approach to farmers' health, that is delivered in tandem with other farmers' health initiatives and in partnership with other relevant stakeholders with an interest in farmers' health, and that aims to bring farmers out of isolation through greater social and community engagement.

**R.3** Develop and implement a communications strategy that is focused on bringing about a cultural shift by placing farmers' health and wellbeing at the centre of farm productivity.

**R.4** Ensure that due consideration is given to the following factors when designing the 'On Feirm Ground' training programme:

- that it is in keeping with the overall philosophy and ethos of Engage and adopts a strengths-based approach to farmers' health;
- that it focuses on the issue of gender and farmers' health and explores how patterns of farming and rural masculinity norms are intertwined with working identity and farming practices, and shape farmers' attitudes and approach to their health (including help-seeking);
- that it addresses the social determinants of farmers' health by exploring how gender intersects with other aspects of farmers' identity (age, marital status, farm enterprise, geographical area etc.) to shape health outcomes in farmers;
- that it takes account of contemporary challenges and stresses associated with farming and how advisors might potentially support farmers in relation to these issues;
- that it builds upon advisors more holistic and pastoral vision of their role and on the safe and trusted relationship that typically exists between advisor and farmer;
- that it equips advisors with the skills and strategies to overcome obstacles in engaging farmers on health;
- that it sets out clear roles, responsibilities and boundaries for advisors in their health role;
- that it seeks to build the programme around a 'mind the minder' model that provides on-going support for advisors to help them to manage the potential toll of such a role.



**R.5** Consider extending the reach of the programme to other relevant stakeholders in the agricultural sector (vets, agri-banking, co-ops, farming publications, agricultural training and education institutions).

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## On Feirm Ground

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