Tailoring Suicide Prevention Strategies for Men in Farming Occupations

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Acknowledgements

COVER IMAGE CREDIT
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Table of Contents

Executive Summary

High rates of mental distress and suicidal behaviour have been reported in Australian farming contexts. Recent research in Australia found that between 2009 and 2018, the suicide rate among farmers (18.3 per 100,000) was approximately 59% higher than non-farmers (11.5 per 100,000) and up to 94% higher during 2018 (National Rural Health Alliance, 2021). This equates to, on average, one farmer dying by suicide every 10 days (National Rural Health Alliance, 2021). Several unique stressors have been identified to explain this increased suicide risk among farmers. Risk factors such as social isolation, work conditions (long hours), climatic variability, economic threats, stoic masculine culture, access to lethal means and limited access to services have been repeatedly identified as just some of the drivers of farmer suicidality. While it is important to understand the factors that contribute to suicide among farmers, it is equally vital that research begins to translate such knowledge and understanding into suicide prevention strategies specifically targeted and tailored to men in farming occupations including farm owners, managers and workers.

Research findings from lived experiences of farmer distress (Bryant & Garnham, 2013; 2014; 2015; Ellis & Albrecht, 2017) suggest that early intervention tailored to the factors that give rise to distress and address cultures of farming and rural communities is crucial to reducing the

Aims

This national study involving three case study sites and local community-based Suicide Prevention Groups of Riverina Bluebell, Wagga Wagga, NSW; SOS Yorkes, Yorke Peninsula, SA; and Mellow in the Yellow, Tatyoon, VIC was undertaken between May 2019 and November 2022. The central aim was:

> To generate new knowledge about the interrelationships between 'place-based' (see Appendix D: Glossary) communities, farmer distress and suicide prevention for men in farming occupations and to develop, with men in farming and community Suicide Prevention Groups (Co-design), targeted strategies aimed to improve mental health for men in farming.

Specifically, the project aimed to meet the six aims on the following page:

AIM 1

Examine how rural Suicide Prevention Groups establish, operate, foster sustainability of the group, and respond to distress and suicide prevention in agricultural communities **(Stage 1)**;

AIM 2

Document pathways to place-based mental health and suicide prevention services and explore relationships between Suicide Prevention Groups and local stakeholders **(Stage 1)**;

AIM 3

Examine lived experiences of distress among men in farming occupations and their preferences for community-based interventions to develop knowledge about current and potential strategies for suicide prevention **(Stage 1)**;

AIM 4

Co-design tailored, place-based suicide prevention strategies with rural Suicide Prevention Groups **(Stage 2)**;

AIM 5

Create a website of resources for rural communities, Suicide Prevention Groups and farmers to address distress and suicide prevention and provide resources for establishing a rural Suicide Prevention Group **(Stage 3)**;

AIM 6

Obtain feedback regarding the layout and navigation of the website prior to the final stages of building the site and on co-designed resources from Suicide Prevention Groups **(Stage 3)**.

Method

In order to achieve these aims, a three-stage qualitative research project drawing on the principles of co-design and participatory action research was developed:

STAGE 1

involved conducting interviews and focus groups with farming men, stakeholders, and rural community Suicide Prevention Groups (SPGs).

STAGE 2

involved co-designing suicide prevention strategies and resources alongside men in farming and rural community SPGs.

STAGE 3

involved firstly, developing the website 'Taking Stock' to host the developed resources and secondly, obtaining feedback on the website and co-designed resources.

Ethical approval was granted in May 2019 by the University of South Australia Human Research Ethics Committee. The four rural case study sites were selected based on either the incidence of suicide for farming occupations, place-based suicide prevention trials, existing SPGs and/or through consultation with partner organisations. All interviews and focus group discussions conducted during Stage 1 were transcribed verbatim and analysis was conducted of emerging themes within the interview and focus group data. Findings were analysed and presented based on their study site location and participant group. However, additional analyses enabled comparison across sites and across participant groups. Stage 2 involved a series of co-design workshops and an ongoing consultation process with three of the participating SPGs. Workshop discussion guides were based on data obtained from the focus group and interview findings. Workshops were video-recorded and the discussions, recommendations and co-design process with the community groups resulted in resources being developed. Stage 3 involved website development to house the resources and the subsequent gathering of feedback via online survey and user-test regarding the website and co-design resources.

Results

Stage 1: Key Findings

During Stage 1 and across all study sites, a total of 52 male farmers, 39 stakeholders, and four region-based Suicide Prevention Groups participated in this research.

⬤⬤⬤⬤ 4 region-based Suicide Prevention Groups

Key findings from Suicide Prevention Groups (SPGs)

Analysis of focus groups and interview data from the four community SPGs revealed three key findings relating to how rural suicide prevention community groups establish, operate and respond to suicide prevention in agricultural communities and remain sustainable. These were as follows:

ONE
Documentation of community-based praxis for mental health and suicide prevention activities.

- The groups were not established to provide direct support to members of their community experiencing distress. Their role is to engage their communities in events and training and raise awareness about available services and supports.

- The groups described initiatives that are oriented to the 'whole-of-community' and some examples of initiatives that are targeted to men in farming communities.

- All the groups are challenged to locate and support novel initiatives and strategies that are tailored to specific populations in their communities.

TWO
Diversity and representation of community group membership.

- Community group members are generally motivated to volunteer based on experiences of issues impacting on rural community wellbeing such as drought, mental illness and suicide.

- Groups are not necessarily representative of the broader community demographics in terms of age, gender and ethnicity.

- Some suicide prevention community groups are formed by general community volunteers, some are largely an interagency network and others have a combination of health and social care professionals and general community volunteers.

THREE
Issues impacting on community group sustainability.

- Sustainability was an issue for most groups with succession of key driving roles identified as a particular challenge.

- Administrative tasks are a major challenge impacting on the capacity of most groups given limited volunteer time and lack of funding for administration.

- Funding models for the groups vary and fluctuating or inconsistent funding has a subsequent impact on group sustainability.

Key findings from stakeholders
(from mental health, primary health and agribusiness fields)

Analysis of focus groups and interview data from the 39 professional stakeholder participants highlighted the following four key findings:

39 stakeholders
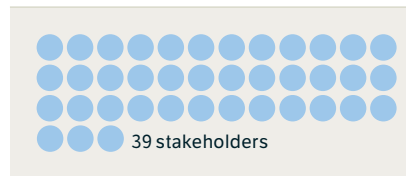
ONE
Professional mental health services are often not meeting the needs of men in farming.

- Professional mental health services often report low engagement by men in farming occupations explained by stoicism and barriers to service access including time and distance, concerns about being seen at a service in town and discontinuity of care due to staff turnover.

- There is a shortage of community-based mental health services for low intensity care and long wait times for clinical services.

TWO
Outreach services and peer support are considered best practice for the delivery of support to men in farming.

- Peer support workers/counsellors who visit farm properties can provide non-clinical support that is timely, discrete and culturally appropriate for men in farming.

- Outreach services operate in a significant care space within the community before primary and secondary levels of mental health care with fewer barriers to engagement for men in farming occupations. They can provide early intervention support, allow stepped models of care—a staged approach to the delivery of mental health services comprising a hierarchy of interventions from the least to the most intensive (see Appendix D: Glossary) to operate more effectively and fill gaps caused by long wait times for clinical care.

- Outreach is ideally positioned to provide crucial follow-up care and brief 'check-ins' that other services are not able to provide.

- Peer support and outreach services can provide an important conduit to other services for men in farming and can help translate clinical mental health knowledge into relatable and actionable information.

THREE
Mental health support for men in farming needs to be embedded in farm workplaces and extended through agricultural organisations, groups and events.

- Mental health services could be normalised in terms of the specialist services that farmers routinely engage, such as agronomy, veterinary or mechanical services, by embedding mental health awareness and support throughout the agricultural sector and within agricultural training and events.

- Workplace mental health programs for men in farming could be implemented through professional development programs.

- Gatekeepers for suicide prevention training relevant to men in farming occupations include people delivering services on farm properties and those working alongside farmers in commodity organisations, agricultural services and departments of primary industry.

- Collaboration and connection between outreach counselling services and farmer's groups, commodity organisations, agricultural services and departments of primary industry will embed crucial mental health support into the sector and appropriately target men in farming.

FOUR
There is often limited engagement between professional stakeholders and community groups for mental health and suicide prevention.

- Engagement between stakeholders and SPGs is largely limited to assisting with action plans and, in some cases, initial funding.

- There is limited ongoing funding support, collaboration, partnerships or relationships between most stakeholder organisations and community groups.

- There is potential scope for developing further cross-collaboration between community groups, stakeholders and industry to build capacity in community-based mental health and suicide prevention targeting men in farming occupations.

Key findings from men in farming

Overall, there were six key themes identified from the interviews with 52 men in farming occupations that were common across case study sites. Within these key themes there were place-based similarities and differences. Across sites, men in farming occupations:

52 male farmers

ONE

Had low awareness of the various pathways to mental health and suicide prevention support in their communities.

Many farmers who had not previously sought mental health support stated that they would not know how to access mental health or suicide prevention services in the community for themselves or others. Issues raised included:

• Confusing and fragmented service landscape with no single, clear and overarching point of contact for emergency assistance for a mental health or suicidal crisis;

• Too many national organisations and no way of navigating these to find appropriate support for the issue being experienced;

• Lack of familiarity with mental health clinicians in the community/region.

TWO

Expressed a clear preference for outreach support services delivered on farm.

Men in farming expressed an overwhelming preference for outreach counselling services to support mental health. Outreach counselling services for farmer support and mental health are those that are delivered by peer support workers or clinicians on farm or rural properties. Some of the men interviewed were providing peer support through formal arrangements with organisations or informally through their own volition to support other farmers in their community. Men in farming in New South Wales described how outreach services are:

• Easily accessible to anyone by direct phone call rather than through referral by a healthcare provider;

• Providing timely assistance when and where it is needed in a discreet and confidential manner;

• Providing 'check-ins' for men considered at risk and follow-up support;

• Highly engaged with the community through established relationships and high visibility in community settings so people know who they are, what they do and how they can be contacted. This also enables counsellors to know who might benefit from a 'check-in' and the offer of support;

• Creating pathways to appropriate services and facilitating/coordinating service access, whether stepped mental healthcare or farmer support services, and thus enabling 'wrap-around' care tailored to individual needs;

• Tailoring culturally appropriate support to men in farming;

• Extending community-based support by developing networks of 'gatekeepers' and building their capacity to provide direct support and facilitate service access.

Men in the South Australian study site had differential access to outreach services depending on whether they were located in the Mid-North of the State or on the Yorke Peninsula. The Mid-North of the State was declared as drought-affected and so Family and Business (FAB) Mentors were established by the Department of Primary Industries and Regions to provide farmers with free and informal counselling and to help connect them to services according to individual circumstances and need. The men interviewed who had used this service offered strong endorsement based on their experience. Men on the Yorke Peninsula who participated in the study

did not have access to a local mentor but suggested such a service would be valuable because:

- It simplifies access by removing the traditional referral pathway via a healthcare professional;
- Outreach services can overcome barriers to taking the first step by calling men in farming to offer support;
- Services provided on farm properties removes the distance and time needed for men in farming to access services in town;
- Men in farming benefit from early intervention through informal counselling;
- Outreach counselling services can facilitate access to stepped care when clinical services are needed or can be a 'one stop shop' ensuring referral to appropriate supports.

Despite having outreach counselling and farmer support programs in the region, Victorian men in farming interviewed perceived an unmet need for such services to facilitate pathways to mental healthcare for men in farming. This finding may be connected to the first key finding, that of low awareness of the various pathways to mental health support in the region.

THREE
Valued peer support for mental health and wellbeing.

Across all the study sites, men in farming identified peer support as having a significant role in their mental health and wellbeing and as their preferred medium of support. A number of farmers expressed how peer support provided greater satisfaction and support for recovery than their experience with mental health helplines and counselling services. Farmers with lived experience of depression and suicidal thoughts described how their own experiences helped them recognise mental health issues in others and motivated them to provide peer support or become community 'champions' spreading their story and experience.

South Australian farmers in the Yorke Peninsula region described how a culture of care for mental wellbeing is being established on farms and through the farming community with clear leadership from particular farmers in the region. This culture involves awareness of the importance of mental health on farms, an 'open door' policy and collegial support for talking about mental health issues, workplace practices intended to provide support for wellbeing and participation in community events and initiatives targeting mental health and wellbeing.

FOUR
Want more opportunities for social connection and wellbeing.

Men in farming across all the study sites suggested that more social opportunities in their community would provide avenues to peer support, enhance mental wellbeing and strengthen resilience. Farmers were also consistent in suggesting that social opportunities should be small scale, informal and low cost. For example, gatherings where men could enjoy each other's company over a barbeque.

Many farmers saw these types of gatherings as key to reducing pressure and stress for themselves and also as a way of checking in with mates and neighbours. Some men emphasised family events with entertainment including comedians, bands and performances by school children.

Farmers across all the states noted that 'mental health events', of the type typically organised by community groups for suicide prevention, tend not to be engaging for men in farming. Some limitations men perceived about local mental health events include:

- Not being able to reach men who won't attend a mental health event but are struggling with poor mental health;

- The potential for mental health events to be too personally confronting for men to participate;

- Scheduling of events during the year when men in farming are too busy to attend due to farm work demands;

- Lack of follow-up for attendees/presenters who have disclosed personal issues pertaining to distress or mental health;

- First community mental health events having good turnout and attendance dropping off at subsequent events;

- Repetition of key messages being unengaging for men who have already attended events;

- Funding and scheduling of mental health events during times of crisis in farming when men in farming are too overwhelmed or busy keeping stock alive and the farm running to attend —rather than scheduling events during non-crisis times when farmers have the flexibility to attend.

FIVE
Recommend embedding mental health initiatives into agriculturally based events/groups/businesses.

To reach and engage men in farming and those that may be impacted by farmer distress, participants suggested that a system of mental health support needs to be embedded into the agricultural sector. South Australian men in farming suggested a range of opportunities including:

- Community groups for mental health and suicide prevention organising awareness raising initiatives in collaboration with farmers groups or networks such as the agricultural bureaus;

- Delivering mental health training and initiatives through agricultural conferences and/or colleges;

- Providing gatekeeper training tailored to farmers or groups of farmers on farm properties;

- Organising key representatives from agriculture to present at an agriculturally based event/training day to draw in men in farming and also incorporate mental health training and initiatives;

- Embedding support services in the agricultural sector for men in farming and those working alongside farmers who are impacted by distress;

- Workplace mental health training and support including processes for debriefing distress.

Farmers in the Victorian sample suggested there needs to be more agricultural community 'gatekeepers' to facilitate pathways to services for men in farming. Potential candidates for gatekeeper training relevant to men in farming include stock agents, agricultural merchandise sales people and other farmers in the community who have a profile as mental health 'champions'.

While gatekeeper training with its traditional referral mechanism to healthcare sector resources is valued, men in farming also suggested a deeper engagement with the agricultural sector so that the services and resources tailored to men in farming (such as outreach counselling and peer support) are familiar and readily accessible to those working closely with men in farming.

SIX

Provided mixed responses to Information and Communications Technology (ICT) based services.

The data demonstrated that a variety of support mechanisms are required to cater to the diversity of needs and preferences among men in farming. Some of those interviewed emphatically stated that men in farming would not access helpline numbers or participate in video-conference based services. However, within the sample some had accessed ICT based services. Among those, some reported satisfying experiences while others shared negative evaluations of their experiences.

A number of farmers pointed to the increased use of technology due to COVID-19 restrictions and suggested that the experiences and learning that was occurring in relation to technology during this time would likely improve engagement and uptake of ICT based supports and services by men in farming. Saving time and confidentiality of online supports were two of the perceived benefits of technology-based services.

Stage 2: Outcomes from Co-design Stage

Findings from Stage 1 were used throughout Stage 2 to partner with SPGs to develop resources that responded to the farmer's identified needs. This came about from a series of co-design workshops and an extensive consultation process which involved returning to the SPGs with the requested resources until SPG members were satisfied with the resources developed. These resources included:

- Print media articles on Farmer Joe's story of distress, help seeking, relationships and recovery.

- Audio Podcasts sharing six farmers' personal stories to raise awareness and hope and reduce stigma.

- Magnetised personalised local Mental Health Services Directory for two regions: Yorke Peninsula in SA and Tatyoon in VIC.

- Community calendars with QR codes.

- Drinks coasters and bar mats for pubs and clubs.

- Documentaries on SPGs.

- Short films on music festivals and of service providers introducing themselves and their services.

- Community events and launches of resources.

Stage 3: Online Hub and User Feedback

Stage 3 involved the development of an online hub named 'Taking Stock' to host resources for farmer wellbeing and to provide information on how to establish and sustain a SPG. 'Taking Stock' is a website developed for rural communities and farmers based on data obtained from the focus group and interview findings.

Initial feedback on the website and resources was requested via both an online website user-test and online survey of participating SPGs. The online survey seeking to obtain feedback on the resources found that overall, three participating SPGs (Mellow in the Yellow, Riverina Bluebell and SOS Yorkes) perceived the distributed co-designed resources to have been well received by communities. However, at the time that SPG feedback was collected, not all resources had been launched or distributed in the community or had not been circulated for long enough to truly know how communities had perceived these resources. This pointed to the need for a formal evaluation in the future, once resources have been widely distributed and utilised. Further, an initial user-test of the website found that individuals who worked in agriculture or were part of an SPG (n = 3) reported that the website was easy to navigate and housed engaging content. Because the website has been designed to evolve based on community need and feedback, an additional evaluation and feedback process will also be conducted in the future.

Conclusion

Overall, this three-stage research project was participatory and evolving as it considered place-based, and therefore State-based, needs, learnings and developments on wellbeing for men in farming occupations. This allowed the research team to respond to specific place-based requirements and ongoing development as data from each State was obtained and analysed, and to work collaboratively with SPGs, government partners and stakeholders providing services.

It also enabled cross-comparisons and the sharing of resources and tools across the study sites. A key strength of this research was that it enabled an in-depth, place-based exploration of farmer distress and gathered information from a range of perspectives, which in turn informed development of the co-designed resources. Another key strength was that this project successfully established the first national and international online resource hub for community-based mental health and suicide prevention tailored to men in farming occupations. The hub, 'Taking Stock', is designed to connect rural SPGs to each other and to practice-based strategies based on the best available evidence for farmer suicide prevention without cost to communities.

The hub hosts digital tools and resources including films of SPGs talking about how they were established, what they require to develop and continue, how they have increased their capacity and sustainability through the project, and the initiatives they have designed for suicide prevention tailored to men in farming occupations. In addition, the hub is linked to agricultural support groups and SPGs across Australia providing opportunities for enhanced social connectivity and support for men in farming occupations.

We would like to thank the SPGs and all the participants and stakeholders who contributed their time to be involved in this project, and who were flexible in adapting to the challenges, in particular, the COVID-19 pandemic. Importantly, thank you for sharing your lived experiences of distress, recovery, and wellbeing.

CHAPTER 1

Introduction

Men in Farming, Distress, Rural Communities and Suicide Prevention

Expertise for rural community wellbeing is held within rural communities. This project was designed following two key premises. The first premise was that to address distress and suicide prevention for men in farming, it is important to ask men what they might need and want. The second premise was that rural communities take on responsibilities of awareness around suicide prevention and mental health and often provide funding or initiatives to support mental health programs and events in their communities. Across rural Australia, different community or Suicide Prevention

Groups have been operating and new groups continue to emerge. Each group has tended to operate differently, however, share similar experiences with why distress is occurring in their community and how they respond to distress. While strategies to respond to distress and provide suicide prevention initiatives for men in in farming are best tailored within place, there are some commonalities of experiences across rural locales. These similarities include experiences of distress and risk factors for the possibility of suicide for men in farming, as well as similarities in how community members establish and sustain rural community groups for suicide prevention.

To date, there has been little research that documents the activities of rural Suicide Prevention Groups (SPGs) or that establishes the needs of farmers for local community support.

This study attempted to address the strengths of rural communities and farming men and to share resources that have been co-designed by farmers and rural communities for farmers and rural communities. This project has begun the process of establishing a knowledge base for rural community suicide prevention based on the needs of men in farming that takes into account the communities that support them.

Project Aims

This three-stage national project was designed to generate new knowledge about the interrelationships between 'place-based' (see Appendix D: Glossary) communities, farmer distress and suicide prevention for men in farming occupations and to co-design tailored suicide prevention tools and resources for rural communities for male farmer suicide prevention. This project incorporated co-design methods with the following aims:

AIM 1

Examine how rural Suicide Prevention Groups establish, operate, foster sustainability of the group, and respond to distress and suicide prevention in agricultural communities **(Stage 1)**;

AIM 2

Document pathways to place-based mental health and suicide prevention services and explore relationships between Suicide Prevention Groups and local stakeholders **(Stage 1)**;

AIM 3

Examine lived experiences of distress among men in farming occupations and their preferences for community-based interventions to develop knowledge about current and potential strategies for suicide prevention **(Stage 1)**;

AIM 4

Co-design tailored, place-based suicide prevention strategies with rural Suicide Prevention Groups **(Stage 2)**;

AIM 5

Create a website of resources for rural communities, Suicide Prevention Groups and farmers to address distress and suicide prevention and provide resources for establishing a rural Suicide Prevention Group **(Stage 3)**;

AIM 6

Obtain feedback regarding the layout and navigation of the website prior to the final stages of building the site and on Co-designed resources from Suicide Prevention Groups **(Stage 3)**.

Enumerating Suicide: Men in Farming

High rates of mental distress and suicidal behaviour have been consistently reported in Australian farming contexts. Research has highlighted that people living in rural and remote Australia are up to twice as likely to die by suicide than those living in major cities and that this risk increases with remoteness (Hazell et al., 2017). Those at greatest risk include men, young people, Aboriginal and Torres Strait Islander peoples and farmers (Hazell et al., 2017).

Previous research conducted in Queensland, Australia found that that the suicide rate for men employed in agriculture was approximately double the general employed male population rate (32.2 versus 16.6 per 100,000) (Andersen et al., 2010). More recent coronial inquest data, drawing from Australian farmer suicide data over a ten-year period from 2009 to 2018, highlighted that on average, one farmer died by suicide every 10 days (National Rural Health Alliance, 2021). This equated to a farmer suicide rate (18.3 per 100,000) between approximately 60% and 94% higher than non-farmers (11.5 per 100,000), with those who were male, were separated from their spouse and who were either young or middle-aged at the highest risk of suicide (National Rural Health Alliance, 2021).

It is important to note that suicide statistics can never be a 'true' representation of the numbers of suicides and are dependent on reporting, including if it is

Farmer distress calls for collective action—action tailored to men in farming.

clear whether suicide has occurred, and it can be difficult to differentiate between accidental death or death by suicide. The enumerative practices for determining suicide statistics by Australian states are derived from coroner's reports. Consequently, coronial data becomes privileged and while they provide the most accurate available data, it is important to recognise that this data is a partial determination of suicide rates (Bryant & Garnham, 2017; Münster, 2015).

Further, we are limited in terms of what we can know about the contexts and conditions within which farmers decide to suicide. As Münster suggests, 'All that is available to the ethnographer are representations—second-hand rationalisations of an act that ultimately remains a black box for the researcher' (Münster, 2015, p. 1600, as cited in Bryant & Garnham, 2017, p. 26).

Thus, this study does not directly focus on suicide and so does not solely focus on suicidal experiences. Rather, it aims to contribute to understanding distress experienced by men in farming, and also how rural communities may tailor strategies that target distress to reduce some of the possibilities that give rise to suicide.

Understanding the Complexity of Distress and Suicide in Farming

Despite the suicide rates of men in farming, there is often a mismatch between studies that compare farmer and non-farmer mental health which suggest little difference between them and the wellbeing of men in urban spaces (Chiswell, 2022). Chiswell (2022, p. 1) suggests the divergent between urban and rural comparisons for wellbeing miss 'farmers' progression through a different 'pathway' to suicide that is not always preceded by mental illness. Following Price and Evans (2009), we use the term distress to refer to the actualities of farming and farming lifestyles that give rise to emotional, cognitive and physical pressures that may or may not produce clinical diagnosis of mental ill health. Analysis of coronial suicide data for farmers also suggests that there may be two distinct pathways to suicide for this population: The majority being characterised by acute situational distress and no communication of intent and the minority occurring in the context

of protracted mental illness and communication of suicidality (Kunde et al., 2017).

Understanding farmer suicide in terms of situational distress allows for an examination of the 'suicidal process of farmers as a complex interplay of biopsychosocial factors...impacted by contextual factors in the farming industry'.

(Kunde et al., 2018, p. 259).

The Australian literature has identified several key issues that contribute to farmer distress and the possibility of suicide such as intergenerational transfer of property, masculinities and identity in farming (Alston, 2012; Bryant & Garnham, 2015); perceived and/or experienced stigma associated with mental ill health (Kennedy et al., 2018); extreme climatic events and impact on land/waterways and animals (Bryant, 2020; Hanigan & Chaston, 2022; Perceval et al., 2019); economic threats to farm viability, access to lethal methods and limited access to support and services (Andersen et al., 2010; Alston, 2012; Bryant, 2020; Bryant & Garnham, 2013; 2014; 2015; Kunde et al., 2017; McPhedran & De Leo, 2013; Perceval et al., 2017; Perceval et al., 2019). Personal or individual risk factors include age, relationship conflict and breakdown, family conflict, physical health issues and alcohol misuse (Kunde et al., 2017; Perceval et al., 2017; Scheyett et al., 2019). Risk factors particular to farm labourers include underemployment, unstable work and unemployment and lack of support or integration into rural communities (Arnautovska et al., 2015).

Evidence from the literature on risk factors is yet to be comprehensively translated into evidence-based suicide prevention strategies tailored to men in farming occupations.

Yet the multiple risk factors for distress in farming occupations are often experienced collectively—that is, within groups of farmers in the same district or by farmers farming the same commodities.

Thus, risk of distress and the potential for suicide is not an individual problem. Many of the social, political and environmental contexts that give rise to distress are shared (Bryant & Garnham, 2013; 2014; 2015;

2017). Therefore, farmer distress calls for collective action— action tailored to men in farming.

Place-based and Community-led Suicide Prevention Targeted to Populations at Risk

Suicide prevention has become a global priority following the intractability of suicide rates despite a history of policy and practice efforts to lower them. By identifying the components that should inform national strategies, the World Health Organisation (WHO) has provided leadership for nations looking to strengthen their suicide prevention (Arensman et al., 2020). Following recommendations by the WHO, governments across the world have adopted a systematic approach to suicide prevention that encompasses multiple components, implemented simultaneously through a 'whole-of-community' and 'whole-of-government strategy'. These multiple components include individual, community and population level interventions.

Within its policy framework 'Living Is For Everyone (LIFE)', Australia has implemented place-based National Suicide Prevention Trials. A regional place-based approach has been central to Australia's national response due to recognition that 'the causes of suicide, as well as resources and services required to prevent it, are unique for each region and community' (Black Dog Institute, 2022). These National trials and an additional four trials

in New South Wales are being shaped by The Lifespan model developed by the Black Dog Institute. This model has nine evidence-based strategies and a community-led implementation and service delivery approach. To govern and coordinate action at a local level, the Primary Health Networks (PHN)/local health districts in the trial sites are leading implementation. These trials involve non-government organisations and education, police and community groups to deliver services, programs and initiatives based on a localised action plan targeted to populations and developed by the PHN/local health district (Baker et al., 2017). In addition to the National and Lifespan trials, there are similar State Government-led place-based trials currently underway in various regions.

Multi-level community interventions, of the type being implemented in the Australian trial sites, include engaging the community, providing opportunities to be part of social change and training the community to recognise and respond to suicidality (Black Dog Institute, 2022). Of the multiple stakeholders engaged in community-based suicide prevention, Suicide Prevention Networks and Groups occupy a significant role in implementing initiatives to reduce stigma and encourage help-seeking in their local communities. These networks and groups typically comprise community volunteers and vary according to their mixture of general

community members with an interest in suicide prevention and professional stakeholders in mental health and suicide prevention.

Men, those living in rural and remote locations, and youth are among the priority populations for suicide prevention in Australia.

Place-based suicide prevention plans variously target one or more of the men in farming populations to offer selective interventions that are tailored to their needs. These interventions include identifying and training relevant gatekeepers, mental health promotion campaigns that are age and culturally appropriate, identifying targets for means restriction, and engaging and supporting communities to lead their own initiatives.

Research findings from lived experiences of farmer distress (Bryant & Garnham, 2013; 2014; 2015; Ellis & Albrecht, 2017) suggest that early intervention tailored to population risk factors, and a place-based approach that takes into account rural communities and cultures of farming, is crucial to reducing the suicide rate for men in farming occupations. Further, a growing body of research is highlighting that for interventions to be effectively received by communities and farmers, farmers need to be involved in the design and implementation of such efforts (known as co-design).

Co-design

Co-design methods are defined as design creatively undertaken in partnership with individuals and groups who will benefit from a product or service, rather than design for those groups (Bevan Jones et al., 2020; Larkin et al., 2015).

This approach emphasises the importance or value of lived expertise and the right to contribute to resources and initiatives that directly impact farmers and rural communities.

Co-designing enables shared ownership or a common goal, builds on knowledge held within communities and contributes to place-based sustainability of strategies and resources (Leavy, 2017). Incorporating principles of co-design and participatory research frameworks, and translating the findings from men in farming into immediately usable intervention strategies and resources were integral aspects of the present research.

Rural Suicide Prevention Groups

Also central to the present research was collaborating with community-based mental health and Suicide Prevention Groups, referred to throughout this report as Suicide Prevention Groups (SPGs). SPGs consist of a group of community volunteers who have come together for the purpose of empowering and increasing the capacity of their local community to reduce distress and suicide.

This is sometimes achieved with funding and support from government, not-for-profit and/or industry. SPGs might aim to develop and implement a suicide prevention action plan for their local community, and this might include community-based interventions such as stigma reduction efforts, providing education, and increasing knowledge and awareness about suicide prevention. The process of collaboration and co-design with SPGs in the present research will be explained in greater detail in Chapter 2. The roles of participating groups in this project are presented in Chapter 3.

Conclusion

This chapter has presented important background and contextual information regarding distress and suicide among men in farming by outlining the risk factors for heightened distress and the conditions that provide the possibility for suicide for men in farming occupations. The emerging literature and national initiatives and priority areas point to the need for tailored and targeted approaches to distress that acknowledge and draw on lived experiences and local expertise in rural communities. Hence, the creation and implementation of co-design strategies and resources were considered critical in the present research in order to reduce farmer distress and promote the wellbeing of farming communities.

Methods and Methodologies

The project methods and methodologies were designed to be outcome oriented to focus on farmers' needs to increase wellbeing and assist rural community SPGs to develop resources.

Chapter 2 presents an overview of the research design and methodology and the three key stages of the project. Also described are the case study sites where data were collected, the recruitment strategy, and the mixed qualitative methods and tools. This chapter also outlines the data analysis process for each stage of the project and examines ethical considerations relevant to the research.

Research Design

This research employed a qualitative methodology involving mixed qualitative methods such as interviews, focus groups and co-design workshops. The approach was informed by the principles of community-based participatory action research (PAR) and co-design. This approach allowed community-based knowledge and capacities to be leveraged to shape action and a sharing of expertise, responsibility and ownership for the project to enhance sustainability of the research and research outcomes (Israel et al., 2010; Leavy, 2017). The research team collaborated with rural SPGs, men in farming occupations and local community stakeholders throughout the three stages of the research. The research design facilitated capacity building in rural community-based farmer suicide prevention through a continuous cycle of knowledge acquisition, experience, observation, reflection and application to real life situations (Israel et al., 2010). As per the principles of PAR and co-design, this reflexive, collaborative practice involved the research participants in the project and method, and therefore enabled 'co-production of knowledge' (Bryant, 2015, p. 17). The research team participated in a pre-fieldwork methodology workshop facilitated by Professor Bryant to ensure consistency of approach across the interview and focus group sites.

Stage One
Interviews and
Focus Groups

Focus groups with Suicide Prevention Groups (SPGs) to examine how rural suicide prevention community groups establish, operate and respond to suicide prevention in agriculture communities.

Focus groups and interviews with stakeholders to document pathways to place-based mental health and suicide prevention services and explore relationships between SPGs and local stakeholders.

Interviews with men in farming to examine lived experiences of distress among men in farming occupations and their preferences for community-based interventions.

Stage Two
Co-design

Co-design place-based suicide prevention strategies and resources with rural SPGs (Riverina Bluebell, Riverina, NSW; SOS Yorkes, Yorke Peninsula, SA; Mellow in the Yellow, Tatyoon, VIC) using findings from Stage 1.

Stage Three
Website Hub
Development
and Feedback

Develop mixed-media website to house co-designed resources for free public access and sharing across regions.

Obtain feedback from SPGs and a selection of men in farming on the website and co-designed suicide prevention strategies and resources.

Figure 2.1 Project stages

Project Stages

The figure above depicts the three stages of this research project.

Case Study Sites

The research was undertaken in the case study sites of Yorke Peninsula (South Australia), Tatyoon (Victoria), Riverina (New South Wales) and Maranoa (QLD—steps 1 and 2 of Stage 1 only) regions. Sample regions were purposively selected in each State through consultation with Partner Organisations and based on consideration of farmer suicide data, existing rural community SPGs, community suicide prevention trial sites and/or regional primary industries. The table below details the community and geographic profile of the case study sites.

Stage One
Stage 1 Recruitment

Community Suicide Prevention Group members:

In each case study region, a list of rural SPGs was compiled and were invited to participate by the research team making contact and explaining the research aims and stages. A group commenced participation (in all stages of the project) once agreement was obtained by the group's committee.

Local stakeholders:

Stakeholders were identified through consultation with Partner Organisations, online searches and asking key stakeholders to nominate other organisations and services to invite into the study. Stakeholders were defined as those organisations whose programs and services in the region were relevant to the wellbeing, mental health and suicide prevention of men in farming occupations. This included mental health service providers, farmer support services and suicide prevention professionals. In each case study region, an invitation for stakeholders to participate was broadly circulated to such services including general medical practices, community nursing organisations, emergency services personnel, mental health services, Primary Health Networks, suicide prevention services and agribusiness fields including rural finance counsellors, stock agents and primary industries workers including agricultural

Table 2.1 Profiles of the case study sites

Site 1: Yorke Peninsula, SA
POP. 77,048

This region comprises an arid North and more fertile South East. Agriculture is the largest industry by employment and is worth $1.392 million. The majority of the industry is dryland farming including cereal and other broadacre crops, hay, beef and sheep with some viticultural sub-regions.

In 2019 (at the time of data collection), parts of northern Yorke Peninsula declared drought affected.

Site 2: Tatyoon region within VIC
POP. 124,700

The town of Tatyoon is situated in the lower North West region but for the purpose of this research, the Warrnambool and South West regional profile is geographically more relevant.
Agricultural land occupies 69% of the region and its gross value is $2.6 billion. 3,845 farms (with operations of $40,000 or more). Major commodities are milk, cattle, sheep/lambs and wool. Source: ABARES. For the immediate Tatyoon area cropping is also a major commodity.

In 2019 (at the time of data collection) the region was not in drought or drought affected.

Site 3: Riverina, NSW
POP. 160,00

78% of the region is agricultural. Gross value of agriculture is $2.5 billion (19% of total gross value for NSW). Highest value commodities are wheat, cotton and cattle. 3,518 farms in the region (with operations of $40,000 or more).

In 2019 (at the time of data collection), 18.8% of the region declared in drought and 77.6% drought affected. Source: ABARES

Site 4: Maranoa, QLD
POP. 12,843

The Darling Downs-Maranoa region is in South West Queensland. Agricultural land occupies 85% of the region and its gross value is $3.3 billion. Land use according to area is predominantly grazing. Highest value commodities are cattle and calves, cotton and sorghum. There are approximately 4,633 farms in the region (with operations of $40,000 or more). Source: ABARES

In 2019 (at the time of data collection), Maranoa was a fully drought declared shire.

and community workers. Stakeholders contacted the research team if they wished to participate. Recruitment continued until the sample size was sufficient to accommodate diversity of professional occupation and representation of local stakeholders.

Men in farming:

In each of the study sites, men in farming occupations were recruited through the community groups and stakeholders participating in the study. The names of men who had agreed to receive a phone call from the research team were forwarded by the groups and stakeholders and those that agreed to participate were interviewed. Recruitment also involved using a research flyer targeting local community sites, social media and agricultural networks, inviting eligible farming men to participate. The flyer was emailed to networks that were identified through the research partners or by contacting key people and organisations in the regions. Farming men who wished to participate then made contact with the research team and interview times were established.

Snowball sampling methods were also used to identify potential participants. This meant asking men who had been interviewed to contact other farmers and farm workers that they thought might be willing to participate and then forward their contact details to the research team.

Participants were eligible if they were aged 18 years and over, self-identified as a man working in a farming occupation (farm owner-operators, farm managers and farm labourers) and had lived experience of mental health issues or suicide and/or rich perspectives to contribute regarding farmer distress and community-based supports. Farm labourers include pickers, shearers, ringers and stockmen.

Stage 1 Participants: Suicide Prevention Groups, Stakeholders and Farming Men

Suicide Prevention Groups

Four SPGs across the four study sites participated in Stage 1 which consisted of three face-to-face focus group discussions and one individual interview conducted via Zoom. The three face-to-face focus groups were held with Riverina Bluebell in NSW, SOS Yorkes in SA, and Mellow in the Yellow in VIC. One individual interview was conducted by phone with the Chairperson of Balonne Communities SPN in QLD.

Local stakeholders in mental health and agri-support roles

Across all four study sites, a total of 39 stakeholders participated in the research. This involved focus groups in NSW, SA and VIC sites, and 14 individual interviews across NSW (n = 2) and QLD (n = 12).

Table 2.2 Commodities farmed by participants

Study site	Livestock	Cropping	Mixed	Total
SA	4	5	8	17
VIC	8	2	8	18
NSW	4	4	9	17
Total	16	11	25	52

Farming Men

Participant demographics

Overall, 52 farming men participated in the research, including 35 farm owners and 17 farm workers. The sample size accommodated diversity in agricultural industry, business size and occupation. See Table 2.2 for commodities farmed by research participants.

A breakdown, State-by-State highlights the participant differences across the regions:

NEW SOUTH WALES:

NSW participants were 12 farm owner/operators and 5 men in farming occupations ranging in age from 30–77 years. The men were from properties across the Riverina region (including close to Wagga Wagga, Hay, Lockhart, Coolamon, Ungarie, Morangeral and Quandialla) and the majority were working with mixed commodities including livestock and cropping.

SOUTH AUSTRALIA:

South Australian participants were 8 farm owner/operators and 9 men in farming occupations ranging in age from 32–70 years. The men were from properties across the Yorke Peninsula and Mid-North of South Australia and were either working with cropping or mixed commodities including livestock and cropping.

VICTORIA:

Victorian participants were 18 men in farming occupations ranging in age from 31–64 years. The men were from properties across the Central Highlands and the Southern Grampians regions in the South West of Victoria and producing beef, wool and lambs, cereal crops, hay, and milk.

Participants were either interviewed in person or via telephone. Data collection commenced first in SA and seven interviews were conducted in-person at farmers' properties. All subsequent interviews in SA, NSW and VIC were conducted by phone due to COVID-19 restrictions. All the farmers and farm workers interviewed by phone were

Table 2.3 Data collection tools used

Stage	Participant groups	Method and instrument
Stage 1	Suicide Prevention Groups	Semi-structured focus group questions
	Stakeholders	Semi-structured focus group questions
	Men in farming occupations	Semi-structured interview guide
Stage 2	Suicide Prevention Groups	Co-design workshop guides
Stage 3	Men in farming occupations	Online survey/user-test to obtain feedback
	Suicide Prevention Groups	Online survey/user-test to obtain feedback

comfortable talking over the phone and interviews were detailed and provided rich and useful insights in the majority of cases. Indeed, phone-based interviews afforded greater efficiency in time for both researcher and interviewee and greater flexibility in scheduling interviews for a mutually convenient time as many of the men interviewed were able to talk while continuing to work.

Stage 1 Data Collection Tools

Mixed qualitative methods (interviews, focus groups and co-design workshops) were used in this research and enabled a layering of data collection methods to develop deeper understandings (Bryant, 2015). Table 2.3 outlines the research tools used in the respective stages of the project. These tools are included in Appendix A.

Stage 1 Focus Groups and Interviews

Suicide Prevention Groups

Focus group questions for SPGs focused on gathering information regarding how and when the SPG was established, what their goal and mission is, what types of initiatives and events they had been working on, funding and sponsorship information, how they recruit members, future goals, and how they ensure sustainability of their network.

Stakeholders

Semi-structured interviews and focus group questions were developed for stakeholders. The stakeholder questions sought to collect information regarding understanding distress among men in farming, access to services and support, help-seeking, pathways and obstacles to support and recovery, and relationships between services, stakeholders and SPGs.

Men in farming

The interviews with men in farming focused broadly on local knowledge and perspectives on farmer distress and mental health support, allowing for accounts of lived experience of distress and rural mental health or suicide prevention services and supports to emerge. Interviews also canvassed needs and preferences for community-based support.

Stage 1 Data Analysis

Interviews and focus group discussions with the three participant groups in Stage 1 were audio-recorded and transcribed to enable thematic analysis of transcripts.

Thematic analysis was conducted using NVivo software to code the interview and focus group transcripts. Data analysis included descriptive and thematic stages (Braun & Clarke, 2006) and was performed using the NVivo 12 software program. All transcripts were imported into the program and extracts were coded using descriptive 'nodes' that were established inductively and sequentially as each transcript was coded. The nodes each captured the meaning of a statement connected to farmer distress, professional services or community support. Some of the nodes became themes (e.g. peer support) while others were collated into overarching themes (e.g. alcohol use).

Once all the individual transcripts had been coded, the collection of transcripts was analysed for themes by reviewing the nodes and determining which nodes had the largest number of data extracts coded within them and then reviewing the conceptual clarity of the nodes. As Braun and Clarke (2006, p. 82) suggest, a 'theme captures something important about the data in relation to the research question, and represents some

level of patterned response or meaning within the data set'. Thematic analysis was therefore used to organise the data and identify patterns of regularity in meaning across the data set.

Qualitative research data from Stages 1–3 provided the basis for producing four case studies (Stake, 2006).

Each case study described how rural Suicide Prevention Networks, men in farming occupations and local stakeholders in suicide prevention were engaged in a methodology to tailor, implement and evaluate strategies for rural community-based farmer suicide prevention.

Cross-case analysis allowed theoretical examination of how place shapes farmer distress and suicide prevention, how rural community Suicide Prevention Networks operate as a site for farmer suicide prevention and how suicide prevention initiatives can be tailored to men in farming occupations. Researchers maintained a fieldwork diary throughout the project that documented processes of engagement, conversations with participants, and observations during fieldwork. The diaries provided an ethnographic account of the case study.

Stage Two

Stage 2 Recruitment: Co-design Workshops

When the SPGs were first engaged in the research, during Stage 1, it was explained to the groups that they would remain engaged throughout the entire project. Therefore, it was understood from the outset that the groups would participate in the workshops. The SPGs were contacted again at the time of the Stage 2 co-design workshops and invited to participate.

Stage 2 Participants: Co-design Workshop Participation

Three SPGs: Riverina Bluebell, Mellow in the Yellow and SOS Yorkes participated in the co-design workshops.

Stage 2 Data Collection and Analysis: Co-design Workshop Process

Workshop materials were developed based on the findings from Stage 1. These findings were summarised and distributed to workshop participants via email for discussion and reflection before the workshop (see Appendix B). The summary of findings and key questions to address were used to inform and guide the discussions during the first Zoom workshop. The research team took notes and video recorded the workshops and these discussions formed the foundation of subsequent recommendations when consulting with the groups. The detailed process of co-design and the development of the co-design resources is presented in Chapter 6.

Stage Three

Stage 3 Recruitment: Feedback on Website and Co-designed Resources

In order to obtain initial feedback on both the resources and the website, two methods of collecting information were used. First, in order to obtain feedback from the participating SPGs regarding the resources, an online survey was emailed to the three groups who were involved in all project stages (Riverina Bluebell, Mellow in the Yellow and SOS Yorkes). If the group did not complete the survey online, a follow-up call was made to the Chair of the SPG and feedback was obtained via telephone. This was done to reduce the time burden on volunteers to complete an online questionnaire while still allowing them to provide feedback.

Secondly, in order to obtain feedback regarding the look and navigation of the website, a link to a brief user-test was emailed to a sub-selection (n = 20) of men in farming and SPG members. The user-test was open for one week.

Stage 3 Participants: Feedback on Website and Co-designed Resources

All three SPGs who were involved in both Stage 1 (focus groups) and Stage 2 (co-design) participated in Stage 3 and provided initial feedback regarding the resources. Riverina Bluebell and Mellow in the Yellow completed the online survey and SOS Yorkes provided feedback via telephone.

The user-test was emailed to approximately 20 email addresses of both men in farming who had participated in Stage 1, as well as SPG members. However, a number of emails were returned to sender due to expired or incorrect email addresses. Of those who received the user-test email link, seven individuals accessed the website, three provided qualitative feedback, and two completed tasks to test useability and navigation.

Stage 3 Data Collection and Analysis/reporting: Feedback on Website and Co-designed Resources

Feedback on co-designed resources

An online survey was developed for SPGs to elicit brief feedback from members about the co-designed resources (online survey questions are presented in Appendix A). Reporting of this feedback required compiling and presenting extracts of written and verbal feedback.

User-test of website

The user-test required individuals to complete a series of tasks to test the ease in which the website could be navigated in order to find particular resources. This process also obtained, via open ended questions, qualitative feedback in the form of brief initial reactions and thoughts about the website. See Appendix A to view user-test tasks and questions. Again, reporting of this feedback involved compiling and presenting extracts of the qualitative feedback, as well as assessing and commenting on whether respondents were able to navigate the website pathways in order to access the desired resources.

Ethical Requirements

A research proposal and application for ethical approval was submitted to the University of South Australia Human Research Ethics Committee in March 2019. The project received ethics approval in May 2019 (protocol number 202120).

Participation in this research required written informed consent by all participants. Prior to signing the consent form, all participants were required to read the provided information sheets and were given the opportunity to ask questions regarding the research.

Because this research was about issues of distress, suicide and wellbeing, the interview had the potential to distress the participants. Therefore, careful consideration was given regarding the emotional safety of participants to ensure they felt comfortable and contained during the interview process. This included considering when and how questions would be asked, and the protocol that would be followed if a participant did become distressed during the interview. Interviewers were also trained in understanding and responding to expressions of distress and had compiled a list of supports, resources and referral options for participants in the event they would like to talk to a professional or seek support.

Finally, all names used in this report are pseudonyms and any potentially identifying information has been removed or changed to protect participant confidentiality.

Conclusion

The methods outlined in this chapter were successful in generating valuable data, as presented in the results chapters to follow. The project met recruitment goals and all interviews and co-design workshops were successfully completed, despite needing to overcome challenges, particularly the COVID-19 pandemic and associated restrictions. Where necessary, adaptations to the method accommodated these challenges. For example, interviews and workshops were conducted over the phone or via Zoom rather than face-to-face due to COVID-19 travel restrictions and social distancing policies. Conducting research over the phone or via Zoom instead of face-to-face impacted on the data collection, by reducing the researchers' access to be in 'place' with participants (Bryant, 2022). This meant there was much more reliance on careful listening to voices at the end of the phone or on Zoom to pick up sensory clues that are not always apparent from the voice alone (Bryant, 2022).

The benefit of telephone conversations meant that many interviews were, for some farmers, less disruptive as they 'walked and talked'. Further, the telephone may have helped farmers open up as there was a level of 'distance' created between the interviewer and the participant that might have enabled more open sharing.

STAGE ONE
Research Findings from Interviews and Focus Groups

PART 1 – FINDINGS:

Focus groups with Suicide Prevention Groups (SPGs) to examine how rural suicide prevention community groups establish, operate and respond to suicide prevention in agricultural communities **(Aim 1)**.

Focus groups and interviews with stakeholders to document pathways to place-based mental health and suicide prevention services and explore relationships between SPGs and local stakeholders in suicide prevention **(Aim 2)**.

Interviews with men in farming to examine lived experiences of distress among men in farming occupations and their preferences for community-based interventions to develop knowledge about current and potential strategies for suicide prevention **(Aim 3)**.

THIS SECTION CONSISTS OF THREE CHAPTERS:

- Chapter 3 presents the findings from the focus groups with the Suicide Prevention Groups.
- Chapter 4 presents the findings from the focus groups and interviews with stakeholders.
- Chapter 5 presents the findings from the interviews with men in farming.

Suicide Prevention Groups

Introduction

In response to farmer distress and increasing suicides, community-led groups, programs and initiatives are emerging across every State and territory in Australia. The emergence of groups across Australia is spasmodic and community groups often emerge after experience of a suicide or suicides of community members. Farmers and rural community members have increasingly acknowledged in the media and in suicide prevention forums and events that they have knowledge and lived experience of distress that can be utilised to support peers at the local level. Peer support and lived experience knowledge is increasingly being acknowledged as incredibly valuable and essential in addressing local place-based suicide prevention needs (Bevan Jones et al., 2020; Kealy Bateman et al., 2021).

Australian Suicide Prevention Groups and programs are diverse and in general consist of farmers and non-farmers. While their foci vary, common activities often include awareness raising and de-stigmatisation of distress and mental illness, training for community members, support meetings, and facilitating local sporting or other activities to provide social and emotional support. Some are formed through non-government programs or government funding or facilitation, while some are locally inspired though existing groups or are newly established groups emerging from distress and passion for suicide prevention.

Increasingly, national and international evidence indicates that suicide prevention and increased overall wellbeing is likely to be more successful if programs are in tune with cultural and local needs, and communities are actively involved (Castro et al., 2010; Reynolds, 2015). Studies in critical suicidology underscore the importance of community and prevention programs that 'promote collaboration, possibility, accountability and joint action' (White et al., 2015, p. 8).

Indeed, the emergence of place-based prevention groups symbolises a transition from 'psy' individualist and pathologising approaches to

mental health (Bryant & Garnham, 2013; 2015; 2017) to one shaped by 'geography, recognising the ways in which place can be mobilised to enact (often contested) forms...that highlight...the experiences, cultures, imaginaries and practices of its members' (Barr & Pollard, 2017, p. 59). In relation to farmers, this approach enables distress to be contextualised and understood as 'bound up with the actualities of a farming way of life' (Price & Evans, 2009, p. 4).

This chapter addresses the problem of limited data regarding how community Suicide Prevention Groups are established and function and membership representation based on age, gender, sexuality and ethnicities. This chapter also aims to address the lack of knowledge transfer to rural communities hoping to establish groups; therefore, some key experiences and learnings of the groups involved in this study are used to draw out lessons learned and successful initiatives.

This chapter presents findings from the three focus groups and one individual interview conducted with the four SPGs. The findings are presented by case study site with an additional section allowing commonalities and differences across the groups to be captured and discussed. The chapter ends with recommendations regarding increasing the capacity and sustainability of rural SPGs.

> The findings presented in this chapter address Aim 1:
>
> 'To examine how rural Suicide Prevention Groups establish, operate, foster sustainability of the group, and respond to distress and suicide prevention in agricultural communities **(Stage 1)**'

Suicide Prevention Groups Across Case Study Sites

Riverina Bluebell, SOS Yorkes, Mellow in the Yellow and Balonne Community SPN were asked about their reasons and process for establishment, their purpose and journey of development, community initiative and links and pathways to services they engaged with that support the mental health and wellbeing of men in farming occupations.

RIVERINA BLUEBELL
www.riverinabluebell.org.au

Riverina Bluebell is a not-for-profit community organisation based in Wagga Wagga, New South Wales. The group raises awareness about mental health issues and through encouraging locals to share stories, builds awareness of supports available for mental health.

MELLOW IN THE YELLOW (originally Live Rural)
www.mellowintheyellow.com.au

Mellow in The Yellow is a volunteer group based in Tatyoon, Victoria. They run an annual event to raise funds which go back into community programs to strengthen the mental health and wellbeing of farmers and farming communities. Mellow in the Yellow encourage conversations about mental ill health experiences, support and ways to activate wellbeing.

SOS YORKES
www.facebook.com/sosyorkes

SOS Yorkes is a volunteer group based on the Yorke Peninsula, South Australia. The group aims to strengthen the mental health and wellbeing of rural community members through raising awareness of mental ill health and suicide and promoting wellbeing. The group runs events and initiatives to bring community members together and through its Facebook page, encourages links to training and services. This network is supported by Wellbeing SA.

BALONNE COMMUNITY SPG
www.facebook.com/
balonnecommunitysuicidepreventionnetwork

Balonne Community Suicide Prevention Network is a group formed by community members and service providers to engage the community in local suicide prevention initiatives and events and empower the local community by creating suicide awareness. The group is supported by Wesley LifeForce, a national Suicide Prevention Group.

Table 3.1 NSW Suicide Prevention Community Group: Riverina Bluebell

- Based in Wagga Wagga, New South Wales.
- Formed in 2007 during drought.
- Group initiated by community members following the death of a farmer's brother and has grown 'organically'.
- 10–15 group members plus 'friends of' Riverina Bluebell.
- 50% gender split.
- No youth representation (18–35 years old)— youngest member is about 40 years old.
- Large proportion of farmers.
- Structured committee but with open monthly meetings.
- Incorporated charitable organisation receiving donations.
- Aim is to raise awareness, de-stigmatise mental illness and link people to support.

Riverina Bluebell funds and/or organises diverse community initiatives including:

- Mental health and suicide prevention forums with guest speakers, e.g. 'A Night with the Blokes'.
- Community social events with live acts targeted at different age groups.
- Screening of films with mental health messaging.
- School events with facilitators, e.g. 'Tomorrow Man'.
- Sponsorship of sporting and community events, e.g. Riverina Bluebell Cup and the Lockhart Showgirl prize.
- 'Writing for Wellbeing' workshops.
- Committee members speak at events.
- Circulate and promote information about services and cross-promotion of other community group initiatives, e.g. Men's Shed.
- Supporting other groups/ services, e.g. funding for Active Farmers and Rural Outreach Counselling.

Pathways to services:

- Members try to be identifiable as a person in the community who can be approached for assistance.
- Members have conversations in the community to raise awareness of available services and supports.
- Website includes a service directory for the region.
- Group have supported the establishment of an outreach counselling service.

Going forward the group would like to:

- Attract new members from a younger demographic.
- Implement new and innovative initiatives.

riverina bluebell

Table 3.2 SA Suicide Prevention Community Group: SOS Yorkes

- Based in the Yorke Peninsula, South Australia.
- Established in 2014 due to community interest and the Chairperson having established a network in another region (professional role in suicide prevention sector).
- Approx. 8–10 core committee members. Networks into the community to assist with initiatives.
- Diversity by gender and occupation but no youth representation (18–35 years old).
- Soon after inception, the Government of South Australia provided start-up funding—to produce a suicide prevention action plan.
- Incorporated organisation.
- Structured committee with monthly committee meetings.
- The network's aims are to maintain a profile in the community, to connect people within the community, to develop community skills and willingness to prevent suicide, and to empower their community to recover from suicide.

Initiatives:

- Hosted screening of the film 'The Ripple Effect'.
- Safe Talk workshops.
- 'Showbags' including Beyond Blue booklets.
- Building initiatives on national awareness days such as 'R U OK?' day.
- Sausage sizzles.
- Men's workshops.
- Health checks at the football.
- Guest speaker and committee member presentations on wellbeing.
- Sharing mental health and wellbeing information and resources via Facebook.

Pathways to services:

- A number of committee members are service providers who facilitate links to services.
- The group shares information and resources produced by services via their Facebook page.

Going forward the group would like to:

- Reduce administrative burden on members.
- Attract new members from a younger demographic.
- Have opportunities to network with other groups and share key learnings and initiatives.

Table 3.3 VIC Suicide Prevention Community Group: Mellow In The Yellow (formerly Live Rural)

- Based in Tatyoon, Victoria.
- Group initiated during drought and from lived experience of father with bipolar disorder—recognising other farming families had struggles with mental health.
- Established in 2014 with the intention of bridging the urban-rural gap through an event named 'Mellow in the Yellow' (MITY) that celebrated farming and raised awareness for supporting farmers.
- MITY was in its 6th year at the time of data collection, and was a sell-out event with corporate sponsorship. Event takes 12 months of planning and organisation.
- Group has been largely oriented towards the annual event and so members were head-hunted for diverse skills. needed for the event organisation and management and for strong connection/influence in the community.
- Membership largely young people aged 27 to mid-40s.
- Mellow in the Yellow (at the time of data collection was named Live Rural) is a charity with a sub-committee (10) that organises MITY.
- MITY ticket sales cover cost of event while sponsorship funds go to community initiatives.

Initiatives:

- Annual MITY event.
- Mental health first aid workshops.
- Women's workshops— health (20–30 people), safety (20–30 people) and mental health (100 people).
- Have supported another community group to emerge.

Going forward the group would like to:

- Implement new and impactful initiatives.

Table 3.4 QLD Community Group: Balonne Community Suicide Prevention Network

• Based in St George and covering the Shire of Balonne, Queensland. • Network established in 2014 following a suicide in the community and facilitated by Wesley Mission through their LifeForce Program. • Rather than establish a new and discrete incorporated organisation, the network was established as a subsidiary of Care Balonne (not-for-profit community organisation with programs in community development, rural family support and active ageing). • The network has 8 members including key stakeholders from health and social care and community volunteers. The network includes an Indigenous representative and a rural/farming representative. A call for new members is circulated every 18 months.	**Initiatives:** • Accidental counselling workshops for women. • BBQ social events for men in farming with someone from Rotary to facilitate conversations about mental health. • Postvention support and resources. • Wallet cards with all the phone numbers for support services. • Outreach informal counselling. • Sharing mental health and wellbeing information and resources via Facebook. • Supporting national awareness days such as 'R U OK?' day.	**Pathways to services:** • Committee members include social and healthcare service providers. • The group shares information and resources produced by services and national bodies via their Facebook page. **Going forward the group would like to:** • Improve community-based postvention support and resources.

Stage 1 Findings: Suicide Prevention Community Groups by Case Study Site

The preceding series of tables (Tables 3.1 to 3.4) outline descriptive data about the composition and organisation of each suicide prevention community group, the strategies and initiatives the group has implemented in the community, the service pathways strengthened by the group and future goals for the group to grow and be sustainable.

Common Themes Across Study Sites: Suicide Prevention Groups

Based on the findings from the SPGs, there were three common themes across the sites, explained in detail below:

1. *Documentation of community-based praxis for mental health and suicide prevention activities.*
2. *Diversity and representation of community group membership.*
3. *Issues impacting on community group sustainability.*

1. Documentation of community-based praxis for mental health and suicide prevention activities

The findings about the core focus and core tasks of each of the SPGs highlighted that participating groups have four principal approaches to community-based mental health and suicide prevention:

1. Group promotional activities to build community awareness of, and engagement with, their group and initiatives;
2. Organising community events for awareness raising, stigma reduction, educational and/or social and wellbeing aims;
3. Organising workshop and training opportunities for community members in mental health, wellbeing and/or suicide prevention;
4. Providing information that links community members to services and supports either locally or via telecommunications and promoting national initiatives such as 'R U OK?' day.

Each of the groups have an individual 'brand' that they promote through their name, merchandise and social media. The importance of branding is to establish and maintain a profile in the community, to raise community awareness about their mission, and build community engagement and support for their activities and initiatives. Mellow in the Yellow are unique in terms of having the organisation and hosting of a large-scale annual event, 'Mellow In The Yellow', as their principal activity and thus advertising of the event becomes a central avenue for their group's promotional activities. All the groups have a logo and online presence, with two having a dedicated webpage and all maintaining a Facebook page. The groups' individual approaches to branding situates them as unique community organisations.

The majority of events organised by the groups are aimed at 'whole-of-community' and often have the expressed intent of 'bringing community together' either for purely social/wellbeing aims or with combined social and awareness raising/ stigma reduction/educational aims. Social events featuring, for example, stand-up comedians or music are valued for their contribution to community connectedness and enhancing personal wellbeing. Groups reported that as opportunities for social gatherings decline in many rural communities, their role in organising and hosting social events takes on added significance.

Events targeted at communities that are forecasted to experience hardship can serve as a means of building resilience through strengthening the community's sense of connection during adversity.

SOS Yorkes and Riverina Bluebell both discussed an approach to community wellbeing whereby content and activities targeting mental health and suicide prevention are embedded in a larger framework—targeting health, farming or existing community events. Both groups discussed the stigma surrounding mental illness and suicide, and the need to overcome it by incorporating prevention activities in formats that are readily acceptable to the community or that attract 'whole-of-community' attendance. To engage farmers, SOS Yorkes have a stall at the Yorke Peninsula field days which draws farmers and farming communities from across the region. This enables them to reach people who may not

attend an event specifically geared to mental health or suicide prevention. Riverina Bluebell and SOS Yorkes described having well-known touring guest speakers with lived experience who act as a 'draw card' in attracting wider community engagement and participation. Events incorporating lived experience speakers are considered an important mechanism for not only providing insight into personal stories but also as a catalyst for community members to share lived experiences, both at or following these events, thereby stimulating conversations about mental health and suicide prevention in the wider community.

While the majority of events and initiatives organised by the community groups take a 'whole-of-community' approach, the groups have also implemented some targeted strategies. Mellow in the Yellow have a specific focus on farmer and farm family health and mental health. They have funded workshops facilitated by the National Centre for Farmer Health for farming women on health, safety and mental health. Riverina Bluebell have worked in educational settings to deliver programs to students and have held events specifically for men such as 'A Night with the Blokes'. Their website also features stories of lived experience from farmers. SOS Yorkes have collaborated with the National Enterprise for Rural Community Wellbeing to create a community mental health calendar featuring stories of lived experience from men and women in farming (more detail in Chapter 6). Balonne Community Suicide Prevention Network organises BBQ events for men in farming in order to provide an informal social opportunity for men to talk and share their experiences. These conversations are facilitated by a representative from Rotary.

Organising training for community members through the delivery of workshops such as Mental Health First Aid, Safe TALK and online programs such as QPR is a core activity of the groups. These training opportunities aim to build the capacity of communities to provide support when someone is experiencing distress and identify pathways to services. SOS Yorkes and Riverina Bluebell also work with their local community to build awareness of mental health and suicide

prevention services and provide information that creates pathways to support. The groups do not provide crisis support but offer a mechanism for raising community awareness of, and facilitating help-seeking through, formal services. Owing to its organisational structure as a subsidiary of the not-for-profit community care organisation Care Balonne, the Balonne Community Suicide Prevention Network has well-established pathways to services and supports including informal outreach counselling.

While all of the groups have an established track record of community engagement and facilitating events and training, all described experiencing difficulty in identifying additional initiatives and programs for future implementation in their communities. Once the well-known touring speakers and commonly funded training programs have been organised and implemented in their communities, then the option is either to re-run the same programs or search for a novel initiative. The capacity to source new initiatives is time consuming and creates uncertainty for groups with regard to their efficacy, impact and whether they will be well received by their communities. Mellow in the Yellow in particular discussed the importance of finding the right 'fit' between a presenter or facilitator and the rural community.

THEME ONE – KEY POINTS:
- The community groups were not established to provide direct support to members of their community experiencing distress. Their role is to engage their communities in events and training, and to raise awareness about available services and supports.
- The groups described initiatives that are oriented to the 'whole-of-community' and some examples of initiatives that are targeted to men in farming occupations.
- All of the groups are challenged to locate and support novel initiatives and strategies that are tailored to specific populations in their communities.

2. Diversity and representation of community group membership

Community groups are largely formed on the basis of a personal commitment to improving mental health and suicide prevention within their communities (often from personal lived experience). Groups form according to priorities and drivers around a shared passion for suicide prevention/wellbeing, an ability to form productive working relationships with other group members, and time to contribute to the committee functions and initiatives of the group. The groups are not necessarily representative of community diversity according to age, ethnicity, industry/occupation or length of time living in the community.

Balonne Community SPN was the only group to describe a deliberate strategy to ensure representation of key at-risk populations including Indigenous people and rural/ farming occupations.

They also circulate a regular call for new community members to join every 18 months. Riverina Bluebell and SOS Yorkes both noted an absence of young people in their committees. All groups included members in farming occupations.

Unlike the other groups, Mellow in the Yellow has a particular focus on their annual event, 'Mellow in the Yellow'. This means their group has evolved

according to the activities and skills needed for the event and community volunteers were 'headhunted' for their standing in the community, skills and relationships.

Unlike the other groups who have committee member only meetings, Riverina Bluebell operates under an 'open community' model whereby everyone in the community is welcome to attend, present ideas and seek support for initiatives at their meetings.

This open meeting model encourages representation of difference in the community through broader community engagement and action. In addition to the continuing committee members, Riverina Bluebell also has 'friends of Riverina Bluebell', which extends a network into the broader community. SOS Yorkes also maintains broader community networks to access specific support for their initiatives, but committee meetings are scheduled in-house for members.

Three of the community groups participating in this project are largely formed by general community members. Balonne Community SPN includes community volunteers and has strong representation from key social and health care professional stakeholders whereby network meetings also provide an opportunity for interagency networking.

THEME TWO – KEY POINTS:

- Community group members are generally motivated to volunteer based on experiences of issues impacting on rural community wellbeing such as mental illness, drought and suicide.

- Groups are not necessarily representative of the broader community demographics in terms of age and ethnicity.

- Some suicide prevention community groups are formed by general community volunteers, some are largely an interagency network and others have a combination of health and social care professionals and general community volunteers.

3. Issues impacting on group sustainability

Sustainability was an issue for most groups. Balonne Community SPN was the exception as it has a different organisational model being a subsidiary of a not-for-profit (NFP) organisation. Riverina Bluebell is the longest existing group of the five included in the research. The group is well-established with 10–15 members on the committee and a broader network of people supporting the group's activities and initiatives. However, the group raised concerns about their momentum going forward and future succession of key committee roles. During Stage 1 data collection, SOS Yorkes was currently undergoing succession for committee roles of Chairperson and Secretary with the founding Chairperson stepping down and the Secretary taking up the role of Chair. This process occurred democratically through nomination without requiring a vote. The group noted that there were few members with the time, passion and commitment to step up to the key roles of Chair and Secretary. After five years occupying a central organisational role for Mellow in the Yellow, at the time of data collection, the Director of Mellow in the Yellow had recently stepped down from the organising committee.

She indicated that a succession plan that bridges the Mellow in the Yellow organising committee and the SPG is needed.

Most of the groups were therefore at an important juncture in terms of ongoing sustainability.

SOS Yorkes and Mellow in the Yellow both raised the administrative burden on committee members as a major issue for group sustainability. Both groups noted this burden was particularly significant during start-up when legal and organisational administration were required to establish not-for-profit incorporated organisational structures and public liability insurance. None of the groups reported having resources, support or guidance through these processes. Once groups attained their incorporated status, the impact of associated and ongoing administrative tasks on the groups' workload was significant. Balonne Community SPN noted the organisational efficacy of including the network within the NFP organisation Care Balonne and described benefits in terms of flexibility and increased capacity.

SOS Yorkes raised the issue of professional indemnity insurance and the associated cost indicating that it had become a requirement of one of the funding schemes. They noted that while such a provision could be navigated using an NGO to auspice funding on their behalf, not all community groups would have the capacity to negotiate an auspice arrangement. The administrative load required for ongoing organisation of the group is rendered particularly burdensome because most groups comprise community volunteers with no funding or support for administrative work. Most groups raised the precious nature of volunteer time as a major issue for sustainability. Community volunteers expect to focus their limited time, energy and resources on suicide prevention initiatives. SOS Yorkes therefore raised the idea of funded administrative support to increase the capacity of the group to engage in community-based activities and initiatives.

The funding model for each group was unique. SOS Yorkes and Balonne Community SPN began with a start-up grant and ongoing initiatives have to be funded through grant applications, fundraising or undertaken for free using volunteer time. The volunteer time and capacity required to apply for grant funding was another issue

impacting the sustainability of groups with no ongoing funding or support. Mellow in the Yellow have attracted ongoing corporate sponsorship for their events. While ticket sales for the 'Mellow in the Yellow' Event cover event costs, sponsorship funds are channelled into workshops and training for the community. Funding sustainability for this group therefore rests on continued support from sponsors. Riverina Bluebell is funded by direct charitable donation and has achieved reasonable financial security with the ability to provide a source of funding for community members, other groups and initiatives. Riverina Bluebell also has a mature network of relationships with other groups and stakeholders and often collaborates and co-supports events and initiatives which adds to the group's sustainability in the community.

**THEME THREE –
KEY POINTS:**

- Sustainability was an issue for most groups with succession of key driving roles identified as a particular challenge.

- Administration is a major challenge impacting on group sustainability and capacity given limited volunteer time and resources.

- Funding models for the groups vary and are implicated in sustainability.

Recommendations: Stage 1 SPG Findings

The following recommendations begin to address the project goal to identify ways that SPGs can build capacity, increase diversity, and strengthen sustainability.

1. **Community SPGs can increase diversity and representation by:**

   a) Engaging representatives from young farmers' networks by invitation to learn about mental health and suicide in farming communities and the activities of rural community groups with a view to building ongoing support through membership and collaboration on initiatives.

   b) Encouraging broader community engagement in committee meetings through open invitation and a standing agenda item that allows community members to ask questions, put forward ideas for initiatives and provide input into group activities and plans.

   c) Circulating a regular call in the community to attract new volunteers.

   d) Targeting representatives from local populations disproportionately at risk of mental health issues and suicide.

2. **Community groups can strengthen their sustainability by:**

   a) Diversifying their funding model through sponsorship, direct donation and/or fund-raising events.

   b) Forming collaborative partnerships with key agencies and organisations to deliver initiatives or engage in auspice arrangements.

3. **Stakeholders can contribute to building the sustainability of community groups by:**

   a) Providing resources needed by community groups who wish to become established as an incorporated association.

   b) Supporting the administrative functions of the group either through in-kind administrative assistance or ongoing annual funding for administration hours.

   c) Engaging groups in auspice arrangements and, where desirable, collaborative partnerships for grant funding opportunities.

   d) Collaborating with groups on designing and implementing community-based initiatives for fund raising and/or mental health and suicide prevention.

   e) Stakeholders could nominate/engage peer support workers through their organisations to be attached to incorporated community groups.

4. **SPGs can build capacity for community-based farmer suicide prevention by:**

   a) Engaging service providers in their activities and initiatives to build recognition, trust and credibility within the community and strengthen referrals through personal relationships.

   b) Developing direct support pathways by engaging peer support workers as committee members or building strong relationships with outreach services to enable direct support when and where it is needed.

   c) Connecting and collaborating with agricultural groups, organisations and departments of primary industry to deliver initiatives to engage men in farming occupations.

   d) Networking within their State and nationally for sharing best practice and addressing practice challenges relating to suicide prevention tailored to men in farming occupations.

Conclusion

This chapter presented findings from interview and focus group data from rural SPGs across the four study sites (Riverina Bluebell in NSW, SOS Yorkes in SA, Mellow in the Yellow in VIC and Balonne Communities SPN in QLD) and addressed Aim 1. Importantly, the findings demonstrate how community groups can be formed, the profound impacts that such groups can have on communities through the various events and initiatives they described, potential barriers and facilitators to establishing or expanding SPGs, and potential sources of support and funding. Further, the commonalities that emerged across sites enabled recommendations to be established which highlight how SPGs can increase their capacity and sustainability. These findings begin to address the limited public information regarding how SPGs form, operate and thrive in Australian rural communities and also form a new knowledge base for communities wanting to either create, diversify or expand their own local SPGs.

Community-based Agricultural, Health and Mental Health Stakeholders

Introduction

This chapter draws on the findings from focus groups and interviews held in SA, VIC, NSW and QLD with a representation of 39 locally based stakeholders invested in the wellbeing of farmers. The stakeholders who participated in focus groups and interviews differed across sites depending on service availability in each location. Participants included private mental health practitioners, general medical practitioners, rural financial counsellors, primary industries resilience team outreach workers, primary health network suicide prevention practitioners and rural and farmer mental health outreach services. The mix of service providers underscores that suicide prevention for men in farming occupations is an interdepartmental and inter-agency concern, crossing not-for-profit, governmental, private health, mental health and agricultural organisations.

The purpose of the focus groups was to identify:

- Stakeholder experiences of engaging and working with men in farming.
- Perceptions of best practice in engaging and working with men in farming.

- The extent of collaboration between service providers and local SPGs.

The findings presented in this chapter address Aim 2:

'To document pathways to place-based mental health and suicide prevention services and explore relationships between suicide prevention community groups and local stakeholders **(Stage 1)**'

Table 4.1 Number of stakeholder participants per study site

Site	Professional stakeholders: Focus group and interviews participants (n)
NSW	●●●●●●● 7
VIC	●●●●●●●●●●●●● 13
QLD	●●●●●●●●●●●● 12
SA	●●●●●●● 7
Total	●●● 39

Stage 1 Findings: Stakeholders by Case Study Site

The series of tables to follow (Tables 4.2 to 4.6) outline, by case study site, descriptive data about the composition and organisation of each stakeholder organisation that participated in the focus groups and interviews. Key discussion points within case study sites are presented following each table. The findings below explore potential pathways to services and support, the relationships between stakeholders and Suicide Prevention Groups, potential barriers that exist for farmers in accessing support, and gaps in service provision for each of the regions.

The first table (Table 4.2) documents a national program, the Wesley LifeForce Program. Their mission and national role is described in the table. Because of their national focus, there was a Wesley LifeForce presence across each of the case study sites, however, the data from stakeholders connected to Wesley LifeForce is predominantly presented in the QLD key findings as this is where the interview took place and placed-based information was also provided.

Key NSW Focus Group Discussion Findings

Findings regarding services:

- Government funding tends to focus on getting large numbers engaged but more impact can be had with small numbers.
- Service professionals need to be consistently seen in communities. Trust and recognition are key to engagement. Community members begin to learn what a service provider can do to help.
- Key Performance Indicators (KPIs)/and other accountability mechanisms for time and money

Table 4.2 National stakeholder for community-based Suicide Prevention Networks: Wesley LifeForce Program

Wesley LifeForce Program

- Establish and support Suicide Prevention Networks across Australia.
- Their philosophy is place-based, community-led and lived experience informed.
- Community development coordinators in NT, QLD, NSW, SA and WA.
- 108 established member networks and any network or community group can become an affiliate member.
- Member networks are those they have established through a $5,000 start-up grant and eight months of support for establishing governance and suicide prevention activity planning.
- Affiliate networks don't have access to funding support through Wesley but can access all their resources and activities through their hub.
- Wesley provide ongoing support to networks through:
  - Monthly 'check-ins' via a phone call.
  - Access to community hub for resources—administrative and suicide prevention.
  - Monthly webinar on relevant topics—network members presenting their achievements to others.
  - Discussion group for networking the networks.
  - Annual conference for networks (Wesley fund 1 person per member network to attend. Affiliates must pay own costs).

are hindering service providers from providing care. Accountability overtaking services and numbers overtaking care.

- NSW services are good but too few and far between.
- For a person experiencing distress, stakeholders would refer to a 'farm-gate counsellor'.

Findings related to SPGs:

- The group discussion indicated that many were not aware of all the suicide prevention community groups in the region, that stakeholders did not have relationships with any of the groups, and there was a perception that the community groups lacked direction.
- Stakeholders perceived community groups as coming together to help themselves and their communities, but that they struggled with maintaining energy and enthusiasm due to volunteer burnout.
- Stakeholders questioned where suicide prevention community groups get their gratification from? Who tells them they are doing a good job? Who celebrates their achievements?

Findings related to engaging men in farming for mental health:

- Physical health is the conduit —as men in farming will see a GP. GPs therefore need to be sensitised to possible mental health issues, particularly for patients presenting from outside their postcode.

Table 4.3 NSW stakeholders and their operational function

NSW Dept. Primary Industries (DPI) Rural Resilience Program
The Rural Resilience team work with primary producers across regional and remote NSW to build personal and family resilience, which is an essential tool to withstand the challenges of rural life and farm-based businesses. The Rural Resilience team operates to listen, learn and link rural communities, families and individuals with the most appropriate services and information.

Primary Health Network (PHN) (Suicide Prevention)
Implementing national suicide prevention policy at a regional level including provision of funding for communities to access suicide prevention training.

Suicide Prevention, Service Program
Not-for-profit mental health and disability support organisation with a mental health workforce that includes clinicians, nurses, community support workers and 'peers'—those who have a lived experience of mental illness and recovery. Provides suicide prevention gatekeeper training to community members and postvention support.

Outreach Counselling Service
A not-for-profit, community funded mental health counselling support service with outreach counsellors and peer support for at-risk individuals.

Rural Adversity Mental Health Program (RAMHP)
RAMHP is a State-wide program, funded by the NSW Ministry of Health under a funding agreement with the Centre for Rural and Remote Mental Health (CRRMH). RAMHP has 20 Coordinators based across regional, rural and remote NSW who inform, educate and connect individuals, communities and workplaces with appropriate services and programs. Coordinators link people to local mental health services and resources, educate workplaces and communities about mental health and wellbeing and respond in times of natural disasters and severe adversity.

Government Funded Farming Outreach Counselling Service
Outreach-style clinically focused mental health care and advice on farm properties.

Table 4.4 SA stakeholders and their operational function

Farmer Health and Wellbeing Initiative
Support for farmers and rural community members of all genders, ages and physical ability. The groups encourage farmers to train together, form support networks and, ultimately, improve physical and mental health outcomes.

Psychology: Private Practice
Rural private practice offering therapy and counselling for all age groups.

Suicide Postvention Service
A community-based suicide postvention program, providing a coordinated response of support and assistance for people who have been exposed to, or bereaved through, suicide.

Psychology: Government Funded and Private Practice
Rural practitioner working with individuals and communities to improve health and wellbeing.

Farmer Outreach Service
Service providers with business and agricultural backgrounds providing on-property support through counselling and service referral.

GPs should be administering a wellbeing screening test if patients are presenting from outside their local area.

- Need to meet clients 'where they are at'. Outreach with peer support workers is needed to meet clients in their environment.

- Carers for farmers with mental illness need recognition and support.

- Multiple re-telling of the problem story— to GP, to helpline, to counsellor. Men in farming are not willing to keep repeating their story.

Community initiatives that provide social connection are really important for farmers who may otherwise be isolated.

Key SA Focus Group Discussion Findings

Findings regarding services:

- Shortage of low intensity services for mental health with government funded services focusing on acute mental illness.

- Services are stretched, restricted due to funding cuts and there is a shortage of rural-based psychologists and mental health workers.

- Discontinuation of funding and service providers means that awareness and trust of services is low in the community.

- Need an identified contact person to go to in community for immediate mental health support.

- Service networking is crucial to providing timely and appropriate care, flexibility is needed to close service gaps and commitment is necessary to ensure follow-up.

Regarding SPGs:

- SPGs perceived as having a role in preventing deaths by suicide but not perceived in terms of early interventions for community mental health and wellbeing or as a resource when people are distressed (but not suicidal).

- Community groups are doing a great job of raising awareness of mental health issues in the community and starting community conversations about mental health.

Engaging men in farming for mental health:

- Farmers are not going to engage with service providers that do not have local connections or understanding of rural and farming lives and issues.

- Need to normalise mental health services as a specialist that farmers can reach out to for help just as they would an agronomist, vet, diesel, mechanic, etc.

- Physical health initiatives provide social connection, enhance wellbeing and are preventative in terms of mental health.

- Farmers in productive, reliable agricultural regions are not

Table 4.5 VIC stakeholders and their operational function

Farmer Community Support Program
Community development and outreach counselling services for farmers.

Royal Flying Doctor Service (RFDS) Psychologist
Mental health and wellbeing service, face-to-face, tele-health or phone without referral.

Rural Outreach Program
On-property counselling support and service referral.

Suicide Prevention Program, Primary Health Network (PHN)
Developing regionally-appropriate suicide prevention activities that respond to national and State suicide prevention plans and commissioning services and initiatives.

Social Worker and Counsellor from Govt. Funded Health Service
Counselling, information, support and referral service in a healthcare setting with in-patient and out-patients.

Community Mental Health Service
Specialist treatment and recovery-oriented services to people with serious mental illness.

Community Health
Mental health programs including psychosocial support and peer workers.

necessarily accustomed to environmental adversity and can be vulnerable to stress and poor mental health—and may have low awareness of supports.

- Community initiatives that provide social connection are really important for farmers who may otherwise be isolated.

Key VIC Focus Group Discussion Findings

Findings regarding services:

- No continuity of care due to rotational GPs.
- GPs don't necessarily understand farming contexts and issues impacting on wellbeing.
- GPs need close connections to counselling/mental health services so that they can broker a connection not just provide a referral.
- Most services are focused on acute presentations rather than community-based/early intervention support.
- No ongoing occupational training and support to build coping skills for farmers whose role is low control/high demand. Need agricultural industry leadership to embed mental health training in professional development.

- Occupational populations working with farmers such as vets and stock agents need access to mental health support and training.
- Funding models are a barrier to flexible service delivery and competitive tendering results in competition rather than the collaboration needed.

Suicide prevention community groups:

- No follow-up after community mental health events.
- Stakeholders saw their role as supporting the establishment of community groups and then stepping back.

Engaging men in farming for mental health:

- Farmers are busier and have less opportunities for social connection. Their own health and mental health are not a priority when compared to competing demands.
- Relationship issues were identified as a driving factor for men in farming to access services, as well as farm succession issues and family relationships in farming.
- Farmers may withdraw socially to avoid social judgement in the community and then become isolated.
- Screening at field days could pick up people needing immediate assistance.
- Outreach services should be a priority because the mental health system at large fails men in farming because it does not accommodate farmers and the demands of farming (e.g. daily milking requirements for dairy farmers that limits time

away from the farm). Outreach can provide timely, convenient and discrete support through counselling/peer support and referral to specialists if clinical support is needed in keeping with a stepped care approach. Outreach also operates through a simple process of self-referral or referral from community members that removes barriers to engagement.

- Support services need to demonstrate respect for farming to be engaging for farmers.

- The farmer's spouse is often the one to reach out to services —and so the spouse should be targeted for mental health support/initiatives.

Key QLD Focus Group Discussion Findings

Findings regarding services:

- People can be 'bounced' between services and fall through gaps if GPs refer them to services that do not have the capacity to take them on.

- Discontinuity of care due to fly in, fly out GPs is an issue given GPs can be the primary port of call for farmers seeking help and the potentially long distances farmers may have to travel for consults.

- Outreach counsellors networking at inter-agency meetings enhances service connectivity and referral and can help prevent people being bounced between services and falling through gaps.

- More training and incentives are needed to support rural

Table 4.6 QLD stakeholders and their operational function

Suicide Prevention, PHN
Implementing national suicide prevention policy at regional level including commissioning services and provision of funding for communities to access suicide prevention training.

Regional Council, Suicide Prevention
Coordinate stakeholder relationship management and planning to deliver project outcomes in the place-based trial resulting in an integrated and coordinated response to suicide prevention in the region.

Mental Health Service Focused on Stress and Anxiety
A free coaching program, designed to provide accessible, quality services for anyone finding it hard to manage life stress. The program uses Low-intensity Cognitive Behavioural Therapy practices and aims to help people break the cycle of negative or unhelpful thoughts and behaviours.

National Not-for-profit (NFP)
Early intervention and prevention-based mental health programs including a culturally tailored program for agricultural and farming communities.

National Charity
Financial assistance, water and counselling to farmers in times of drought, flood or fire. Other initiatives support its vision that farming and rural communities are safeguarded to ensure their sustainability both during and after natural disasters.

NFP Organisation
Farmer mental health and wellbeing initiative that aims to create awareness and conversations with the broader community about depression and suicide among men in rural areas.

Rural Financial Counsellor—Fly In, Fly Out Service
Helping farmers to understand their financial position and the viability of their enterprise. Assist in the development and implementation of plans to improve financial situations.

Outreach Service
Outreach mental health and wellbeing service.

Peak Advocacy and Policy Body
Representing rural producers to ensure the long-term growth, viability, competitiveness and profitability of broadacre industries of cattle, grain, cane, sheep and wool.

people who wish to become qualified as mental health/peer support workers.

- Clinician-led community engagement through events, workshops and training enables service providers to be a consistent presence in rural communities and to build trust and relationships.

- Accessing services is more about knowing who to go to for support rather than what services are available.

Findings related to SPGs:

- Existing farmers' groups can be a good site for implementing mental health support and programs.

- Need to build capacity of agricultural community gatekeepers through mental health and suicide prevention training.

- Community groups are a hub for social connection, ensuring that people who are isolated get pulled into a social space, and for sharing stories. However, it might be that the 'pull' of such groups is agriculturally based rather than based on mental health per se.

Engaging men in farming for mental health:

- Outreach simplifies the referral pathway and opens up non-traditional referral pathways relevant to farmers.

- Informal/conversational counselling provided on-property in a relaxed manner works for men in farming.

- Counselling needs to be flexible and culturally tailored. For instance, men in farming respond well to 'straight talk', those that can speak the language of farming and understand farming lifestyles and issues and/or those who are willing to listen and express genuine interest and value farming life.

- Grief and loss are key issues for men in farming in relation to farm viability/exit and relationships.

- Mobile outreach counsellors overcome confidentiality issues presented by social proximity in rural communities.

- Men in farming will not engage with formal suicide safety plans and so flexibility/creativity with a person-centred approach is needed to activate available supports for safety.

- Outreach 'check-ins' support early intervention.

- Collaboration and connection between outreach mental health counsellors and rural financial counsellors, agricultural services, commodity groups and departments of primary industry will assist in embedding mental health support in the sector and appropriately targeting men in farming.

- Peer support can provide an important conduit to services for men in farming and can help 'translate' mental health knowledge into relatable and actionable information.

- Relationship issues are an underlying issue for distress among men in farming that are complicated by farming property, business and succession issues and values.

Common Themes Across Study Sites: Stakeholders

Across the study sites, there were four key findings from focus group discussions and interviews with stakeholders.

DATA SET
Stakeholders in mental health and suicide prevention for men in farming.

THEME ONE
Professional mental health services are often not meeting the needs of men in farming.

THEME TWO
Outreach services and peer support are considered best practice for the delivery of support to men in farming.

THEME THREE
Mental health support for men in farming needs to be embedded in farm workplaces and extended through agricultural organisations, groups and events.

THEME FOUR
There is often limited engagement between professional stakeholders and community groups for mental health and suicide prevention.

1. Mental healthcare service providers are often not meeting the needs of men in farming.

Stakeholders in the Riverina region spoke about their difficulty engaging men in farming to use mental health services and suggested that this low level of engagement is due to stigma and mental health being a low priority. In addition, the group spoke about how the potential relinquishment of firearms and protracted process of having them reinstated prevents farmers from seeking professional help for mental illness.

Yorke Peninsula stakeholders identified that there are a limited number of mental health services and professionals for the region and revealed that the services that are available are largely primary health-based for acute/emergency care. This leaves an identifiable gap in this region in terms of low to moderate presentations or early intervention. In relation to available mental health services, it was suggested that few men in farming occupations were accessing services.

The group discussion also indicated that some of those present were not aware of what services were available in the region and whether previous services were still available or had been discontinued due to funding cuts. The group also discussed long wait times for services and high levels of unmet need. While telecommunications in the form of online self-help resources and tele-mental health have been made available to address

rural inequality in mental health service availability, the group suggested that these modalities are not always engaging or meeting the needs of their community.

Stakeholders in the Victorian study site discussed barriers to engagement with men in farming stemming from the mental health system which often failed to recognise and respect the complexity of issues and contexts in farming that inhibit self-presentation to services. They raised the issue of rotating GPs in rural areas which disrupts continuity of care, but also that GPs coming into rural communities don't understand rural issues and farming lifestyles. They suggested that incoming GPs are reluctant to address mental health and may offer unhelpful advice such as taking a holiday to relieve stress. The group also noted a lack of ongoing support in some regions in the continuum of care between GPs and acute services for mental health, as well as too many one-off workshops delivered into communities.

Stakeholders from the Maranoa study site drew attention to the vast distances that men in farming are often expected to travel in order to access a GP and the time and cost that such distances require as barriers to help-seeking. These barriers are compounded by discontinuity of care due to fly in, fly out GPs/mental health clinicians and services closing due to funding ending/cuts. Stakeholders pointed out that men in farming are unlikely to travel hundreds of kilometres and take a day off the property to see a stranger and potentially have to re-tell their story if the previous GP/clinician they consulted is no longer available.

THEME ONE – KEY POINTS:
- Mental healthcare service providers often report low engagement from men in farming occupations explained by stoicism and barriers to service access including time and distance, concerns about being seen at a service in town, and discontinuity of care due to staff turnover.
- There is a shortage of community-based mental health services for low to moderate intensity care and long wait times for clinical services.

2. Outreach services and peer support are considered best practice for the delivery of support to men in farming.

The Victorian stakeholder group identified outreach services using peer support workers as best practice for early intervention and crisis response in the community. This related to an understanding of the complexity of farming lives and issues, pragmatic considerations such as the small window of opportunity that dairy farmers, for example, might have in the middle of the day, mental health stigma in rural communities, and the fragmentation and complexity of the mental health system. The group reported that the rural outreach service can be delivered with some flexibility, on farm properties or agreed venues in the community, and by workers taking an informal, non-clinical approach to having conversations with farmers experiencing distress. Referrals for this service come from community members concerned about someone, such as industry-based occupations including vets, stock agents and mental health clinicians. They explained that this service is well-connected to clinical pathways to enable a stepped approach to mental health care and also to provide back-up support when clinical services have waiting lists. There was broad support for the rolling out of this model in more regions due to its appeal in providing a timely response to people, at a convenient time and place, and offering care and services tailored to individual needs and circumstances.

Riverina stakeholders also discussed the significance of outreach services in the region as a way of responding to an identified need for informal counselling at a time and place that is suitable for farmers, but also as a way of providing care in an environment in which farmers feel comfortable. Both the Riverina and Victorian stakeholder groups raised the issue of bureaucratic administration hampering the ability of workers to provide care. The Riverina stakeholders explicitly discussed how responding to KPIs and providing evidence for accountability in terms of time and money were barriers reducing capacity for direct provision of care and limiting the flexibility often needed to engage with farmers.

Stakeholders in the Yorke Peninsula focus group were not aware of any outreach services for farmers in the region except for rural financial counselling. After the focus group was held a large bushfire occurred in the region and an outreach family and business support program was introduced into the region to provide 'soft' counselling and to help people affected by the fire to access services. This service is an extension of a drought-based outreach service for primary producers. Yorke Peninsula stakeholders also discussed the importance of service providers having a genuine connection to the local community and a good understanding of what it is like to live in a rural community and work on a farm. The group also raised the issue of a low level of awareness concerning local services and confusion about where to go when a community member is experiencing distress.

Many of the stakeholders interviewed in the Maranoa region of QLD were providing formal peer support or outreach counselling/therapy services to men in farming occupations. These stakeholders were highly engaged with rural and agricultural communities and other service providers and largely delivering their services on farm properties and via brief 'check-in' by phone. Interviews suggested that such an approach is highly valued in terms of early intervention for men in farming as it offers a discrete, timely, convenient and culturally appropriate service. Most services operate through a straightforward system of self or community referral that removes the hurdle of needing to see a healthcare provider in the first instance. Service providers also recognised that for men in farming experiencing distress, it is far easier to answer a phone call than to make a call to access support.

Peer support workers and outreach counsellors also described acting as a conduit to clinical and other support services for men in farming and as being able to provide follow-up care. Many of the stakeholders interviewed also described community engagement activities,

inter-agency networking and establishing collaboration and connections through the agricultural sector that enabled them to effectively reach and engage men in farming occupations. Many of the stakeholders described how services and support had been tailored to be culturally appropriate for men in faming occupations.

This included strategies for engaging peer support workers, building rapport and respect through language, and engaging in conversations about farming in the places where counselling takes place, such as dairy sheds, hay barns and in utes while driving.

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THEME TWO – KEY POINTS:

- Peer support workers/counsellors visiting farm properties can provide non-clinical support that is timely, discrete and culturally appropriate for men in farming.
- Outreach services operate in a significant care space within the community before primary and secondary levels of mental health care with fewer barriers to engagement for men in farming occupations. They can provide early intervention support, allow stepped models of care to operate more effectively and fill gaps caused by long wait times for clinical care.
- Outreach is ideally positioned to provide crucial follow-up care and brief 'check-ins' that other services are not able to provide.
- Peer support and outreach services can provide an important conduit to other services for men in farming and can help translate mental health knowledge into relatable and actionable information.

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3. Mental health support for men in farming needs to be embedded in farm workplaces and extended through agricultural organisations, groups and events.

Stakeholders in the Victorian study site raised the issue of a lack of workplace mental health programs for farmers that are evident in other occupations with high production demand and low control of climate or global market circumstances. They identified a need for ongoing training and support for developing coping skills to manage the impacts of stress. The Victorian stakeholder group also discussed the importance of cross-sector and industry engagement with health to address farmer mental health and suicide prevention. They were wary of the responsibility for mental health and suicide prevention being shouldered too heavily by communities and there was discussion about how the agricultural industry could invest in mental health for farmers through their professional development investment strategies. It was suggested this would situate and normalise mental health as a workplace/farming/business issue. Primary industry leadership in this space was regarded as providing a crucial supportive framework for engagement between farming communities, training and other initiatives to support farmer's mental health.

Stakeholders in the Queensland study site discussed examples of how mental health initiatives and programs for farmers are embedded in agricultural services, commodity organisations and events in their region. This included recognising potential gatekeepers, where the example was shared of a fuel delivery worker who received PHN funded training to facilitate conversations and informal assessment using a mental health app with farmers on their properties. Another stakeholder described a farm support service that provides hay and water supplies that also provides outreach counselling allowing farmers to choose to receive mental health support when accessing the farm-based services or intra-organisational referral when farmers receiving those services are distressed. The importance of connecting with agricultural commodity organisations was discussed in terms

of building networks of support and referral beyond the traditional health organisations that typically occurs through inter-agency meetings. Examples were given of the demand for these networks and linkages to provide staff with mental health support and knowledge of where to access support for farmers experiencing distress. It was also suggested that suicide prevention training should be extended to those working in these organisations, as well as departments of primary industry. One stakeholder pointed to the pitfalls of convening 'mental health events and workshops' for men in farming occupations

THEME THREE – KEY POINTS:

- Mental health services could be normalised in terms of the specialists that farmers routinely engage such as agronomy, veterinary or mechanical services by embedding mental health awareness and support throughout the agricultural sector and within agricultural training and events.

- Workplace mental health programs for men in farming could be implemented through professional development programs.

- Collaboration and connection between outreach counselling services and farmer's groups, commodity organisations, agricultural services and departments of primary industry will embed crucial mental health support into the sector and appropriately target men in farming.

- Gatekeepers for suicide prevention training relevant to men in farming occupations include people delivering services on farm properties and those working alongside farmers in commodity organisations, agricultural services and departments of primary industry.

and discussed the advantages of organising events that farmers are motivated to attend (e.g. pasture or stock management) and then adding in a mental health program or initiative that is tailored to farmers in terms of language, relatable content and a presenter/facilitator that is respected by men in farming.

4. There is limited engagement between professional stakeholders and SPGs.

Few of the stakeholder participants were actively engaged in collaborative partnerships with SPGs to either provide groups with ongoing support or deliver initiatives. Some examples of 'one-off' engagement were shared by a participant in the Victorian stakeholder group who described a community group initiative where stakeholders were invited to provide a Q&A format discussion at an event to raise awareness about what services are available and how they can help. In terms of broader engagement, the Victorian stakeholder group discussed a community development role for stakeholders whereby they help facilitate the formation and establishment of community groups, such as women in agriculture. However, they saw it as critical that stakeholders withdraw and allow community groups to become self-sustaining. It was noted in the group discussions with stakeholders that PHNs often provide support for community groups through competitive funding streams. The NSW stakeholders shared the perspective of SPGs as having no direction from the service sector, but also not being open to such collaborations. They also did not identify Suicide Prevention Groups as a resource to which people experiencing distress may be directed, instead referring to farm-gate counsellors as the preferred community-based service. This is consistent with community groups explicitly not offering a crisis service. However, groups such as SOS Yorkes and Riverina Bluebell do have information about available services and supports and aim to facilitate help-seeking in their community. The Riverina stakeholder group also raised the issue of a gap in terms of providing community groups with inclusive recognition, encouragement, and celebration of achievements and this was seen as important for sustainability and preventing burnout. Unlike the Riverina and

Victorian stakeholders, some of the stakeholders in the Yorke Peninsula group were also committee members of the SPG SOS Yorkes. Based on the discussion, this engagement appeared as being on a personal level as a volunteer community member rather than professional support for the group. Stakeholders in the Riverina and Victorian groups raised the challenge of how to create social connectedness and care in rural communities that may not be strongly socially connected and/or may be experiencing declines through reduction in farm numbers and/or businesses and industries closing and people leaving the region. Both groups also discussed the importance of services being consistently present in the community to develop trust and recognition.

Stakeholders in the Victorian group also raised the challenge of how to motivate communities to engage around mental health as 'everyone's business' and with a preventative mindset, since it is often only once community members gain lived experience that they are galvanised to action and willing to participate in training.

THEME FOUR – KEY POINTS:

- Engagement between stakeholders and community groups for mental health and suicide prevention is limited to the establishment of groups, grant funding and examples of co-supported initiatives delivered to communities.

- There is no ongoing funding support, collaboration, partnerships or relationships between most stakeholder organisations and SPGs.

- There is potential scope for developing further cross-collaboration between SPGs, stakeholders and industry to build capacity in community-based mental health and suicide prevention.

Conclusion

This chapter presented findings (both place-based/site specific and overall themes) from interview and focus group data from community-based agricultural, health and mental health stakeholders across the four study sites. The findings presented in this chapter addressed Aim 2: 'To document pathways to place-based mental health and suicide prevention services and explore relationships between Suicide Prevention Groups and local stakeholders'. It was evident from the data that similarities across regions exist, with common barriers to accessing and receiving services being reported including similar challenges that the various services face which often prevent them from offering collaborative, flexible, culturally tailored care for men in farming. A key finding from stakeholder participants was the need for mental health and wellbeing care to be provided through non-traditional/non-clinical channels, particularly for those who might fall through the gaps because they do not necessarily require an acute/emergency mental health response. Outreach services, drawing on lived experience, peer support, and gatekeepers or trained individuals within the agricultural sector were some of the commonly identified solutions. There were varied perspectives regarding the relationships between stakeholders and SPGs, however, a common perspective that emerged was that rural SPGs are well-placed to collaborate with locally based stakeholders for the design and delivery of place-based strategies that are targeted and responsive to men in farming occupations. These findings point to a number of ways that SPGs and stakeholders can collaborate in mental health awareness and suicide prevention initiatives.

CHAPTER 5

Men in Farming Occupations from NSW, SA and VIC: Lived experiences of Distress, Recovering and Wellbeing

Introduction

This chapter presents the findings from the third and final dataset from Stage 1 of the project, that is, the findings from interviews with a total of 52 men in farming occupations.
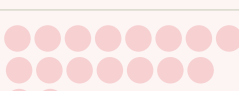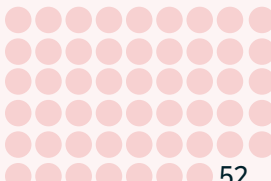
The broad purpose of interviews with men in farming was to:

- Identify local knowledge and perspectives on farmer distress and mental health support.

- Allow for accounts of lived experience of distress and rural mental health or suicide prevention services and supports to emerge.

- Identify farming men's needs and preferences for community-based support.

These findings presented in this chapter address Aim 3:

'To examine lived experiences of distress among men in farming occupations and their preferences for community-based interventions to develop knowledge about current and potential strategies for suicide prevention **(Stage 1)**'

Table 5.1 Number of men in farming participants per study site

Site	Men in farming occupations: Interviews (n)
NSW	17
VIC	18
SA	17
QLD	Not funded
Total	52

Stage 1 Findings: Men in Farming

The interview findings presented are separated by case study site (NSW, SA and VIC) to highlight place-based perspectives. The data were also analysed for comparisons across the three sites and the common themes across sites are discussed in the latter half of this chapter. Please note that this project did not have funding to interview men in farming in the QLD site. Table 5.1 outlines the representation of men in farming per study site who participated in this study.

The sections to follow are structured according to the key themes identified in the data from in-depth interviews. For each theme, a descriptive overview is provided followed by a selection of participant excerpts from the interview transcripts to give depth and context to the themes.

Stage 1 Key Findings: New South Wales

1. Men in farming related narratives about disappointment in professional healthcare services or their failure to meet their needs.

Men in farming identified issues in the mental healthcare sector that prevent services from meeting their needs for mental healthcare and suicide prevention support including:

- Lack of service availability due to lengthy wait times and not enough clinicians and resources;
- Service location in towns compromising confidential access to support;
- Poor facilities and experiences of care in secondary mental healthcare settings for acute care;
- Competition rather than collaboration between leading organisations and funding/resources not effectively being channelled down to a grassroots level.

EXCERPTS RELATING TO THEME 1

Bruce   *if someone's in distress, they need immediate help, they need to have someone to talk to and if they can't get that, the immediate response is no one gives a shit, so I might as well go and do it anyway. And that's the biggest problem with the like of Lifeline and the Black Dog Institute and all those sorts of fellas. I don't know whether they're just blasé about it or whether they don't take it seriously or what, I don't know but they say look I'll get, this is only from what I heard, I will get someone to you in the next fortnight. It's immediate help that people are after, they're after someone to talk to you now…Immediate help face-to-face, not on the telephone.*

Gary   *Yeah, the old sort of story, people get a little bit anxious about going to the local, the mental health facility and that sort of thing. Just sort of scared of being judged. So that's something you know, a lot of people feel in a small community, that makes it a little bit harder because people know you a little bit more. And yeah, they might see your car there or they might just see you there and that can just be a little bit of a fear.*

Neville   *She's our regional thing, you contact her and she delegates what's going on. But you've still got to contact her.And she's busy enough too, so, you know, people might ring up now and go, oh, I want to see you today and she goes, no, I only work three days a week. So, the availability. You know, there's things out there but you've still got to—as I said, you've actually got to go and book in. And go see her and you might have to wait a week or so. And then people might just go, oh, well, bugger that. You know, if they've got to wait a week.*

Frank   *Oh there were counsellors at the doctors for a while, I went and saw one of them and, yeah didn't really do much for me.*

2. Some of the men interviewed did not know where to access services for mental health and suicide prevention.

Some interviewees stated that they would not know how to access mental health or suicide prevention services in an emergency. Issues included:

- Confusing and fragmented service landscape with no single, clear and overarching point of contact for emergency assistance for a mental health or suicidal crisis;

- Too many organisations and services and no way of navigating these to find appropriate support for the issue being experienced;

- Lack of familiarity with mental health clinicians in the community/region.

3. Men in farming expressed a preference for outreach counselling and peer support through formal arrangements.

Men in farming expressed an overwhelming preference for outreach counselling services to support mental health and for those services based on providing 'soft' counselling/ peer support. Some of the men interviewed were providing peer support through formal or informal arrangements. Interviewees described how these services are:

- Easily accessible to anyone by direct phone call;

- Providing timely assistance when and where it is needed in a discreet and confidential manner;

John   *That's the thing, he did everything by the books, he did everything right to try and save himself but the mental health facility in Wagga was totally unsuitable for him. I'm not an expert but I just know that it was totally unsuitable.*

Charles   *I talked to a counsellor, and I've still got a counsellor. I found a lot of issues with those in the country. So when I tried to hang myself I rang up the work one and that was somebody in Sydney. And they, it wasn't personal, they had no idea, got the impression they didn't give a shit. I've had that … (Unable to understand) so having been there myself was easier to go, 'Oh that's not the right thing.' But if you're a person for the very first time like a farmer experiencing it, you ring up a phone line and get that reception; you're probably not going to ring them back. And like when I've tried to hang myself I, eventually I snapped, because I was fighting it all day, I dug holes and I've had a rope hanging from a tree, I can't remember all of it.*

And they, they got me back into the hospital and I just did a video hook up with a psychiatrist. And like I just told him, I knew exactly what was going on I said, 'I didn't want to go back there, because that'd put me back down'. And this is what I did wrong and he was happy with that, but in the next 3 weeks after that, I'm not sleeping. So they gave me stuff to knock me out and I got a good sleep. So that helped. And nobody come and saw me for 3 weeks, I had no counsellor, no nothing. So if you were a first time person in that thing, because they let you go home you, you'd probably be in a bit of strife. So there's just not the support in the country for farmers.

EXCERPTS RELATING TO THEME 2

Russell   *The biggest problem I've got with mental health issues and all that sort of thing is there's far too many of these organisations. You don't know who you're going to. Do I go to Lifeline or Beyond Blue or who does what or—ou know what I mean? It's sort of fragmented. So, I think there needs to be some overriding governing body or something that runs the whole show because there must be duplication of stuff and things like that so—but I see that as one of the major problems.*

Warwick   *I remember back when my mate actually tried to suicide about 3 times and 2 times I've had to chase him and we've actually been involved. I remember taking him down to Wagga every week to have a talk to a psychologist. I know that at that stage you probably need someone like that. If you get that far down but if we can head it off before it gets that far and show people there is help— you know like within a half an hour. If you were ringing up and you were in trouble, I could have someone there to help you right now, in a half an hour because I know that [outreach support] network works. If I had to follow through, I wouldn't know where to start in Wagga or who to ring in Wagga and that's the whole problem in the bush. I mean where do you start if you haven't got a system like [outreach counselling]? I couldn't tell you who to ring.*

John   *They also don't know who to go and see, like who are professionals they can go and see and how you get to see them? And then, oh geeze I don't know about this. If you said to me, can you give me the name or a number of a mental health professional because I think I want to kill myself, I'd go oh shit I don't know.*

Russell   So, the decision to actually get support was a tough one because as you know, in this world now there's so much information out there for self-help, self-support you know, there's so many organisations out there that want to help. But the trick is to try and actually get someone to take the first step to actually get it; that's the real trick. So, for me, even though all those support services were out there, I chose to walk up into the Broken Hill Base Hospital. Now basically it was just a big red light saying Broken Hill Hospital, I need to go and get checked. So I went in there and all these other organisations which exist; Lifeline, the Royal Flying Doctor Service, all these things just didn't enter my head which is ridiculous really when you think about it.

EXCERPTS RELATING TO THEME 3

Bruce   He rings me quite regularly and asks me how I'm going and I've helped probably three or four people along the way, I just said to [outreach counsellor], look this particular bloke might need a hand or this woman sounds a bit iffy or something like that. It's only a matter of a phone call to [outreach counsellor] and give him the details and he goes and does it.

Yeah that's the follow-up, that's the biggest thing…I said do you mind if I get your phone number and I gave him my phone number and I rung him twice to see how he's going.

[Outreach counsellor] came and spoke to me when we had the wake [suicide death] because otherwise I wouldn't know him for a bar of soap. He was game enough to come and see me and I think that's another secret, you've got to spend the time and have a yarn with someone face-to-face rather than on the telephone.

Gary   But I mean it's as simple as just you know, having a chat with someone that's let on that they're not doing quite well. And you can refer them to some professional support or outreach counselling to maybe have an appointment with a counsellor. Or if you hear of someone that's talking to someone that's got a son or a daughter that's not travelling the best and you might just be able to give them the number for the outreach counselling service. And so it provides a bit of a link between the professional support and the everyday people on the ground. It's mostly just about getting people that often won't, as they call it, present to professionals. The outreach counselling obviously has a service where they just visit the person at home and they can then do a bit of an assessment and just see how they're travelling.

But outreach counsellors seem to work really well I think. Especially, you know, you can have a cup of tea and talk a little bit about what's happening on the farm and even just take a little bit of a stroll down the back you know and the person that's sort of struggling I think feels that benefit of having a visitor which is obviously not a common occurrence sometimes in the bush. I think the more outreach counsellors out there, the better I think.

Pat   If someone comes up to me, is really battling and just really struggling, I might say well look I've got a bloke there, a doctor, cracking bloke you know, I would suggest you go and see this person. But I also offer my services in a sense that I would go in there with them, guide them in there so they're not actually having to walk that horrible walk by themselves. And that is huge, it's huge for a lot of people

- Providing outreach 'check-ins' for men considered at risk and follow-up support;
- Highly engaged with the community through established relationships and high visibility in community settings so people know who they are, what they do and how they can be contacted. This also enables counsellors to know who might benefit from a 'check-in' and the offer of support;
- Creating pathways to appropriate services and facilitating/coordinating service access, whether to stepped mental healthcare or farmer support services, and thus enabling 'wrap-around' care tailored to individual needs;
- Tailoring culturally appropriate support to men in farming;
- Extending community-based support by developing networks of 'gatekeepers' and building their capacity to provide direct support and facilitate service access.

4. Men in farming identified a service and support gap for mental health to deal with issues such as relationship conflict, divorce and inter-generational family issues in the context of farming.

Many interviewees identified relationship issues as significantly contributing to distress and suicide for men in farming occupations. This included relationships with an intimate partner and

immediate and extended family relationships in the context of family/intergenerational farming. Relationship conflicts within farming families can reduce the emotional and psychological support that might otherwise be shared between family members. Support for farming families through rural counsellors offering family mediation and conflict resolution would help resolve the issues causing conflict and safeguard the family's capacity to support one another. Some of these men in farming stated that there was a support gap for these type of relationship issues and noted that:

- Community groups for mental health and suicide prevention are not attending to relationship issues and engaging/raising awareness of relationship support services;

- Relationship issues for men in farming are not so amenable to community/social support except where peer support is informally provided by men with similar lived experiences.

5. Community mental health events for men to normalise distress and facilitate support are well received by some men but have limitations.

Some of the men interviewed provided important feedback about mental health events organised for men. The ability of these events to facilitate disclosure of mental health issues and normalise distress was valued by these men.

because they're too scared to make that move. And so if you go with them you can actually tell them, their story for them if they like so they don't have to basically expose themselves because they can't handle talking in front of people. So, you can do that.

Predominantly most times I know them and just me sitting down listening to them and having a conversation is good enough. And now if that's good enough they'll keep ringing me and vice versa; I like to follow-up, see how they're going. I don't become a pest, but at the same time I might give it a month and say how you getting on blah-blah-blah. So you know, you're giving back as well. And so, there's in fact probably two thirds of the people I work with or people that we would call clients are people that are just happy to pick the phone up and have a conversation. There's—I'm probably talking to around about 5 or 6 people at the moment on and off I would say and most of them are from the bush, yeah.

Someone will be concerned about someone and they don't know how to go about handling it and they'll ring me. And then I will empower them to you know, maybe ask the right questions or at least ask questions because I think sometimes that's where you know, they're worried about someone but they don't have the capacity to just say are you alright, are you okay?

I think the support will predominantly come from their peers. I don't—there's always the services out there that are going to help you through. I mean if you become clinically depressed or you're suffering from a bad case of anxiety there's help to get you into the right spaces or refer you to the right individuals I mean, that's, it's an assessment that needs to be made probably by an expert in their field; doctor say, so to speak. But the peer support is massive now because there's a great understanding about just your capacity to be able to talk to an individual.

Peter   *That's the ideal way of doing it, because—that's the bush way of doing it.*

EXCERPTS RELATING TO THEME 4

Russell   *I probably know 5 or 6 people who have taken their lives over the years and they've almost struck me as being jovial sort of—well you wouldn't have thought they were going to do this sort of thing. Another mate killed himself just before Christmas time. He swallowed a whole heap of … tablets because his wife was seeing another bloke and he couldn't see his kids. Every single thing I see that's happened to my friends has all had this relationship problem. That's why I think its huge problem that's not being addressed.*

That's why I reckon when these Riverina Bluebell people go around, they should have a marriage guidance counsellor or something like that with them because they never talk about that.

I've never seen one anywhere. I've been to a million of these meetings, I've never seen a marriage guidance counsellor or anyone like that or a relationships advisor.

John   *I had one mate who was going through pretty well a similar thing as I was, he got divorced at the same time, was living on the farm on his own and that was it, and basically no one else wanted to know…I would have known 200 farmers and really there was only one bloke out of the say 200 that actually had a concern on how I was going.*

Frank   I see other families going through what I call the farm succession, where so 2 brothers at the moment, they would be in their early 30s, one of them has left the farm and gone back welding, and I get on quite well with the other brother, and I said like 'You know what's going on with you guys?' 'Oh' he said 'It's nothing, it's alright', and I'm thinking no it's not alright, but they just, they can't talk about it, they won't go anywhere emotional, it's just, nah he's gone welding and the other guy's left running this massive farm with no sleep, and they just won't go there.

Nathan   There's resources and that available. But a lot falls back on families. Like families have got to be able to, as much as they can, look after the health and wellbeing of their own family. It can get tricky because—that's the other thing with farming, farmers are working with their family and it creates a lot of tensions. You're all in it together and then if you want to ask for help and if you're arguing, if you're out of favour with your family and then who do you turn to next?

EXCERPTS RELATING TO THEME 5

Bruce   Another thing that I found very interesting was there was a thing put on at the Anglican Christian College in Wagga, it was a night out for the boys and it was put up for 'Gotcha for Life' and it was—everyone like blokes were invited to it, I don't know women are segregated from things like this but apparently that's the norm with this sort of stuff... When I got there, there was you know three or four blokes but around the time we got started there were 50 odd blokes there and you could feel the testosterone in the air and you know very tense, but by the end of the night we were all sort of talking and shaking hands and a couple of fellas, they did the—I don't know if you're conversant with it—where you have two rows of people standing parallel to one another looking at one another and a question is asked and you step forward if the answer is yes. Yeah and to be honest I was overwhelmed... The last question was have you attempted self-harm or thought about self-harm in the last week, and there were about three blokes that stepped forward and I just—I couldn't get over it, I was that stoked because they had the balls to stand up and say that they had tried to self-harm and that's what we've got to do, we've got to try and get people to talk and just let people know that they have had problems. And I found that that particular evening was one of the best evening that I'd been to, to help people suffering from mental problems.

Frank   Blokes, they do a, what they call a blokes night, when they have a facilitator there who asks blokes questions, and to me it normalises things, it helps blokes realise that, oh shit I'm not the only one feeling this. They did an exercise where we stepped to the line, so everybody's lined up down the room in one line or two lines facing one another, and you know—if you've had breakfast this morning step to the line. And we start off simple like that, and then he says 'Step to the line if you've ever cried', and most blokes would step to the line, and then it's stay at the line, oh step back from the line if you haven't cried this year, and it gets down to step back from the line if you haven't cried today, and you see there's blokes still on the line, you think wow, 10 blokes here cried today and I'm not the only one.

However, other interviewees pointed to what they considered to be limitations of this strategy including:

- Not being able to reach men who won't attend a mental health event but are struggling with poor mental health;

- The potential for mental health events to be too personally confronting for men to participate;

- Scheduling of events during the year when men in farming are too busy to attend due to farm work demands;

- Lack of follow-up for attendees/presenters who have disclosed personal issues pertaining to distress or mental health;

- First community mental health events having good turnout and attendance dropping off at subsequent events;

- Repetition of key messages being unengaging for men who have already attended events;

- Funding and scheduling of mental health events during times of crisis in farming when men in farming are too overwhelmed/busy keeping stock alive and the farm running to attend—rather than scheduling events during non-crisis times when farmers have the flexibility to attend.

6. Men in farming value social events for community connection and wellbeing and suggest the possibility of having peer support/outreach counsellors in attendance.

A number of interviewees suggested that rather than having events that headline mental health as the focus, farming communities value social events for mental wellbeing. Some of the men in farming who have a role in providing peer support, described how they or outreach counsellors can attend social events as a low key presence—chatting to people, handing out cards and possibly giving a short presentation at the end of the event on who they are and what they can provide. Interviewees pointed to the significance of social interaction for wellbeing and suicide prevention and also suggested that social events are more engaging for the community than events focused on mental health alone. Some participants emphasised family events with entertainment including comedians, bands and performances by school children.

7. Men in farming suggest extending gatekeeper training and mental health support into the agricultural sector.

To reach men in farming and those that may be impacted by farmer distress, interviewees stated that a system of mental health support needs to be embedded into the 'front line' of the agricultural sector. While gatekeeper training with its traditional referral mechanism to healthcare sector resources is valued, interviewees suggested

John   I've been to a few nights when I was living in Lockhart, they organised men's health night and people rung me up and sent me saying are you coming along? And I've been to two of those in the last twenty years I suppose, but there's no real follow-up where do you go, what do you do?

I've been to those things and once you've been to them once you—well why would I go again? You know I got the message, yeah okay thanks very much that's good, I know what you're talking about yeah.

Also, at those meetings no one's going to say it, no one's going to stand up and go oh yeah, my fucking head's a mess, what am I going to do? You know, no one's ... looks around, no one's answering questions. The presenter starts asking to create questions, they all shrink, oh no don't look at me.

Russell   The problem I had with a lot of these things is, they have one meeting, they have a meeting in Lockhart and that's great and everyone's there and one of the first problems is—well, probably 90% of the people that are there don't need to be there, the other 10% probably don't. It's people in their bedrooms at home that should be there that aren't—you can't get to those meetings...I think people who get to that stage where they're almost suicidal just having these meetings and stuff like that is not going to do it too much good I don't think because they're not going to be there. So, they need to get these people out on farms—and this is about telling neighbours and this are you okay and having people keeping an eye on people. It's more of that sort of stuff, I think.

Mitch   Yeah, in events, to be honest, you don't want, or my ..., you don't want them there. I'm there to talk to my friends and all of that, I just think more flyers on counters in the local café and at the pub or sitting on top of the petrol pump at the service station. Someone's there filling fuel, you just see it, you might grab a flyer and chuck it in your car and have a read on the way home, yeah, more than being in a social outing face to—confronting people.

EXCERPTS RELATING TO THEME 6

Bruce   I remember here in the centennial drought, we had a drought concert and it was fantastic, a $2 gold coin donation and they had Graham Connors here, Graham Connors and his band and they rocked up with a trailer that was specifically built for giving concerts and it was a good, let your hair down type of thing and it wasn't specifically aimed at mental health, it was just letting people get off the farm and come in and have a beer and a BBQ and what have you. And look I would say that there was probably 1000 people there. It was a great night but maybe something like that if the government could sponsor something like that.

Robert   We had a wild dog meeting probably six weeks ago and I went along and I just said to the presenters, oh look can I just have a couple of minutes at the end of the meeting and so I got up and just explained what myself and a group of other local people are doing to help with people dealing with depression and you know, it was only a tiny bit of the day because I reckon if you said, oh we'll have a mental health day, people would steer away. Half the time people want to have a little bit of fun too. You know they want to go to something that they want to be educational or they want to go to something that's going to be a bit of fun, and I

think you don't want to bombard people with you know, 2,3,4 people doing presentations all day. But yeah I think it's just being there in the background with a short little exposure or it could simply say, oh look so and so's here from [outreach] program and he's available—you know if you want to talk with him anytime about any issues you may have or even a friend you worry about.

Geoff   *Even if they got—when I was like that—even if they just got all the fellas together to, I don't know, just take them, come on a bus, take them around and try and just have a laugh.*

Robin   *It's a bit for the social side, but also just to see—it just sort of checks in with everyone. You sort of—you might see if someone's a bit down in the mouth or doing it a bit tough, you know? And then you might follow it up later next week… I think it's just a good thing so everyone gets out and about. Or, you know, if someone doesn't show up, well, then yeah, someone might give them a bell, you know, and yeah, see what they're up to.*

Nathan   *Anything that's sort of you know, getting people together. So we're not in drought at the moment, but we have had some dry times over the years and just getting people together for a celebration. Just anything like that where it's put on to support. There's like a street fair and obviously the football club does a few events, balls and that sort of thing. But just you know, support from that sort of stuff.*

EXCERPTS RELATING TO THEME 7

Warwick   *There needs to be a system of support into that frontline, the people that are actually working with farmers as well.*

Within my team there's probably no one that hasn't been touched with some sort of [experience of mental health or suicide]—and learnt from that… What I'd like to see in the future is to have them actually attend some of these nights like when we have agronomy nights, listen to an [outreach counsellor] talk about how do you get through these things, how do you handle it when you get in that situation and actually how do you handle yourself?… So it's that training, if that training was available for say—like within Elders or any other organisation maybe you could offer something like that. Maybe you could have a morning where you actually discuss some of these processes. How do you actually download when it gets too much for you? What do you do? Who do we ring when we have a problem?

Raymond   *I think real estate agents and people like that who go round different farms and different farmers, they could be a great source of just keeping an eye on people.*

Russell   *At the end of the day if you're going out to the farmers, who goes out there? It's agronomists and bank people, they're the ones who go out to people's farm. So, a lot of the time these people are just hidden away at home not doing too much because they don't go anywhere and no one sees them. So, the only people who see them are going to be the agronomist if he goes out there or if their bank manager goes out for an annual check or something like that or yearly review. So, they need to be up to speed on what they're looking for.*

a deeper engagement so that the services and resources tailored to men in farming (such as outreach counselling and peer support) are familiar and readily accessible to those working closely with men in farming. It was also suggested that workplace mental health training and support is needed including processes for debriefing around distress.

8. Small group-based approach to training/support for men in farming delivered in the community was indicated as an appropriate strategy.

A few of the men interviewed suggested a small group format for workshops or mental health initiatives/supports delivered in the community would suit men in farming.

9. Men in farming suggest that a recovery narrative is needed to provide encouragement and strategies for returning to good mental health.

A strong theme across multiple interviews with men in farming pointed to the dominance of a medical model of mental illness in the way that mental health is talked about and strategies are delivered that includes a focus on suicide prevalence rates and symptomology. Interviewees suggested that a recovery focused narrative could be strengthened in the approach to mental health for men in farming that would provide encouragement and strategies for recovery from mental ill health.

EXCERPTS RELATING TO THEME 8

Peter   What I'd love to see is regular outreach workshops done in those places. Just along those lines of trying to set out in very simple terms, where these come—things come from and what are the techniques to manage them.

[Engage with the CFS/RFS] and say, here is a series of workshops that we can present, we think your organisation might be a good mechanism to do that with. How about it?

Geoff   I guess that something like maybe where yeah, a speaker does come out to the local, even as the local pub or club where you get a few of the farmers together just have a couple beers. And so it's all talked about with the yeah, sort of professional there to talk about it with to get them actually talking would, I reckon that could definitely help. Yeah, just something like that or even they organise a little yeah, just a few farmers jump on a bus and get together for a drive around and all talk. I think things like that could all help.

Nathan   I think it's just got to be like not—you know, it's got to be quite, not too long and you know, pretty interactive, bit of question and answer, just not sit there and look at a PowerPoint and you know, listen.

EXCERPTS RELATING TO THEME 9

Gary   Mostly [the counsellor] just sort of reassured that this was very common and that sort of thing. And yeah, but let me know that he dealt with it all a lot. And that I wasn't abnormal or anything and reassurance that I was just another person to experience this unwellness. And that with a bit of a combination of medication and talking therapies and self-care and that sort of thing, you can get yourself back to feeling like you again and that sort of thing and staying well. That was the biggest thing to come out of it I think was just the reassurance.

Just inspirational stories and if it was a little bit more on TV that would be good I guess…it'd be great if there was like a bit of a TV documentary or so on, just on mental health recovery sort of stories and that sort of thing.

Pat   We dwell on how many suicides there are in this country and you know, we know it's going up, but we don't have this capacity to be able to harness all the good stuff that's been done. And I think that needs to be chased down and be put out in the public space because no one's going to tell you that they've recovered. They don't record that; they only record the deaths; we don't record the recoveries. And I think that is something that needs to be harnessed in this space. It would be nice to be able to measure that type of thing because there's a lot of success stories out there and I don't think that should be understated, I think it's not stated enough.

Russell   [stories of people recovering from adverse events]: I think it would have a lot of merit to it. Life goes on, it is what you do, you're not alone. And there'd be plenty of people who would go through exactly the same thing as I did but they're just—and everyone thinks, well I'm the first person this has ever happened to. They don't realise that it's a common thread and so that's why they need a bit of positivity or something and here's how I do this.

You need a few people in there who are a bit positive. It's often can be a little—not negative but sort of, oh you know, and sort of get help and that, but you need someone to say there's a bit of light at the end of the tunnel. Drag yourself out, lift yourself up and you can get back to a normal life.

I think awareness and getting people to understand that if they're struggling with depression that there are answers, there's a light at the end of the tunnel and the tunnel's not as long as they think it is and I think that's—you've just got to keep pushing that along and there's just so much help out there and you know there's so many different ways you can do it. There's so many success stories and people coming through it and the support that's there.

Gary   *I know I use MensLine and Beyond Blue a little bit on the phone and talk to someone just to get a professional perspective on things. That's one of my coping mechanisms and just to have a bit of a chat to a professional occasionally. And that seems to work quite well for me just to, just sort of 'check-in' that I'm doing the right things and be reassured that things are okay and that sort of thing, so yeah.*

I mean, there's so much on you know, on social media. You go and, on the TV and … you know, about mental health now, it's sort of, compared to ten years ago, I know there wasn't, definitely not as much. So yeah, no I think those things are definitely getting better and it's just, helps just a phone call away now.

John   *The way I get information now is I get grain marking, I get text messages on my phone every second day that I'm you know different grain marking of people… people are using information being sent to them … you know, radio doesn't work, TV, no-one's watching that at all, and also the younger generation, you could be twenty and you're in trouble you know where are you going to get information from? Off your phone, so I think—I reckon the government's got to look into this, they've got to be looking at how do we send alerts or messages out by phone, I think phone is the general information the way people get the information and it's sent to them, they don't go looking for it.*

Robert   *So I'm talking with a bloke at the moment who's just gone through a break up and kids involved and you know I've talked with him probably six or eight times now and often he'll just ring me and/or I'll just ring him to just touch base even though he's a long way away, you know he's probably 500 kilometres away, I'm still … that that contact over the phone is still pretty healthy.*

Nathan   *Just the resources like I find the 'R U OK', like it's got some fantastic resources on there. Just some different things and the, and I think the yeah, like the footy club is you know, they print out posters and put them up around the sheds and that sort of thing. Like you know, ask a friend if they're alright, having conversations, yeah…Those sorts of resources. I don't know how much more you can do than that.*

10. Some men in farming were supportive about the use of Information and Communications Technology (ICT) based supports.

Information and Communications Technology (ICT) based services for mental health and wellbeing including phone helplines and clinical tele-services have increased in number and these are often promoted in rural areas to address local service scarcity. There are national helpline numbers and state-based services, some of which are directly targeted to rural communities.

The data demonstrated that a variety of support mechanisms are required to cater to the diversity of needs and preferences among men in farming. Some of those interviewed for this project emphatically stated that men in farming would not access helpline numbers or participate in video-conference based services. However, within the sample of men in farming interviewed some had accessed ICT based services and reported satisfying experiences. A number of interviewees talked about the technologies that are embedded in the everyday lives of farmers, particularly mobile phones, and how these could be utilised to tailor support to this population in a variety of means or used in conjunction with face-to-face support.

Stage 1 Key Findings: South Australia

1. The majority of men interviewed did not know where to access support for mental health and suicide prevention in the region and were not aware of SPGs.

The majority of men interviewed had not accessed mental health services and did not know how to access these services in their region. Some interviewees had used the rural financial counselling service and spoke highly of their experience receiving support. The majority of the men interviewed were also not aware of their regional Suicide Prevention Network and were not aware of the role of the network in their community— some incorrectly presumed that the network would offer crisis counselling support.

2. Farmers related narratives about disappointment in professional services or their failure to meet needs and expressed distrust that they would be understood by professionals in services.

While most of the men interviewed did not have direct experiences with mental health services, many held a sceptical view of services and expressed a reluctance to seek professional support. Some interviewees related narratives of disappointment in professional mental health services. Issues raised in interviews included:

- Concern that service providers would not understand rural/ farming issues;

EXCERPTS RELATING TO THEME 1

Chris

Q: Are you aware of any mental health services in the area? Say, you're supporting one of your mates and maybe he's going through a crisis situation. Where would you turn to then for help?

A: Yeah, I actually wouldn't have a clue.

Anthony

Q: Do you know that the Yorke Peninsula has a Suicide Prevention Network?

A: No.

Q: Haven't heard of them, SOS Yorkes?

A: No.

Q: If I said to you—well I have said to you, that there's a Suicide Prevention Network, what do you think maybe that their role would be?

A: Oh well, I suppose provide counselling I suppose, yeah.

Roger

Q: Are you aware of the Suicide Prevention Network for the region?

A: No.

Q: Yep, I just need to know—I'm just interested to know. So you haven't heard of SOS Yorkes?

A: No, haven't heard of that.

Stuart

Q: Have you heard about SOS Yorkes, who are the Suicide Prevention Network for the Yorke Peninsula?

A: No, I haven't to be honest.

Alex

Q: Yeah, another resource in your community is your local Suicide Prevention Network, have you heard of them?

A: No, not really, no.

Q: You've got one in the Mid-North, Mid-North Suicide Prevention Network, I think they're based largely out at Jamestown.

A: Okay, yeah.

Q: So you haven't heard of anything that they've been doing?

A: No, I haven't, no.

David   And I think you'll find there's a lot more of society, especially around here that are going to be similar to me, a little bit anxious and probably just a little bit not knowing who to talk to about it.

Q: What's your thoughts on the Suicide Prevention Group for the Yorke Peninsula? Heard much about that?

A: Yes, we certainly have. I don't know what is the correct procedure or how you go about it. I don't know that they're probably knocking on the right doors, but I don't know what the right doors are. So here I am saying I don't think they're doing that good a job, I don't know what you should do. Their message is probably not getting across to a lot of people.

EXCERPTS RELATING TO THEME 2

Matthew's spouse   *When Matthew was in a really dark spot and I was really afraid for him whether he would take his life, I rang Lifeline and I don't think they give you options—I found it just totally useless... like so many times you get options—oh it would have been nice to have been asked is this rural related; is it men related; does it relate to you? So you can press a number and go really specifically to someone who is going to understand straight away. Whereas you just get a general talk. I think when you are feeling desperate straight away this is useless you know. Anyway, that's just the one-off experience I didn't try again.*

Matthew   *I must admit I haven't given them a try [counsellor]. I should think it will cost. I know others who have gone, few have found them helpful.*

Stuart   *I was really down at that time and I never really did much about it, like I just worked through it. And yeah, and no I think I probably wouldn't go and see anybody about it because people look at you and think you're a farmer, you've got everything—like even us, like with small farmers—but we've still got a hell of a lot more as far as vehicles and stuff—than other people haven't got, you know what I mean? So they can't understand it...I never would have done it [suicide] but, hell, I was—yeah, I was thinking man, this is just ridiculous. But no, I wouldn't have gone and seen a psychiatrist.*

Simon   *I saw a program on TV...and it said if you have problems dealing with this, ring this phone number. I rang them up and said 'Look this has brought up a few things for me, this one's got a similar thing and that' and five minutes later I got the bloody police in the kitchen here with me and the ambulance. They reckon I was going to do myself in. I said 'I only made the phone call' they said contact us if it brings up any concerns. I said 'Yeah bring up concern but I just wanted to talk to someone' I had a bloody kitchen full of ambulance people and police. I was so embarrassed.*

EXCERPTS RELATING TO THEME 3

Jason   *And you know what, the first place to start is exactly what you've done, get on a mobile phone, dial a number and say hello I'm such and such. Now you can't do that as a mental health professional without having a referral or somebody making the first step, but once you've got that point of contact and a mobile phone number. See, what I'll tell you, one of the things farmers hate most and that is when they've got to knock-off early or take half, or a full day off, come in, have a shower, get in the car, drive somewhere that may take between half an hour or 3 hours and then the so-called professional spends 5 minutes with them, charges $70 and the farmer has spent a whole day doing it... farmers hate being stuffed around because professionals don't understand. The professionals won't drive for 3 hours and see a farmer for 5 minutes, but they expect the farmers to do that and they don't even think about it. So there's got to be an, a monumental mindset change between the 2 parties.*

David   *I think the main way you're going to get bang for your buck and return for everybody is individual talking. I think most businesses now—there's quite a few farms here that are only still Dad and Dave farms. They still do have a meeting place or an office as such.*

- Cost of accessing services versus perceived benefit;
- Having to access a healthcare provider for a referral—which is time consuming and does not provide immediate support;
- Lack of personal relational connection with mental health professionals;
- Waiting time for clinical services and distance to see a specialist.

3. Men in farming expressed a preference and unmet need for outreach counselling services including referral pathways to stepped care.

Some of the men interviewed had received support from the outreach service for rural financial counselling and spoke highly of their experience. None had accessed an outreach counselling or mental health service but many of the men interviewed suggested this would be a valuable approach for farmers because:

- It simplifies access by removing the traditional referral pathway via a healthcare professional;
- Outreach services can overcome barriers to taking the first step by calling men in farming to offer support;
- Services provided on farm properties negates the distance and time needed for men in farming to access services in town;
- Men in farming benefit from early intervention through informal counselling;
- Outreach counselling services can facilitate

access to stepped care when clinical services are needed or can be a 'one stop shop' ensuring referral to appropriate supports.

4. Peer support is strongly valued by men in farming.

Men in farming described the value of peer support for mental wellbeing. None had accessed formal peer support services for mental health and so the arrangements were informal or through community groups. Many of the men described how a culture of care for mental wellbeing is being established on farms and through the farming community with clear leadership from particular farmers in the region. This culture involves awareness of the importance of mental health on farms, an 'open door' policy and collegial support for talking about mental health issues, workplace practices intended to provide support for wellbeing and participation in community events and initiatives targeting mental health and wellbeing. Peer support was valued because it provides:

- Understanding through lived experience of similar issues;
- Local face-to-face support and opportunities to talk informally and share experiences;
- Capacity to reach out or follow-up on someone who is struggling;
- Encouragement and reassurance;
- Relationships as a basis for the trust and rapport

So, I think somehow or other you need to get them on their terms rather than try and get them to come to you. Because they'll always find an excuse not to come to you. So, if you went through pretty much every farm business on Yorke Peninsula, if you want to just target the Yorke Peninsula, and if you just went through and worked out what we're doing today. If they could have someone, it doesn't have to be you, it could be anyone could come out and have three or four hours, have a coffee and a chat, I'll bet you, I'd say there would be a very high percentage that would open up like I just have, a very high percentage.

Think one-on-ones, I don't know how you get that to happen but that would certainly be my thought process would be. Rather than having a room full of 50 individuals and they always go yeah, she's a great speaker, and go home and nothing changes, if you actually get the opportunity to talk like I'm spilling out to you now—

Q: How important is it do you think that the person sitting down with farmers on their properties is someone who's not from the community or do you think it needs to be someone from the community?

A: No, definitely outside the community.

Ben   *I reckon really people need to travel to us because yeah, I wouldn't have a problem going to see someone but I know a lot of farmers are a bit too proud to go and do that or leave the place. They yeah, don't like venturing far especially now with the drought on, there's just no time like people are just constantly feeding stock and making sure water's kept up. So I think yeah, it'd help if people actually travelled around to see the farmers.*

Obviously, I've seen there's been a lot of awareness and stuff on Facebook in Adelaide but it doesn't get out here. You see it on you know, see it online, but nothing comes out of that awareness stuff. Yeah, I think the main thing is people need to get out to us and yeah, that's the only way people will talk I reckon.

Scott   *As far as I think a more practical support would be, this has been good because it's actually talking to a professional as opposed to men's groups are great, how you going mate, programs are good, but you need something more. You need to say right, if he says or someone says I'm not going too well, you need to be able to say right here's a referral or, and—I need to be able to say here's a psychologist or a psychiatrist that you need to go and see.*

There's that sort of gap there so that's perhaps where it needs to be addressed is looking at how do you get that gap—and I think that gap is sort of probably what we're doing now, is that interface between the workplace and a professional like yourself that has some training but is a bit softer on the interface to say you know, it is clear to me that you may need some professional help, here is a card, call this person.

Luke   *Some of it is getting the horsepower to the ground where people need it and that means actually getting out there to see them rather than expecting them to come in, because they won't, the guys that go it's in our DNA I don't know, but we won't generally seek out help, and need somebody just to roll the sleeves up and say hey, I've been able to... pick a reason to go out and see them or you know— sometimes even go on a, oh well almost constructed reason to go.*

EXCERPTS RELATING TO THEME 4

Matthew   There is probably areas of support to get something like shed meetings functioning, that style of thing seems very good for men to me. It gets men involved, it provides social interaction. What do we say easy going—what's the word? Informal but also encouragement.

Anthony   I had a couple of other mates at the time, their marriages split up and they were pretty nasty; mine was quite amicable and I was more helping those mates through it while I was going through it—they didn't know that I was going through it myself, but I was helping them through theirs and so, yeah... A couple of those blokes were quite shocked when my wife actually left, they said we've been coming around here sitting in your shed drinking beer with you and spilling all our problems on you and you had all your own troubles going on. I said oh well, that's life... well they had enough concerns, they didn't need to hear mine and I thought I could handle it, well I did handle it; but it was tough enough, yeah.

Jonathon   Probably the best support I had was another farmer who's been in exactly the same situation where he'd divorced his wife and lost part of his farm. Us having that experience together has been really good and we've got this relationship where if either of us are having a bad day, we know that we can ring each other up and just say what we want, share the problems that we've got, and that other person will be able to understand how they're feeling because we both have depression. That's probably the best hope that I've got. If I didn't have him, it would've been a lot harder. But that's where I reckon it's really important for anyone who's in that situation, you've got to have someone to talk to.

Stuart   Certainly it's good if you've got somebody but you've got to have, I don't know, a person that you respect but knows a bit about—like you talk to somebody that knows a bit about what you're going through, otherwise you just shut up, well, I'd shut up...Like I wouldn't go to a psychiatrist that's getting paid $100,000 a year or whatever—and I'm not going to go and talk to somebody like that, like—I don't—they're getting paid—but I can't explain it. Yeah, I wouldn't do it, it wouldn't matter how good they were. Like I'd rather go and talk to a mate that was a fellow farmer and knows a bit about it.

EXCERPTS RELATING TO THEME 5

Anthony   I assume they [SPNs] run information evenings or things like that... with a group of farmers... meeting or something like that. Where they're all there and then they—well you can hear what's available and everyone else is there, everyone's hearing the same thing and it might just get in their head and they go well yeah, perhaps I do need some help... well I would've thought to go to your Ag bureaus or whatever.

David   Well probably more so somewhere like a GRDC Conference.

Jason   One of our local merchandising resellers is very good at putting on some good speakers. Couple of years back they had one here locally where the guy jumped off the 12-story balcony.

needed to confide in someone.

5. Efforts to normalise mental health issues and raise mental health literacy for men in farming should be incorporated within existing agricultural groups, organisations and events and be extended through outreach to 'champions' in farming communities.

Many of the men interviewed suggested that mental health initiatives and supports need to be embedded within the agricultural sector to effectively engage men in farming occupations. A range of opportunities were identified including:

- Community groups for mental health and suicide prevention organising awareness raising initiatives in collaboration with farmers groups or networks such as the agricultural bureaus;

- Delivering mental health training and initiatives through agricultural conferences and/or colleges;

- Providing gatekeeper training tailored to farmers or groups of farmers on farm properties;

- Organising key representatives from agriculture to present at an agriculturally based event/ training day to draw in men in farming and also incorporate mental health training and initiatives;

- Embedding support

services in the agricultural sector for men in farming and those working alongside farmers who are impacted by distress.

6. Men in farming identified a service and support gap for mental health to deal with issues such as relationship conflict, divorce and intergenerational family issues in the context of farming.

Some of the men interviewed talked about relationship conflict within the context of farming and suggested that these types of issues are significant in terms of understanding mental health issues among men in farming. It was suggested that while the impacts of broad scale agricultural community issues like drought or a drop in commodity prices are shared and elicit community and other supports, personal relationship issues are privately experienced and harder for men to cope with. None of the men impacted by relationship and family conflict/breakdown had received services or formal support for these issues or their mental health.

7. Social and wellbeing events for farming communities create social connection, opportunities to talk with peers, raise awareness of local services and build relationships with professionals and service providers in a relaxed environment.

Some of the men interviewed had noted that often 'mental health events', of the type

Anyway, it was good and they wouldn't allow alcohol at the event and they were saying don't you know, alcohol will not help you, so there wasn't any. That's the first time I've been to a farmer dinner where the host didn't put on alcohol, it was good, it was really good.

Jacob   *Like say if you had, you know, someone of interest talking from, you know, an Ag industry point of view just like an information day and then mix it up with a mental health speaker—and short, sharp, and shiny events I think are really good.*

Using, you know, key industry reps. Say, you know, whether it is your State or federal agricultural ministers or what, you know, different style agricultural things. You can get a key person in that regards, people would want to come and listen to them, so they'll come. So I personally think big fish are the key to getting some of them people [hard-to-reach] out, that's how you get them people out. There was people there that are like a bit of, you know—well, you don't know them, but they're, you know, close enough and you wouldn't have seen them for 6 months, you know. And they come out for them sort of things because—and you know they were struggling or, you know, they're doing it tough through drought. I don't know, I'm not saying that's the key but I just think getting the right person for people to actually go and listen to—that's how you draw them out.

Chris   *And with that training, I think it would be, well something that would work for myself is if whoever offers that training could come out, have a cuppa, talk one-on-one about how that may look, rather than going to a workshop seminar or something like that. That's, that's what I believe would work. Obviously get a few members of the of the community who are leaders as such who want to get onboard and we just go to his workshop, chuck the teapot on and say 'so, fellas, we're talking about this'. We need to raise up those leaders and how they can have those difficult discussions with blokes.*

EXCERPTS RELATING TO THEME 6

Jason   *So, from my own point of view, I think when a broad scale calamity occurs—drought or external influences like markets collapse or high interest rates—it's easier when everyone's in the same boat because you can talk to all your neighbours. And people in your region are largely all affected by the same thing to greater or lesser degrees. So, in thinking about what you might ask me, I was just thinking through it this morning and saying I think the harder things for men to deal with are those close family issues that they can't share with their friends, colleagues, neighbours or people in the region because not everyone is going through it. They're kind of a unique situation. And I think family, internal family woes, tragedies, relationship breakups, whatever are far harder for men to deal with because they are in much more of a situation where they feel like they're dealing with them on their own.*

I've had a dark moment or two a long time ago, but it wasn't for the broad scale external stuff, it was an internal, within family type scenario. And they're the ones that you just can't share with too many other people because they either think you're a whinger or they don't understand the depth of emotion that's gone into the situation that a guy's experiencing.

Jonathon *And I was married for nearly 30 years and it wasn't a good marriage, but sort of kept plugging on for the sake of the family and the kids and that. But eventually she went and that was a big stress, probably the major reason why I ended up with depression I think, it's just that constant walking on eggshells and trying to keep people happy and that sort of stuff and trying to keep things together. But in the end, it all came to naught anyway.*

I could show you on my farm work that my grandfather did, and my father did. Your lifetime is work is put in there. Then to have that taken away from you is a deep, personal shock. And I found myself, like when I was divorced, I found myself the wrong side of 60. Everything I'd worked for had just been taken away from me and it was all legal and I was absolutely powerless to do anything about it...I think that's one of my major things, the thing that I based my life on, is to have a family farm and to hand it onto the next generation in as good or better condition than what I had it. I based my whole life on that and then that just all disappeared before my eyes.

Matthew *It was very hard when my father initially had plans that we would all continue to work together and we could continue doing that, whereas other family members had bigger families and they were just doing different things and we had different ways of doing things, and so there was always a tension developing. So things worked out that it got to a point where my younger brother had a different option to share farm for people and that led to the spot where we decided we would split at that stage sort of thing, and we boys had to arrange it and had to encourage Dad to see that that was the way to go sort of thing and he found it difficult because Dad has always had a plan that everything would work the way he said it would work and everything would be fine.*

Then when my younger brother decided to move to the Eyre Peninsula I had to support Dad through him selling part of the farm and that was the crisis time because other members of the family—well Dad particularly could not see that that was right and he sold the farm to my sister and her husband and Dad just couldn't accept that either, and so we had to work through that—try to support Dad and help him to see that it was the only option that he had really without having the family disintegrate and he would never see his family again sort of thing or some of them. So that was tough on both sides and there is still some tension between my sister's husband and the rest of it—just a degree of it thankfully that's working out too, but there are these tensions that arise and they have been difficult but we have been able to come through them sort of thing.

Jason *Because most of the night was like an amateur—and I mean really amateur—it was just a community of school kids and very unprofessional people having a bit of fun, allowing people to laugh with them or at them. And just having a load of fun together for the night and it was only the last 10 minutes that they got to talking about mental health. So it was an event with another focus that just loosened people up, had them talking with each other—it was kind of maybe an hour and half, maybe 2 hours long. Lots of musical performances by the school kids, some singing, some dancing, it included one of the guys who I think he'd worked in the council office, but he'd had a really severe stroke and he had to learn to walk and talk again and he got up with 3 other guys doing some dancing. And some of the local lads, the real characters you know, the 25-year-olds that are kind of known for being larrikins.*

Anyway the tent was packed—standing room only at the back. The reason I think it was successful was because it had a different focus, it was 90% fun and frivolity and 10% bringing people together as a community at the end. But the 90% brought them together as well in fun and frivolity. And I think the recipe for success is not to have a mental health evening, but to have a social event.

Jacob *You know, it needs to be engaging and something of interest that a farmer wants to go. You can't just say we're going to have a guest speaker about mental health, you should come. Like it's, well, I'm a bit busy, I don't really want to go that. But if you could, you know, different things. So like, through the show, it was just an entertainment night. We had, you know, Sam Kekovich and a few other, you know, group speakers of the industry that just come out for a laugh and just more encouraging people to get out and spend time with their friends and, you know, socially engage and I think that's the hardest thing for farmers, to get people to do it...*

Personally, I know I get a lot of benefit out of it, so it's probably my push—going out and socially engaging. So many people lock themselves at home on the farm. Why, you know, why it is dry or whatever does it with fire or, you know, people just stay home and keep working and I need to get that done, need to get that done, and they're not talking to anyone. And that's just, yeah, talk is a big thing.

Brendan *You could definitely do that through sporting clubs in my personal opinion because that's where a big core group of young fellas. I know SAPOL or MAC—MAC safety—we have a MAC safety round which is a bit of car safety and*

not driving around drunk and every year they have a bloke come out and talk about drink driving. Well not just drink driving but being silly on the roads basically and they show you some pretty graphic photos and videos and things like that but it does make you think and you're probably a bit less likely to drive around half pissed rather than what you would have been before. So something like that could be an idea for someone that goes around and talks to footy clubs on a Thursday night. Even if a young fella like myself isn't going to speak out to a psychologist or someone that has special education on how to help you just making sure young fellas know that they can talk to their mates.

EXCERPTS RELATING TO THEME 8

Anthony
Q: Ever think about ringing any of the help lines that are available?

A: No.

Q: Not something that would appeal to you?

A: No, never really—no, never really thought about ringing any of them, no.

David   *If you had a help line, I don't know that you're going to get anyone ringing the help line.*

Simon
Q: There's a regional access number that's just twenty-four seven counselling over the phone.

A: If they're an ex-farmer's wife or an ex-farmer, yes, but most of the helplines, they don't know what they're talking about. They're useless, absolutely useless.

Jason   *Look these guys they can work a computer that can run their tractors, 2 centimetre accuracy by satellite, these guys are incredibly computer literate. And because they don't have to put their hands on the wheel, they read newspapers or they're on social media or they are on a farmer blog, professional blogs about topics of interest to them and they're professionals.*

typically organised by community groups for suicide prevention, are not engaging for farmers or they don't see them as relevant if they themselves are not experiencing distress or an issue with mental health. Rather than have a mental health event with a headline speaker focused on mental health or suicide and its prevention, interviewees suggested that communities and groups should organise social events, both for their inherent contribution to personal wellbeing, social connection and peer support and because social events offer a more engaging and relaxed format into which mental health awareness raising or initiatives can be incorporated. Another suggestion was to incorporate mental health talks or workshops into existing social clubs such as football clubs.

8. Men in farming provided mixed findings about the uptake of ICT based supports.

None of the men interviewed had accessed ICT based services or supports for mental health and were largely of the opinion that such modes of support would not be engaging for men in farming. An exception to this is peer support or outreach counselling connecting with farmers by mobile phone and some participants provided stories and examples of that occurring.

Stage 1 Key Findings: Victoria

1. More opportunities for social connection and wellbeing.

Safeguarding mental wellbeing is important for ensuring that farmers are able to make sound farm management decisions because mental health disorders reduce decision-making capacity and negatively impact performance.

For Victorian men in farming, social connection consistently emerged as having a central role in maintaining mental health and to keep safe and well. In particular, men in farming suggested that more social opportunities in their community would provide avenues to peer support, enhance mental wellbeing and strengthen resilience. Farmers were also consistent in suggesting that social opportunities should be small scale, informal and low cost—or example, gatherings where men could enjoy each other's company over

Adrian   *The way I see it is you've got to get people together don't you? That's the easiest way to get people to see how everyone is going or see how you are feeling yourself, and when someone doesn't come to those events and then two people might say I haven't seen Jim Bob down the road for a while. I guess whether it's sport or functions or whatever it's about getting people together.*

Brian   *You really enjoy catching up with everyone, say football training or something like that and having a drink and a talk. That's the best sort of counselling—it's terrific, makes you feel better. Sometimes if things aren't going well and you're just stuck at home or you won't go out but you're better off to—a problem shared is a problem halved.*

Brodie   *I think we need to have gatherings, meetings, don't know what the right term is. But just informal, informal chats and that's a hard one because as soon as you schedule a meeting its formal I realise but then, I guess non-judging, creating an environment that's non-judging and everyone can have a chat.*

Joey   *Bring back more social interaction…I know community can do a lot more, in the past we used to have social groups before all this internet business and we even had bush dances up in Victoria Valley.*

Craig   *I think that's what is missing too—I'm not sure if you're familiar with Tatyoon but there's nothing there apart from a football club. So as a community there's a lot of people go to football training for no other reason than to be engaged or to catch up with other people.*

Dennis   *No it's just that social thing is so important, and many farmers work by themselves all day and it's not good for you working by yourself.*

Wesley   *You know I'm not particularly remote, I'm 50k's from Ballarat you know, I'm not remote in the scheme of Australia but isolation and loneliness, like I still struggle with loneliness I'll go week's without seeing anyone except for my brother and my Mum and Dad you know, it's not healthy you know, and I'm quite a social sort of being.*

Malcom   *I think just different groups that men can take a bit time off their farm or away from their families with mates. I see there's a lot of—even when you go down your local pub, you go down there and have a … and talk a bit of rubbish and things like that and makes people feel better. It's just that community bringing together type scenario. Even mates that go and spend time with each other, they might go out shooting or go and help someone for the day out in their farm and it's just that comradery, the mateship. It does, it goes a long way.*

a barbeque. The #6B's initiative created by WA farmer Brad Millsteed (blokes, barbecues, bonfire, beers, bonding and bullshit) was pointed out as an example of this type of social support. Many farmers saw these types of gatherings as key to reducing pressure and stress for themselves and also a way of 'checking in' with mates and neighbours.

A number of men also expressed the belief that gatherings could include partners and families—community events that bring everyone together in a relaxed atmosphere. Another view was that community groups might organise social events rather than mental health events as these are more engaging for men in farming and can still incorporate speakers on topics related to mental health and suicide, raise awareness of mental health services and supports and allow networks of peer support to develop naturally.

2. Peer support networks are valuable for mental health and wellbeing.

Peer support was considered an early intervention that can build supportive social relationships and develop coping skills to strengthen resilience. For men who may be experiencing isolation due to their occupation as farmer and/or rural or remote location, peer support in their local community can be a significant source of early support in response to distress.

None of the Victorian sample

for men in farming occupations had experienced formal peer support outreach services (such as the Royal Flying Doctor Service Wellbeing service or Rural Outreach Counselling). However, many identified informal peer support among farmers as significant in their experience of mental health. A number of farmers expressed how peer support provided greater satisfaction and support for recovery than their experience with mental health helplines and counselling services. Farmers with lived experience of depression and suicidal thoughts described how their own experiences helped them recognise mental health issues in others and motivated them to provide peer support or become community 'champions' spreading their story and experience. One farmer described providing peer support to other farmers experiencing depression and suicidal thoughts.

While peer support can occur organically in farming communities, not all men in farming shared experiences of being able to reach out to other farmers and community members for support. One farmer revealed that he would not want to burden others with his issues and another spoke about how informal, light-hearted catch-ups with his mates were not conducive to sharing deeper issues and concerns.

While a culture of peer support appears to be emerging in Victorian agriculture, there

EXCERPTS RELATING TO THEME 2

Shane   *Like all the work that a farmer, the National Centre for Farmer Health and Beyond Blue and all that, there's a lot of groups out there. But if a farmer is feeling depressed or suicidal I guess it's pretty easy for him not to try to seek any help unless there's people checking in on him and stuff so that's where it comes back to, you need to look out for your neighbours.*

Adrian   *Just a few of us mates, about 10 of us, had a bonfire and a few beers and cooked up a BBQ and whatever and it was just so good. Everyone had such a good time because we hadn't done it in so long—it doesn't have to formal or organised or anything. It can just be on the cheap and that's what I find pretty helpful. I love that sort of thing and we talked about things and we talked about farming and family and all sorts of stuff away from anyone. It was really good.*

Brian   *And I always talk to a few people that, who have gone through the troubles and try and help them…Well I can understand how they're feeling whereas some people, they say you're just feeling down, just get over it. I understand that you can't do that. And sometimes there are people who have everything, they've got the world at their feet and they're still not happy within themselves and I can understand that and try and help them out that way, talk about it.*

Brodie   *Farmers know, there's not an actual group, but if there's a person they can seek out and they trust them, that's the biggest thing that you could happily do. The one person, rather than a big group, that makes a big difference. And I guess I've been that one a number of times with blokes in farming and yeah just, a good listener, that's probably the biggest thing.*

Craig   *They're probably doing it without realising they're doing it either. I think a lot of people that are doing it have been in a similar situation themselves but they may not necessarily call it a mental health episode they just, it's just a bit of time that things didn't go right for them and they did something or whatever or someone rang them up.*

Wesley   *I've had some small wins out of it, I've had a bloke in my area that's my Dad's age, seeing me, he's now had the courage to talk to his wife and these are people in their late 60s at that stage, about his suicidal thoughts. So for me, I just had a win, because he knew me, you know we're not best mates or anything, but he knew me, you know he's a valued member of a community, in the CFA together, and so you know while I'm a little one man wolf pack on my own little crusade, I've had little wins like that, so if you put that into a broad picture, do you need more faces like myself who are prepared to acknowledge publicly that we've had issues to help others in their smaller communities, you know, break it down.*

Fred   *I've had a couple, you kind of look, are you alright? I'm not afraid to ask the question where a lot of people won't ask the question, where I'm not afraid to ask it anymore. Just got to ask, that's all, they'll either say yes or no.*

So it's just, people do mention it to me I suppose, because they know the history. And I just ask the questions, that probably a lot of people wouldn't ask.

Finn   Back then it was so busy, it was hard to really catch up with mates but we're putting more time into that now that our kids are a bit older. So we do but it's probably not a group that, yeah, it's not at that stage yet where you get right into the nitty-gritty of it all. It's, again, it's sort of always talking about the things that are going well, not so much—and, for example, there's a member of that group who I know is battling but, and I'm guilty of it as well—it's just hard to bring it up.

Malcolm   The counselling in my opinion was pretty ordinary. I didn't really get a lot out of it. I got most of my support and what brought me through was having friends that I could actually talk to.

Once I'd seen the counsellor for about—I don't know—halfway through I suppose, maybe a month, month and a half, two months, I started speaking to my friends because I wasn't—I wasn't really achieving anything by going to the counsellor… nothing was being resolved, nothing was being fixed, nothing was getting any better.

Mates sitting around the table having a beer and talking about issues. They didn't start it, I didn't start it, it was just a mutual thing. And once the conversation started and the more in-depth that the conversations went, the more they opened up and I opened up and you find your inner feelings and there's a lot of things get spoken about which is very encouraging.

I've spoken to a couple of people and asked them how they were going and if everything's alright and told them about my experiences and—yeah. I think I've helped somebody else, so yeah.

EXCERPTS RELATING TO THEME 3

Brodie   I would not have had a clue where the first point of call would be. So you just don't make the call. Typically just go into your shell and work harder, that's usual—yeah you work hard and reap the benefits later on but, when the drought was happening, working harder, things not growing, working harder again, trying to just pay bills, not making any money, just to keep the wolf from the door so to speak, you just go internal, you bottle everything up… Knowing where to go is the first part and most people don't have any idea.

Henry   I'm probably not aware of what is out there too. Well I know there's Beyond Blue, like in the bigger sort of scenario. But locally, shit, I honestly don't really know. Like locally, in our area, I wouldn't really know. I suppose you could look up a psychiatrist in Ballarat or something, or someone to talk to about it; I don't really know. But I don't know if I would call Beyond Blue. I'd definitely talk to mates about shit first.

Craig   So I suppose, I know there's a lot of online you've got your Beyond Blue and Lifeline and stuff like that, they're the standard stuff. But as far as support networks I suppose you'd call them, none, to be honest none really ring a bell.

Garth   It's a bit of a minefield of where you go. From that perspective, is there a sort of 'one stop app' or something like that could point you in the right direction and what's actually available in your region. If you're at the back of Bourke or you're working up at bloody Peterborough in South Australia or whatever, where do you actually go to get some of this support?

is also space for South West Victorian communities to create opportunities that support and encourage peer support networks for men in farming experiencing stress and distress and build community resilience. The National Centre for Farmer Health is currently engaged in a project that aims to collaboratively develop a framework for the delivery of peer-supported, evidenced-based psychological therapy to farming community members experiencing depression or psychological/situational distress. The project is being conducted in the Great South Coast region and involves co-design with farming community members and rural stakeholders.

3. Low awareness of the various pathways to mental health support.

Approximately half the sample of farmers from the Central Highlands and Southern Grampians regions in Victoria had not previously accessed mental health services and were unsure of where to go if they themselves or another farmer needed support. Some were able to identify large national organisations for mental health but were not confident that they would reach out through those avenues. Most farmers in this category were not able to identify local community-based services, Suicide Prevention Networks in their region and had not heard of Mellow in the Yellow.

Of the remaining farmers interviewed who had accessed

support for mental health, the majority had initially approached a GP—one had seen a counsellor and one had entered the mental healthcare system through emergency hospital admission.

Stakeholders participating in the Stage 1 focus group held in Victoria (see Chapter 4) included service providers from a farmer community support program including the Royal Flying Doctor Service, rural outreach programs and community health services. Key points from the stakeholder discussions demonstrated a strong understanding of the needs of farming men in relation to engaging with services. The above finding therefore suggests more work could be done to raise the awareness of men in farming about the various mental health services available to them in the region and in facilitating men in farming to locate pathways to mental health supports.

4. Difficulty finding the right support and accessing mental health services.

Of those farmers in the Victorian study site who had accessed services for their mental health, a number talked about difficulty finding the 'right fit' and so needing to persist with trialling multiple clinicians. A theme across a number of interviews was that farmers did not feel they were making progress with a particular counsellor or psychologist and so moved on to an alternative service or support.

EXCERPTS RELATING TO THEME 4

Finn   *So I just went and saw the GP originally. It did take a while to get the right help, I reckon… I probably changed doctors a few times to get—I remember the first doctor just said, oh, you're a bloke, just deal with it, sort of thing. He was pretty old, old-fashioned. So, yeah, and then I changed doctors, got some better advice, started seeing, not psychiatrist, psychologist which I wasn't getting anywhere with that and then I changed psychologists and … (Unable to understand) really good, so it's just been a slow burn but getting there, I suppose.*

Dennis
Q: So what made you think that your GP would be a good avenue to reach to?

A: Well that's all I knew.

Q: Did you have a good relationship with your GP or did you just think that's the first place you go if you need help?

A: Well I couldn't get into my regular GP so I went to see another guy. I will say he had trouble getting me into a psychologist but he persevered and he did get someone yeah.

Wesley   *So I thought, my best way to describe professional help, it's a little bit like a relationship, like a personal relationship or a friendship, some work, some don't. You know you get along with some, and you connect and you just, some other people you just go I'm wasting my time here and that's my best way to describe it. And let's face it, not everybody's going to fit in the world together, some people get along better than others that's just the way it is…I saw some, there's a psychiatrist in Ballarat, I forget his name, who I just thought oh no you're just ticking boxes mate you know there was very little empathy, it was just basically just writing scripts for drugs and saying do this which doesn't suit me. So he got the sack pretty quickly.*

Craig   *The counsellors and psychiatrists are probably in Ballarat. And that's an hour there, an hour home, and an hour with them so it's 3 hours that. Worst thing is if it's a 10:00am appointment or 11:00am appointment you lose half the day. Yeah, so specially when farmers are stressed it's when things are busy so then to take half a day off to go and access something, can make it worse for you sometimes.*

Finn
Q: What do you think are some of the barriers, some of the other barriers to people sort of, I guess, reaching out or getting help?

A: Time, that's been a big one for me, it's just finding the time to do it. Farming is like a snowball, it just keeps on rolling and you can't stop it. Whenever you think you've got time, something else crops up.

EXCERPTS RELATING TO THEME 5

Wesley   *I sort of thought, I'd love to take a couple of years off the farm and go and work remotely in Australia helping mental health you know, helping people as a counsellor or something, but I'd have to go back and do some study to do that of course, but yeah that's one on the life to do list because I don't think there's enough*

of that in rural Australia, even just a travelling counsellor. You know you put an ad in the paper you know up in some small town, you know I'll be here for two days, you know, come and see me, you know, travelling sort of counsellor, I don't know, just a thought.

Neil   *Yes, but there's no point if it's not proactive, is it and none of these [services] are proactive. I have to approach you, okay. And that's where it falls down and where it, I get incredibly frustrated by...nobody really reaches out to the men... Whatever I've done has been through my own means, nobody's come to me.*

You've got to put yourself out there and you know, confidentially ask people to let you know, I think Joe my mate down the road or Joe maybe not my mate, but you know, the dairy farmer down the road is going through a rough time. It might be good to give him a phone call and just see how he's going.

Ainsley   *The other tried and trusted institutions for farmers are both the rural merchandise ... independent and multinationals and whom are also mostly have associated with their livestock agents and I don't know whether livestock agents are trained in mental health recognition. It'd be so good if they did because they're just another trusted person who comes onto the farm and knows a lot about the farmer's stuff and if they can recognise heightened anxiety then great, do that. And even a rural merchandise person who sells them their dog food. Same deal.*

Finn   *I probably didn't reach out all that much. The few times I tried to bring it up, a lot of people were sort of scared and try and change the topic. My immediate family was sick of hearing about it, I suppose. My Mum was just worried but there wasn't much she could do. All I really got from them was, just go and see someone, so yeah, it's definitely a problem in the regional areas. There's just the stigma of just, buck up sausage and move on...I did find it hard to find someone to talk to about it, put it that way.*

As soon as you started getting too deep, people get a bit, oh, shit, I don't want to talk about this, or the ones that do are just sort of, yeah, you'll be right. You've got nothing to complain about.

Liam   *Yeah men in farming are hard. They don't like getting off their own patch. They don't, a lot of them don't want to go to ... anything really when, especially if they're sort of feeling a bit down and it's, it's the people that's the problem, the people that go to our PTF stuff are sort of 20% of the people that are really going well. It's the guys that don't turn up are the ones you want to capture but they won't come to anything yeah.*

I think it's between stock agents and agro's—if you get a good stock agent and a good agro they'll sort of help out. They can see a bit of a problem, that's sort of the first port of call. They might not have seen a person for 3 weeks or 4 weeks you know and they call in, they have a look at a crop or look at their sheep or something and straight away you can tell that this blokes not going well or his sheep are deteriorating or he hasn't marked his lambs or he hasn't got his crop in yet because he hasn't got out of bed and the alarm bells are going off and I think those guys really need to be put through a bit of a mental health first aid course I reckon just so they can pin point it.

Farmers also talked about deeply entrenched rural issues around the time and distance required to access a mental health service and wait times for appointments with specialists. This finding resonates with the key points raised by stakeholders in the focus group (see Chapter 4). These points were raised in the context of outreach services (see following section) for men in farming in terms of accommodating the needs of farmers and the demands of farming (e.g. daily milking requirements for dairy farmers that limits time away from the farm).

Given the challenges that rural people confront when attempting to access services and supports due to service scarcity, long wait times, and time/distance required to attend appointments, farmers may benefit from community-based initiatives that facilitate multiple pathways to potential services and supports.

5. Outreach services and agricultural community gatekeepers to reach farmers at risk of mental illness and suicide.

Outreach services for farmer support and mental health are those that are delivered by peer support workers or clinicians on farm or rural properties. They are generally accessible to anyone via phone call without referral from a healthcare provider and work closely 'on the ground' in communities through interagency networks and by participating in community

events and initiatives. The most significant factor in outreach services for farmers is that these services are often able to reach out to farmers who have been identified by a community member as potentially struggling with distress or poor mental health and offer to bring support to them. This approach to engaging farmers overcomes the barriers that are often identified in relation to farmers accessing services (e.g. a tendency to not ask for mental health support or not knowing where to direct help-seeking efforts and time and distance to attend appointments). In agricultural communities this approach to providing support for farmers experiencing distress allows for early intervention, timely support when and where it is needed and follow-up for farmers at risk of mental disorder and suicide. Through the provision of early intervention, outreach services can strengthen agricultural community resilience and enhance mental wellbeing for men in farming.

Farmers in the Victorian sample pointed to an unmet need for rural outreach services for mental health and agricultural community 'gatekeepers' (see Appendix D: Glossary) to facilitate pathways to services for men in farming. These type of supports are needed to provide a local and easily identifiable point of contact for men experiencing distress and at risk of mental illness or suicide or those with concerns about a farmer. The idea of counselling services that can contact farmers directly to offer support and provide their service on farm were strongly endorsed by Victorian farmers in the study region. While some of the farmers described supportive networks of peers (see above), others talked about not having peers to turn to or unsuccessful attempts to reach out to people around them for support. In instances such as these, outreach services/peer support workers/gatekeepers would be able to facilitate help-seeking and address this gap. Potential candidates for gatekeeper training relevant to men in farming include stock agents, agricultural merchandise sales people and other farmers in the community who have a profile as mental health 'champions'.

6. Mental health and wellbeing issues to target through community-based initiatives.

A number of issues were raised by Victorian farmers that impact on their mental health and

Liam   *You know with farming, the guys that are having trouble are usually working by themselves and you need an excuse to go and see them but you sort of, yeah it's really hard. Really hard to get that, and they won't, they won't do it. Like they won't, they won't go and see anyone because they're just working too hard you know.*

Zach   *Like it was pretty simple you know reaching out, I think and it's probably a common problem is that reaching out for help in the first place that's the hard part right for a lot of people, to actually reach out for that help. Because as I said like I'd heard of Beyond Blue and I'd heard of Lifeline and all those sort of things, but they weren't the sort of things that I would reach out to, I was more inclined to call you know the chief of the CFA or the secretary at the football club. You know people that I'd developed a relationship with, and I would talk to them and then I would feel better.*

EXCERPTS RELATING TO THEME 6 – ALCOHOL

Brian   *I'd probably drink a bit too much and that probably, I probably masked it a bit with that. And when you know, if I was drinking too much then I'd—that's when I'd get bad problems too.*

Shane   *The natural one thing is to drink alcohol and catch up with other people—then that leads on to side effects and stuff and that's when, personally I know myself that's when I feel flat and down if I do drink too much for a couple of days or have a big party and working hard and then drink too much the next few days. I'm yeah, flat so I guess alcohol has a big impact on people's depression, yeah I don't know emotions.*

Zach   *The ties at the football club are good but you know a lot of that you know alcohol's a real problem, the role that it plays in, look in all levels of society, but you know I mean isolation for farmers, they don't have to answer to anyone. You know it's not like they've got to be clean shaven with a suit and tie on presenting at the office at 8:15am. So, you've got to be really self-motivated, that's the real tough part of it. I'm not answerable to anyone other than my family of course. But from just a day to day point of view it's all about just, because you know I worked in an office environment and you're responsible to people and you've got to go in and you've got to answer to people and all that, and that keeps you on the straight and narrow I guess. Whereas for farmers there's nothing to keep you on the straight and narrow you know, so things can get a little out of hand.*

Brodie   *I know talking to other farmers and saying, if you don't get off the farm, you don't turn off and it takes a good three or four days, sometimes a week to flick the switch so to speak and yeah... it's something I think blokes need to get better at. You hear it all the time, the work life balance and all that but I hear it as a catch cry more than seen it. I go to meetings and we go to planning and those sort of things all the time but I've only ever heard it talked about, I've never heard anyone actually say well this is what you need to do to get yourself on the farm work life balance.*

Shane   *And even just with the young kids now, I'm a bit more hands on with parenting and happy to take the kids out and work and feed the sheep and stuff with them. I was spending time by doing that with them but am I doing spending the right time—like at home playing games and playing sport and doing stuff like that? So you've got to weigh up that balancing act.*

Wesley   *Just maintaining your psychological state as a farmer, you know and sometimes to do that you need to make hard decisions you know because most farmers if not all farmers love what they do and the problem with that is, you end up working too much and you know, most farmers that they'd also like to do outside of the farm whether it's playing footy or whatever it might be, golf or sailing or you know, doesn't matter. You know, make sure you do those things. And it's very—because most of us love what we do, it's very easy to forget about those things, because you can work 7 days a week on the farm, you just can do it, it never stops, it never ever ever stops and that is a problem I think.*

Garth   *Working 90 hours a week just because that's what my Dad did, sort of thing, got to do that, that's what my dad's done, that's what his Dad did. So it is important that you take a couple of weeks and take your kids to the beach and watch them grow up or just go fishing yourself or do stuff, so I think definitely getting that balance right is pretty important.*

wellbeing and could readily be addressed through community-based initiatives. Some of the ways such initiatives could be approached include community events with peer presenters, raising awareness of relevant services and supports, providing information that is engaging for farmers and designing tools and strategies to address some of these issues in innovative ways. These types of early intervention community-based strategies build community resilience and capacity to create social change and provide local support for farmers.

Alcohol
Many farmers talked about 'having a few beers' when describing social events, but some were aware of the potentially problematic impact of alcohol consumption on mental health. A few of the farmers openly identified drinking too much alcohol as an issue for their personal mental health. Some of the farmers recognised that alcohol can potentially be misused as a coping strategy and that it might offer a sign that someone is struggling with mental health issues.

Farm work/family/community balance
Farmers talked about the struggle they have experienced with farm work/family/community life balance. They described difficulties managing farm work so that breaks off the property, holidays and family time together can be maintained. Some also talked about the multiple volunteer roles they have taken up to support their community and how these create added stress and pressure in addition to managing the farm. Amid these farming and community responsibilities, recreation, hobbies and holidays are often considered unattainable or not a priority. However, some of the farmers interviewed recognised the importance of recreational breaks off the farm for their mental health and wellbeing and suggested farmers need to be mentored and supported in how to prioritise family time and holidays.

Suicide and suicide fatalities in the community
A number of farmers had known people who had died by suicide including family members, other local farmers and local community members. Given the ongoing impact suicides have on local communities and their perceived stigma, this finding suggests postvention community-based

training and supports could be beneficial.

Early intervention strategies to build resilience and mental wellbeing

A lack of early intervention strategies to build resilience and mental wellbeing was identified by some farmers. One suggested regular mental health check-ups and another pointed to a lack of early strategies and support for financial challenges in farming compared to crisis support.

7. Tailor the language and representation of mental health supports and initiatives.

The way in which community-based mental health events, workshops and initiatives are designed and delivered in rural communities has an impact on the degree to which men in farming will be engaged and the potential benefits that follow holding such initiatives for strengthening community resilience and wellbeing.

Victorian farmers were largely averse to clinical style mental health events and workshops and clinical language. However, they were very supportive of incorporating mental health initiatives into formats that are familiar and acceptable to farmers and using language and expressions that famers are familiar with. One farmer pointed to Mary O'Brien and the *Are You Bogged Mate?* initiative being well-regarded by farmers.

A strong theme across the interviews was the importance of delivering mental health initiatives through the contexts

EXCERPTS RELATING TO THEME 6 – SUICIDE

Henry   *Jesus, we all know—shit, I know too many people, especially people my father's age that have been down the suicide track… So, I sort of know first-hand about that side of things.*

Fred   *It was just incredible, the people that come up and said, where the parent had committed suicide years ago, we didn't even know, we knew they'd gone, we didn't know what from. And it was just incredible, the amount of, when you start to hear about all the suicides and everything it becomes quite incredible.*

Garth   *I lost my brother-in-law due to mental health issues, he took his own life, so I think most people have experienced that somewhere along the line…That was seven years ago now, but still pretty raw even today I think.*

I've actually had a few other friends as well along the way that have taken their own lives, some farmer friends as well.

Malcolm   *I've actually had a family member try and commit suicide.*

EXCERPTS RELATING TO THEME 6 – INTERVENTION

Finn   *I think something that I've always thought would be a good—towns sort of have these Men's Sheds which is a group designed to just do that, to have a chat about life and whatever, whereas out here, the only groups we've sort of got are wool groups where you go and look at other farms, but I found myself just pulling myself out of them because they were—all they ever talked about was the good paddocks out the front that looked amazing, they never really talked about the ugly side of farming. So I've always said that a group like that where everyone was honest would be amazing, but it just hasn't happened… where it wasn't comparing how much money you could make, it was more of a dealing with the struggles, dealing with the things that go wrong.*

I'd just get frustrated because I'm like, yeah, well, that's great, everyone has a good crop now and then but what about the 13 other ones that failed that no-one's talking about.

The only things I've found that exist for financial counselling in bad years are more focused on when it gets desperate, like when you're trying to decide whether you sell a joint or not, there's not much sort of advice on how to deal with a big drop in income, sort of thing, without going to the full extent of going broke, just how to ride it out a bit better.

Garth   *I think mental health is not sort of seen as a priority in a lot of cases. It's sort of, we'll fix it up afterwards, where it should probably be part of your actual, like going and seeing your accountant, you should be, you're getting a bit of a health check-up and how you're travelling from your mental wellbeing as well. So I think there's a big gap there we're trying to fix up when things are already broken.*

Russell   Yeah that's something I just noticed over, the last, probably 18 months especially, that up there they're in worse drought than any, worse drought on record but still able to smile and actually get together, talking about it. We don't have a local pub or that anymore but that is something that guys—they don't want to go to a meeting, they don't want to go to a seminar, they certainly don't want to go to a meeting about mental health. But if it's a get together say over beers, it can be charade for whatever you like, you can have a different name on it and there can be a pool table and beers then all of a sudden ... you don't have the banner and the brochures out the front. Someone's got to be, that person who's a good talker. But they don't want to see Joe Blow and going, oh here he goes, he's going to start preaching.

Craig   So well I suppose it's just an event raising awareness [Mellow in the Yellow] and I suppose in a way, we've raised it without them knowing that's what was happening. The event itself, it's just a gathering and everyone's excited by it and they go and dress up and have a good time and stuff like that and in a canola crop bit of novelty event. And then, so we've taken a focus—we were Farmer Health and now we're into Mental Health—well not just farmers either, just regional, rural Victoria.

Ainsley   I guess, to continue to talk about suicide as a thing that can be managed. To use those existing community groups as a place where information could be exchanged through professional services. And just continue to have the conversation about suicide so that when a farmer thinks suicide, they don't think about going to the gun cupboard, they think about going to the phone. So suicide in the farmer's mind is a thing that can be managed and here is a process by which it can be managed...So yeah, like the suicide training or the mental health training we had, could you package that into a glovebox type document which a farmer can reach for rather than reaching for a gun or a tree.

Fred   Just get people who've had those experiences to get out and talk about them, at farmers groups. A couple of years ago they got people to come along and talk at mental health days, or have a field day or something. And they'll have someone come and talk about something like that or they'll have a social day, we're going to do a farm tour. They have a farm tour around a few farms and it finishes with a barbecue and they have something like, one time there they had a bloke, who had been through prostate cancer. So he came and spoke there and another one was a person that lives with permanent pain. They came and talk and they're,

they're where the farmers are, in with their own groups, you know what I mean? The wives are there too, so they get to listen as well, or as things, they're made family days. So they try to get the wives and kids and whatever else there and it just makes it, brings the thing that topic out in the open. Just have, not big seminars and blah-blah- blah, but just little small things where people are in a small group—they're in their comfort zone. Just a small gatherings that sort of thing, Landcare have a field day to do something or the Farmers Group or something like that. It's very important [to have farmers share their lived experiences], because then people realise you're not the only one. And you just start to realise that everyone else goes through the same shit, but different stage, there might be a different way there might be a different way of handling different, everyone's different. And people just, they realise it's not someone on a book or it's not just theory or it's just someone's written a paper about it, it's someone they know or someone they know or someone they know of. And it becomes more personal, and people start to listen to it.

Wesley   So—with my, with my professional help, so with a while I was seeing a bloke in Melbourne. So he was great, he's a man's man, no bullshit, swears like a trooper, suits me to a tee.

Finn   As soon as you label it suicide prevent groups, I think a lot of people would—they would be embarrassed to be seen to be going, if that makes sense, whereas if it's more a mental health thing, they would just go. You know what I mean by that? If it was called a Suicide Prevention Group, people would be too embarrassed to be seen to be going to it.

Liam   So we had some workshops and field days and—oh just the thing that really worked well was egg and bacon breakfasts. And get someone speaking about a bit of animal health and then someone come from, I can't remember who it was now, someone come from ... primary care so that partnership out of the community centre and just had a little discussion about yeah mental health and wellbeing and handed out a few cards and had a few stickers and stuff and yeah helped a lot, and there was a couple of guys there that I knew were struggling. They were sick of carting water and feeding sheep and you know, you can just know if you talk to them now they're just grumpy. So, and that was good they'll come in the morning and they'd get a free breakfast, sausage in a muffin or a bit of bacon and eggs, they'll come and do that and you if you could ... for an hour and it starts at say 7:30 or something like that and they could be gone by 8:30, 9 o'clock and go get the day's work done but they're happy but if you put that on at lunch, midday or 4 o'clock or something you'd just, you'd get no one, never.

and formats that farmers are already engaged with and comfortable in. This includes the timing of events in a way that is sensitive to the seasonal and daily routines of farmers. The importance of speakers who are relatable to farmers, as opposed to 'mental health professionals' delivering information, was brought up a number of times. Farmers strongly suggested that other farmers with their own lived experience are often highly engaging as speakers at events. This is likely because they are relatable and ground distress and mental health issues in local knowledge, understandings and values.

One farmer in Victoria raised a point that was also raised in the national project findings. He suggested that it would be beneficial to change the way suicide is talked about in community-based initiatives. This finding suggests that the overarching emphasis on suicide fatalities and clinical indicators could be reduced or balanced by a presentation of suicidal thoughts as something that can be managed and overcome through direction about what farmers should do if they are experiencing suicidal thoughts.

8. Use of ICT based services received mixed responses.

Victorian farmers provided mixed feedback on ICT services and supports for mental health. Some suggested that face-to-face support is preferable to technology-based supports. However, others pointed to the increased use of technology due to COVID-19 restrictions and suggested that the experiences and learning that was occurring in relation to technology during this time would likely improve engagement and uptake of ICT based supports and services by men in farming. Saving time and confidentiality of online supports were two of the perceived benefits of technology-based services. One farmer pointed to the benefit of podcasts for mitigating against the isolation he feels working alone on his property. This finding suggests that ICT based supports for social connectivity may benefit the mental health of farmers by reducing experiences of social isolation and loneliness.

EXCERPTS RELATING TO THEME 8

Shane   *It's always good to see stuff on your emails and stuff but unless you talk to people face-to-face you can never know—you can always hide something on the phone or the internet, so it's always good to see people in person.*

Brodie   *There's that many—now with COVID-19—webinar, seminars that yeah you get flooded. I can go to a webinar probably three times a week if I wanted to for lots of things and get absolutely nothing done, and often you're hearing the same thing over and over but you want to go to these meetings and you want to support them otherwise they won't be, they won't be funded and they won't come up again.*

Craig
A: And I think we're probably learning that too with this Coronavirus in that, there are things we can do without travelling, with teleconferencing and stuff.

Q: So do you think farmers would be amenable to using videoconferencing and stuff to access support, counselling that sort of thing?

A: I wouldn't say all, but I reckon a majority more will next year than last year. And I think once a few people do it, then people learn… we just did a meeting over Zoom so I think, counselling sessions and stuff like that, for someone out here that doesn't have to drive 2 hours and spend an hour in town, they can just do 45 minutes in the office.

Joey   *That's the other thing I'm also finding that to me when it's online everything is hidden. There's a website called 'R U OK?' And there's a phone number and several times I have rung that phone number and no one has come back to me.*

Henry   *Online it's probably better than—yeah, online is good, I'd say, because they can do it at their own sort of pace, and login, and they don't have to talk to someone on the phone, so they can sort of investigate without opening up straightaway, I suppose. That's how I would feel about it. Like, ooh, I can just bloody have a look at this, and no one will know.*

Wesley   I know the whole online thing because of COVID-19, but also being pushed rurally for probably cost saving. Look it's a means to an end, but it's not the solution. You know like it'll get people out of a pickle, it'll get them access to help but I still think you cannot beat one-on-one. I mean we're a social species.

Fred   Well my computer doesn't even have sound. I don't do Facebook, the kids did join me up to it, but I don't do it, so it's gone. I don't do a lot of that thing, I prefer the face-to-face but look, it's just try everything. Different people are geared to different things—I know Lions Club have been having Zoom meetings—I couldn't partake because I don't have sound. So but look, just anything, try anything, anything's worth a try.

Finn   I found a lot of the online stuff wasn't overly helpful. I went and saw the GP and they just said, look at all these websites, and I did and that's great but it's not really targeting what the issue was.

The first thing I did was do you have a—that was on the Beyond Blue—should you go and see someone, and that was helpful in the fact that it got me to realise there was a problem. You know how they have that spreadsheet— questions that you answer and at the end it says you need to go and see someone and, to be honest, I haven't done a lot of online stuff. I've had a few sort of recommended to me but I've just never really followed it up, I suppose.

I think because I'm enjoying and can get value out of the face-to-face stuff, that's where I put my energy, and timing, you spend your life in front of a computer with a business, I've just never, I haven't naturally gravitated towards that. I probably prefer the face-to-face stuff.

Common Themes Across Study Sites: Men in Farming Occupations

Key national findings from men in farming occupations

The following six key national findings are based on interviews with 52 men in farming across South Australia, New South Wales and Victoria. Overall, the findings across sites were largely consistent, however, there a few differences and these are also discussed.

Across sites, men in farming occupations:

1. Had low awareness of the various pathways to mental health and suicide prevention support in their communities.

Many farmers who had not previously sought mental health support stated that they would not know how to access mental health or suicide prevention services in the community for themselves or others. Issues raised included:

- Confusing and fragmented service landscape with no single, clear and overarching point of contact for emergency assistance for a mental health or suicidal crisis;
- Too many national organisations and no way of navigating these to find appropriate support for the issue being experienced;
- Lack of familiarity with mental health clinicians in the community/region.

The majority of the men interviewed were also not aware of regional Suicide Prevention Networks/groups and were not aware of their role in the community—some incorrectly presumed that they would offer crisis counselling support.

In Victoria, the majority of men who had sought help for a mental health issue had done so initially through a GP. Many of the farmers in New South Wales and some South Australian farmers had experienced support through an outreach counselling service in the region.

2. Expressed a clear preference for outreach support services delivered on farm.

Men in farming expressed an overwhelming preference for outreach counselling services to support mental health. Outreach counselling services for farmer support and mental health are those that are delivered by peer support workers or clinicians on farm or rural properties. Some of the men interviewed were providing peer support through formal arrangements with organisations or informally through their own volition to support other farmers in their community.

Men in farming in New South Wales described how outreach services are:

- Easily accessible to anyone by direct phone call rather than through referral by a healthcare provider;
- Providing timely assistance when and where it is needed in a discreet and confidential manner;
- Providing 'check-ins' for men considered at risk and follow-up support;
- Highly engaged with the community through established relationships and high visibility in community settings so people know who they are, what they do and how they can be contacted. This also enables counsellors to know who might benefit from a 'check-in' and the offer of support;
- Creating pathways to appropriate services and facilitating/coordinating service access, whether to stepped mental healthcare or farmer support services, and thus enabling 'wrap-around' care tailored to individual needs;
- Tailoring culturally appropriate support to men in farming;
- Extending community-based support by developing networks of 'gatekeepers' and building their capacity to provide direct support and facilitate service access.

Men in the South Australian study site had differential access to outreach services depending on whether they were located in the Mid-North of the State or on the Yorke Peninsula. The Mid-North of the State was declared drought-affected and so Family and Business (FAB) Mentors were established by the Department of Primary Industries and Regions to provide farmers with free and informal counselling and to help connect them to services according to individual circumstances and need. The men interviewed who had used

this service offered strong endorsement based on their experience. Men on the Yorke Peninsula who participated in the study did not have access to a local mentor but suggested such a service would be valuable because:

- It simplifies access by removing the traditional referral pathway via a healthcare professional;

- Outreach services can overcome barriers to taking the first step by calling men in farming to offer support;

- Services provided on farm properties negates the distance and time needed for men in farming to access services in town;

- Men in farming benefit from early intervention through informal counselling;

- Outreach counselling services can facilitate access to stepped care when clinical services are needed or can be a 'one stop shop' ensuring referral to appropriate supports.

Despite having outreach counselling and farmer support programs in the region, Victorian men in farming interviewed perceived an unmet need for such services to facilitate pathways to mental healthcare for men in farming. This finding may be connected to the first key finding, that is, of low awareness of the various pathways to mental health support in the region.

3. Valued peer support for mental health and wellbeing.

Across all study sites men, in farming identified peer support as having a significant role in their mental health and wellbeing and as their preferred medium of support. Many of the farmers were providing informal peer support in their community through their own volition and others were providing peer support through formal arrangements with organisations or through gatekeeper training programs.

The New South Wales sample collectively represented the most men in farming occupations with experience of formal peer support offered through organisations offering outreach counselling.

Many Victorian farmers identified informal peer support among their community as significant in their experience of mental health. A number of farmers expressed how peer support provided greater satisfaction and support for recovery than their experience with mental health helplines and counselling services. Farmers with lived experience of depression and suicidal thoughts described how their own experiences helped them recognise mental health issues in others and motivated them to provide peer support or become community 'champions', spreading their story and experience. One farmer described providing peer support to other farmers experiencing depression and suicidal thoughts.

South Australian farmers on the Yorke Peninsula described how a culture of care for mental wellbeing is being established on farms and through the farming community with clear leadership from particular farmers in the region. This culture involves awareness of the importance of mental health on farms, an 'open door' policy and collegial support for talking about mental health issues, workplace practices intended to provide support for wellbeing and participation in community events and initiatives targeting mental health and wellbeing.

Peer support was valued by the farmers interviewed in South Australia because it provides:

- Understanding through lived experience of similar issues;

- Local face-to-face support and opportunities to talk informally and share experiences;

- Capacity to reach out or follow-up on someone who is struggling;

- Encouragement and reassurance;

- Relationships as a basis for the trust and rapport needed to confide in someone.

4. Want more opportunities for social connection and wellbeing.

Men in farming across all of the study sites suggested that more social opportunities in their community would provide avenues to peer support, enhance mental wellbeing and strengthen resilience. Farmers were also consistent in suggesting that social opportunities should be small scale, informal and low cost—for example, gatherings where men could enjoy each other's company over a barbeque. Many farmers

saw these types of gatherings as key to reducing pressure and stress for themselves and also a way of checking in with mates and neighbours. Some men emphasised family events with entertainment including comedians, bands and performances by school children.

Farmers across all the states noted that 'mental health events', of the type typically organised by community groups for suicide prevention, tend not to be engaging for men in farming. New South Wales men in farming discussed some of the limitations they perceive with mental health events including:

- Not being able to reach men who would not attend a mental health event but are struggling with poor mental health;

- The potential for mental health events to be too personally confronting for men to participate;

- Scheduling of events during the year when men in farming are too busy to attend due to farm work demands;

- Lack of follow-up for attendees/presenters who have disclosed personal issues pertaining to distress or mental health;

- First community mental health events having good turnout and attendance dropping off at subsequent events;

- Repetition of key messages being unengaging for men who have already attended events;

- Funding and scheduling of mental health events during times of crisis in farming when men in farming are too overwhelmed/busy keeping stock alive and the farm running to attend—rather than scheduling events during non-crisis times when farmers have the flexibility to attend.

The majority of farmers across all study sites suggested that communities and groups should organise social events, both for their inherent contribution to personal wellbeing, social connection and peer support and because social events offer a more engaging and relaxed format into which mental health awareness raising or initiatives can be incorporated through a subtle and non-confrontational approach. Some of the men in farming who have a role in providing peer support

described how they or outreach counsellors can attend social events as a low-key presence—chatting to people, handing out cards and possibly giving a short presentation at the end of the event on who they are and what they can provide.

5. Recommend embedding mental health initiatives into agriculturally based events/groups/businesses.

To reach and engage men in farming and those that may be impacted by farmer distress, participants suggested that a system of mental health support needs to be embedded into the agricultural sector. South Australian men in farming suggested a range of opportunities including:

- Community groups for mental health and suicide prevention organising awareness raising initiatives in collaboration with farmer's groups or networks such as the agricultural bureaus;

- Delivering mental health training and initiatives through agricultural conferences and/or colleges;

- Providing gatekeeper training tailored to farmers or groups of farmers on farm properties;

- Organising key representatives from agriculture to present at an agriculturally based event/training day to draw in men in farming and also incorporate mental health training and initiatives;

- Embedding support services in the agricultural sector for men in farming and those working alongside farmers who are impacted by distress;

- Workplace mental health training and support including processes for debriefing distress.

Farmers in the Victorian sample suggested there needs to be more agricultural community 'gatekeepers' to facilitate pathways to services for men in farming. Potential candidates for gatekeeper training relevant to men in farming include stock agents, agricultural merchandise sales people and other farmers in the community who have a profile as mental health 'champions'.

While gatekeeper training with its traditional referral mechanism to healthcare sector

resources is valued, men in farming also suggested a deeper engagement with the agricultural sector so that the services and resources tailored to men in farming (such as outreach counselling and peer support) are familiar and readily accessible to those working closely with men in farming.

6. Provided mixed responses to ICT based services.

The data demonstrated that a variety of support mechanisms are required to cater to the diversity of needs and preferences among men in farming. Some of those interviewed emphatically stated that men in farming would not access helpline numbers or participate in video-conference based services. However, within the sample some had accessed ICT based services. Among those, some reported satisfying experiences while others shared negative evaluations of their experiences.

A number of farmers pointed to the increased use of technology due to COVID-19 restrictions and suggested that the experiences and learning that was occurring in relation to technology during this time would likely improve engagement and uptake of ICT based supports and services by men in farming.

Saving time and confidentiality of online supports were two of the perceived benefits of technology-based services.

Stage 1 Findings: Strategies and Solutions Identified by Men in Farming Occupations for Addressing Mental Wellbeing and Suicide Prevention

Below are the extracted and compiled strategies and solutions that were suggested by men in farming participants during Stage 1 interviews. Alongside place-based summaries of key findings (materials presented in Appendix B), these strategies were also presented during the co-design workshops (see Chapter 6) and used to inform the resources that were subsequently developed with SPGs. The strategies identified by men in farming are presented by case study site (Tables 5.2 to 5.4) to highlight place-based solutions and ideas.

Conclusion

This chapter has discussed findings from Stage 1 interviews with men in farming and presented them separated by case study site, overall common themes across sites, and finally, the extracted place -based strategies suggested by farmers. These findings addressed Aim 3: 'To examine lived experiences of distress among men in farming occupations and their preferences for community-based interventions to develop knowledge about current and potential strategies for suicide prevention'.

Within the findings, stories of lived experience of distress and suicidality were shared and highlight the multitude of challenges farmers experience in accessing and receiving support. Formal supports and services were often perceived as fragmented and difficult to access (due to confusion around eligibility, lack of clinicians, farm commitments, distance/time to travel to appointments and fears relating to stigma and confidentiality). Services were also often perceived as lacking continuity of care, appropriately tailored approaches and language and appropriate follow-up.

Repeatedly, peer and community support (both informal and formal) were seen as integral to tackling some of the challenges—such as changing stigma and the culture of stoicism, interrupting the dangerous and commonly mentioned trajectory of social isolation/withdrawal and subsequent worsening of emotional distress,

educating people about avenues of support and care, and facilitating connections to more formal and acute supports when needed. There was agreement among participants that outreach services also went some way in addressing difficulties farmers experience in accessing and receiving support, however, this was only if the outreach service provider had knowledge and understanding of farm and rural living and had appropriately tailored approaches to speaking with and engaging farming men in therapeutic conversations and interventions. Gatekeeper training (a widely applied suicide prevention strategy where people are trained to recognise suicidal distress and arrange appropriate referral) for workers or embedded support in the agricultural sector were also highlighted as potential ways to educate men about and facilitate engagement with supports, including outreach support.

Finally, the strategies and solutions identified by men in farming for addressing mental health and wellbeing highlight the wealth of knowledge farming men with lived experience possess in relation to how and when they want farming mental health and suicide prevention initiatives to be directed. These strategies were shared with SPGs during the co-design process, and alongside all data obtained during Stage 1 interviews and focus groups, were used to inform the resources designed during Stage 2: Co-design (presented in the section and chapters to follow).

Table 5.2 NSW extracted strategies

Russell
- *Focus on relationship issues/marriage guidance as part of outreach counselling practice and community mental health events.*
- *Provide more positive, recovery-oriented stories of mental health and suicide for men in farming.*

John
- *Create a directory of local service contacts with photographs and information about the provider so that people can see who and what services are available.*
- *Rethink what technologies and messaging is suited to young adult males— text messaging, for example.*
- *Need to encompass broader messaging about physical health and wellbeing into suicide prevention/mental health work.*
- *Equip men to go beyond the superficiality of 'are you ok mate' to have difficult and challenging conversations.*

Pat
- *Provision local 'champions' who can provide peer support and help bridge gap between those in need and services.*
- *Focus on success stories to balance messaging about prevalence rates etc.*
- *Explore whether the focus on men means women/partners do not receive the support they need.*

Robert
- *Focus on activities that provide social interaction for men (enrolling in short TAFE or training courses) and for families (social events).*
- *Continue improving the flow of information to communities about availability of supports and services.*
- *Subtle approaches that build trust and make people know that supports are available, without overt mental health messaging.*

Ross
- *Programs that address issues related to masculinity and mental health.*

Gary
- *Normalising feelings of stress and anxiety amongst farm workers.*
- *Value of outreach/farm-gate model for engaging famers and providing more personalised approach to care.*
- *Education about self-care.*
- *More personal stories of recovery.*

Neville
- *Financial counselling—audit and financial management training/programs for farmers.*
- *Value of outreach/farm-gate model for engaging famers.*

Table 5.3 VIC extracted strategies

Bruce
- Program/services that are able to offer timely and immediate crisis level support.
- Programs/events that encourage farming men to talk about problems (e.g. Gotcha4Life) but with scope for meaningful follow-up.
- Peer support.
- Financial assistance to non-mainstream services such as outreach counsellors that is non-binding (governance; KPIs).
- Fairer financial assistance programs following drought/bushfires.

Charles
- Peer support with lived experience of farming issues and suicide.
- Improved care following suicidal crisis.

Warwick
- Resource, build and support existing structure of gatekeepers and farm-gate counsellors.
- Industry-specific training for agronomists in mental health awareness and self-care.

Raymond
- Cuts to government regulation impacting small farmers.
- Funding structures to enable primary care services to manage serious and persistent mental illnesses.
- Peer support programs and gatekeeper/connector programs.

Peter
- Outreach models.
- Workshops/education programs in personal relationships and communication.
- Building community networks of support (e.g. Royal Flying Doctor Service; Suicide Prevention Networks).

Geoff
- Supportive of farm-gate counselling.
- Social events that bring farmers together.
- Limited mental health promotion suggests need for speakers/events.

Robin
- Information about mental health and available services.
- Practical business and financial supports.
- Social events.
- Local services more amenable to farming men (farm-gate counselling; building trust).

Mitch
- Supports for those using alcohol or other drugs.
- Making mental health resources available for local communities.

Nathan
- Mental health checks at field days.
- Support for older farmers transitioning into town and aged care services.
- Making mental health resources available for local communities (sporting clubs etc) to access/download.

Table 5.4 SA extracted strategies

Luke
- *Support must include follow-up.*
- *Value of outreach for farmers for direct support and to provide pathways to other support.*
- *Early intervention strategies.*
- *Support community 'champions' to undertake training in mental health if they wish.*
- *Need to 'get the horsepower' to the ground—'roll your sleeves up' and get traction through practical assistance rather than allowing people to 'fall through the gaps'.*

Anthony
- *Encouraging peer support.*
- *Providing information and initiatives for men in farming at farmer's group meetings (e.g. agricultural bureaus).*
- *Extending a culture of mental health care within farming enterprises.*
- *Promoting personal wellbeing strategies such as fishing.*

David
- *More community mental health events with peer. speakers and advertising local services and supports.*
- *Outreach counselling—from outside the community and delivered 1:1 on properties.*
- *Promoting personal wellbeing strategies like walking the dog, listening to music and limiting alcohol.*
- *Extending a culture of mental health care within farming enterprises and supporting managers who may participate in 'accidental counselling' of staff.*
- *Provide farmers with access to support for family issues such as marriage counselling or parenting support.*
- *Embed mental health content in agricultural training (e.g. Grain Growers Research and Development Conference).*

Jacob
- *Strategies to connect men in farming with available resources and services.*
- *Encouraging informal peer support by ensuring social opportunities are available.*
- *Engaging agricultural industry reps to speak at events that will draw hard to reach farmers in and then incorporating mental health initiatives/messaging.*
- *Provide outreach counsellors with agricultural backgrounds.*

Jason
- *Provide farmers with support for family issues.*
- *Organise social events for farmer mental health— with small mental health component (e.g. a good speaker at the end of the event).*
- *Provide peer support and outreach 'checking in' on farmers at risk.*

Chris
- *Suicide Prevention Network meetings could be more informal to attract farmers.*
- *Suicide Prevention Networks need to be dependable and relatable in terms of the support they provide the community.*
- *Men in farming need supportive opportunities to engage in face-to-face conversations about things that matter— technology, social media and phones are too dominant.*
- *Mental health training needs to be offered to students in agricultural colleges.*
- *Gatekeeper training/mental health workshops need to be provided to groups of farmers on farm properties (outreach model) .*

Jonathon
- *Encourage informal peer support.*
- *Provide farmers with access to tele-psychology or phone-based clinical services.*
- *Embed mental health initiatives into agricultural training days.*
- *Extend suicide prevention training opportunities to those providing peer support to men in farming occupations.*

Matthew
- *Provide social opportunities for peer support for men.*
- *Develop recovery focused messaging.*
- *Support opportunities for communities to cooperate in an initiative—bringing people together with shared purpose.*
- *Build mental health initiatives into existing community structures that are already bringing people together.*
- *Lectures by professionals are 'off-putting' and so events should incorporate short introductions to raise awareness, personalise and demystify services.*
- *Farmers need access to counsellors that understand farming/rural contexts, issues and outreach so they do not have to be seen attending the service.*
- *Encourage personal wellbeing strategies such as meditative practice.*

Table 5.4 SA extracted strategies

Roger
- Extend culture of care for mental health in farming enterprises.
- Provide support for those providing informal peer support.
- Provide services and supports for farming women.

Simon
- Promote personal wellbeing strategies such as taking recreation breaks.

Alex
- Practical support (e.g. 'buy a bale' initiatives for psychological wellbeing).
- Reciprocal practical support between farmers as a form of peer support.
- Enabling farmers to take breaks off the farm or providing social opportunities for relief through events or shows.

Stuart
- Provide peer support to men in farming so that farming issues are understood.
- Improve social justice in the way government funding and support is provided.

Michael
- Provide farmers with easy access to information tailored to the context of farming (e.g. via mobile phone or ABC radio).
- Develop locally based advertising so people know where to go for support.

Brendan
- Podcasts on mental health and wellbeing that young farmers can engage with while working.
- Deliver mental health initiatives through sporting clubs.
- Building the culture that it is ok to talk to your mates if you are struggling.

Ben
- Encouraging informal peer support by ensuring social opportunities are available.
- Provide outreach counselling support to men in farming occupations.

Nick
- Embed mental health and suicide prevention initiatives in existing community groups/structures.
- Simplify access for men in farming to mental health resources provided at a national level.

Scott
- Extend a culture of care in farming enterprises.
- Promote personal wellbeing strategies.
- Establish outreach counselling services with established referral pathways into farm workplaces.

STAGE TWO

Co-design of Suicide Prevention Strategies and Resources

AIM:

Co-design place-based suicide prevention strategies and resources with rural suicide prevention community groups (Riverina Bluebell, Riverina, NSW; SOS Yorkes, Yorke Peninsula, SA; Mellow in the Yellow, Tatyoon, VIC) using findings from Stage 1 interviews of men in farming.

THIS SECTION CONSISTS OF ONE CHAPTER:

- Chapter 6 presents the process and outcomes of co-designing place-based suicide prevention strategies and resources with SPGs.

CHAPTER 6

Co-design

Introduction

The findings in the previous chapter point to the need for increased resources that are culturally appropriate to de-stigmatise mental ill health, reduce the distress of men in farming occupations and to develop quick and easy pathways to formal support services and local peer support. Co-design is an approach that facilitates collaboration and partnership—in this case, between the rural SPGs and the research team. The aim of co-design in this project was to create targeted and tailored resources that were place-based and community driven using the research findings and the ideas and stipulated needs of men in farming occupations.

The outcomes presented in this chapter address Aim 4 of the research, that is,

'To co-design tailored, place-based suicide prevention strategies with rural Suicide Prevention Groups **(Stage 2)**'

The approach to co-design in this project is reinforced by studies which suggest strategies for suicide prevention are most effective when they are tailored to population risk factors and consider cultures associated with farming while remaining alert to diversity, in particular, factors such as age, gender, ethnicity and Indigeneity, (Bryant & Garnham, 2013; 2014; 2015; Ellis & Albrecht, 2017).

This chapter begins with a discussion of the core principles and benefits of co-design methods and outlines how the approach was used in working with rural SPGs to tailor and target strategies for suicide prevention to men in farming occupations. The purpose, construction and use of each of the co-created resources are explained. All resources are housed on the website created for the project, 'Taking Stock' (see Chapter 7), and can be accessed at www.takingstock.community

What is Co-design?

Co-design methods are defined as design creatively undertaken in partnership with individuals and groups who will benefit from a product or service, rather than design for those groups (Bevan Jones et al., 2020; Larkin et al., 2015). Co-design occurs in the context of research practice that is based on a participatory approach that recognises the multiple knowledges, lived experiences, and hopes for futures held in communities (Bryant, 2015). It involves a participatory relationship between researchers and participants in all or some aspects of the research process (Ellis & Bochner, 2008). In this project, co-design was built into the research process from the outset and SPGs were engaged knowing that they would be developing resources that they believed would be beneficial to men in farming.

Co-design participatory methods are increasingly encouraged to ensure mental health support services are improved in line with community need (OO'Brien et al., 2021).

The Use of Co-design in Rural Mental Health and Farming-based Projects

Within rural farming communities, there is little research which uses co-design methods in relation to health or mental health services. One study investigated prevention of poor mental health among primary producers in relation to online delivery due to the COVID-19 pandemic and found challenges such as 'Zoom fatigue' had to be carefully managed to ensure engagement was maintained (Kennedy et al., 2021, p. 12).

Within the farming sector, co-design has more extensively been used to improve agricultural technologies and productivity. For instance, co-design is used to 'weld research-based universalistic knowledge, with local knowledge' (Meynard et al., 2012, p. 419), such as designing a new agricultural animal or cropping systems (Bos et al., 2009; Moraine et al., 2016) or hardware and software for agricultural technologies (Phanomchoeng et al., 2020). Outside of the farming sector, there are also currently few studies which use co-design methods for overall healthcare in rural Australia (Kealy Bateman et al., 2021).

International literature on co-design methods rarely focus on rural settings (Bevan Jones et al., 2020; O'Brien et al., 2021). The important messages from international literature is that co-design as an approach facilitates beneficial outcomes including a sense of collaboration and 'shared power' between participants (Slattery et al., 2020, p. 8), increases trust (Springham & Robert, 2015) and facilitates empowerment as participants felt their voice was heard and valued through the co-design process (Cooper, et al., 2016).

Co-design Process

Stage 2 of the project used co-design method as a flexible framework depending on the requirements of the community group and proposed strategy. For example, a prototype for a resource could be tested with farmers at Step 7 (see below) or prior to the engagement of specialists depending on the nature of what was designed.

The co-design process from beginning to distribution of resources typically took 6 months and for some resources extended to 8–12 months. The following steps were used during the co-design process:

1. A brief summary of key findings was created based on the themes from interviews with men in farming occupations (see Appendix B for summary). Key questions were posed under each finding to stimulate discussion. Findings were circulated to the suicide prevention community groups prior to the first co-design workshop to prompt thinking about potential strategies.

2. A co-design workshop was facilitated with members of community groups in person or via Zoom (see Chapter 2). Drawing on the findings summary and questions, possible strategies, resources and initiatives were discussed with the

group and documented. Ideas and initiatives were prioritised and agreement met about which resources to develop.

3. The next stage involved design 'mock-ups' and costing for each of the proposed strategies, resources and initiatives.

4. A second co-design Zoom workshop was held to further discuss the proposed strategies, resources and initiatives and review the design mock-ups and costings. Further feedback was obtained, as well as agreement on actions to move forward.

5. Cycles of action/planning/review continued, according to the requirements of the project and group needs.

6. Specialists were involved, depending on project requirements.

7. Prototypes of the strategies, resources and initiatives were finalised and tested with men in farming occupations.

8. Finally, co-design Zoom workshops were held for SA and NSW participants to discuss the testing and further develop the prototypes based on feedback obtained from men in farming occupations.

Co-design in the context of this project is not simply the development of tools in partnership with communities. It is a process of drawing on community expertise, sharing knowledge and facilitating further community development focused on male farmer suicide prevention. The research team facilitated and worked in conjunction with community SPGs to contribute to developing capacity to enable groups to continue the process of updating and designing strategies well after the project ends to meet the ongoing needs of their communities.

Co-designed Resources and Activities

All these resources (see Appendix C for examples) are housed on a mixed media website named 'Taking Stock', designed to make the resources and their templates available where applicable, so that rural community Suicide Prevention Groups and others can not only download the resources, but can generate their own and update any outdated information.

Key findings from Stage 1 (see Appendix B for summary) that the co-designed resources were designed to address include:

> Creating social opportunities in the community to provide avenues for peer support and enhance wellbeing.
>
> Raising awareness about avenues for mental health and suicide prevention support.
>
> Facilitating men in farming to locate pathways to potential service and supports through agricultural community gatekeepers, including stock agents, contact services and/or farming interest groups.
>
> Mental health and wellbeing issues, including alcohol consumption and misuse, farm work/family/community life balance, suicide and suicide fatalities in the community and early intervention strategies to build resilience and wellbeing.

Farmers Talk Mental Health—These are Cross-site Resources

Print media articles

A series of narratives of lived experience were co-designed, told by a fictional 'Farmer Joe' and his family. These narratives were derived from the composite of experiences of all the farmers who participated in interviews. The aim of the stories is to help farmers recognise that the distress, mental ill health and/or suicide ideation they may have experienced is also experienced by other farmers. The stories also aim to break down the barriers for seeking help and to provide information about mental health services.

These narratives of lived experience can also be used as workshop prompts to help raise discussions about farming mental health and access to suicide prevention resources.

The articles:

Five themes from analysing interview data appeared across several interviews of farming men who owned family operated farms, were in their late 40s, were married and had children. Each story focused on one of these five themes:

1. Recognising distress and anxiety.
2. Economic, weather, other downturns and related distress.
3. Marital stress and needing to talk to someone.
4. Alcohol and help seeking.
5. The road to recovery.

Stories of 200–300 words were published in the Stock Journal and regional community media such as the Yorke Peninsula Country Times to reach as many farmers as possible. Each story included contact details for mental health providers, displayed under the storyline.

PICTURED *Cassie Hough from South Australia's ABC Country Hour program.*

Audio podcasts

Six podcasts were developed to target younger farmers who specifically suggested podcasts were an effective means for understanding the triggers for mental ill health, support options and recovery.

Cassie Hough from South Australia's ABC Country Hour program interviewed six young men in farming. Through these interviews, the men talk about their personal stories and activities and groups they have been involved with to promote mental health among farmers.

Through these personal stories, these men talk about their relationships, economic and climatic stress, the physical and emotional demands of farming and their personal journeys of mental ill health or suicidal ideation. They also highlight the benefits of peer support and wellbeing. These stories help farmers, particularly young men, to understand that they are not isolated in the problems and challenges which occur in farming and that there are others in the community with similar experiences who want to connect with them and provide support.

The aim of the podcasts was also to include a diversity of younger farmers, including those new to the industry without family backgrounds in farming who were farm workers, market gardeners and generational farmers.

Podcasts were created with:

- **Ant Wilson** is a NSW based organic fruit farmer with no family background in farming, who had always dreamt of being a farmer. He is passionate about farming in a sustainable way. Ant tells his story of exiting farming and the distress of coming to the decision to sell his property.

- **Ben Brooksby** is a cattle farmer from the South East of South Australia whose family comes from a farming background in Victoria. Ben describes himself as a shy and anxious person, and is known as the 'Naked Farmer' because he works in his community raising awareness of mental health challenges for farmers through the production of calendars, books and other materials. He has famously said: 'It takes guts to get your gear off and it takes guts to talk about mental health'.

- **Simeon Ash** is a market gardener from Melbourne who also has no family background in farming and fell in love with it after being a part-time farm worker. Simeon talked about the challenges of the large financial and debt outlay required in farming, particularly when you don't have a family background in farming. He discusses the long hours he works to make his business successful, which leaves little time for socialising and connecting with his community.

- **Arran Heideman** is a permaculture market gardener from a farm near Brisbane. He loves farming and says this is what makes the challenges manageable. Arran has been involved in Young Farmers Connect, a grassroots organisation which helps to support and mentor young people in farming. He says fluctuating sales and disposing of good crops that cannot be sold can be challenging to his mental health.

- **Jordan Collin** is a market gardener with his partner near Bendigo, Victoria. Their farm grows fifty to sixty crops including vegetables which supply groceries and restaurants. Jordan and his partner use regenerative farming practices. They each have grandparents who were involved in farming. He talked about the challenges he and his partner had after his partner was injured, which culminated in closing the farm for three months. This crisis caused financial and emotional stress for both. He describes this period as a nightmare time which has caused post-traumatic stress, but he is confident they have overcome it with the help of their community.

- **Will Mercer** is a fourth generation farmer in Victoria's western districts. Will's family farms wheat, beans, canola, barley, hay and sheep. Will's family is in the process of succession planning. He said when it comes to managing family challenges like financial pressures and family breakdown, it is really important to talk about what is happening and also listen to what other people need and want. He also said it has been helpful to involve a mediator to help manage family succession to ensure everyone feels good about the decisions being made.

Promoting Pathways and Access to Services

Stick it on the fridge: magnetised mental health services directory for farm households.

YORKE PENINSULA, SOUTH AUSTRALIA
EAST GRAMPIANS, VICTORIA

A fridge resource comprising a personalised directory of mental health and farmer support services was co-designed in South Australia's York Peninsula region with SOS Yorkes and in Victoria with Yellow in the Mellow.

The fridge resource was designed as a printed, flipped page document with a magnet to enable it to adhere to the fridge and therefore be easily visible and accessible. Findings from interviews with farmers indicated that some farmers preferred printed rather than digital resources such as Apps for connecting them with mental health services.

The directory lists the mental health and community support services available in the region using 'non-clinical' language. There is a photo of each service provider with personal background information including information about the time they have spent in the community, what they love about the local area, their experience (if any) in farming and the type of service they provide. The directory is designed to show service providers as approachable, relatable and connected to their community and farmers.

The resource may be disseminated at community events, put on display and made available in businesses and health offices.

The directory is also available as a digital resource for online access via local libraries, district councils and other organisations. Additionally, the template can be updated as required. The cost of printing the fridge version was low, so that it can be updated and printed as needed.

Short films: Profiles of service providers

Short films have been created profiling service providers. The films have been shared on the social media pages of SOS Yorkes and act as a digital service directory. The first film showcases Jen Harvie, Mental Health Case Manager at Country Wellness Connections, Uniting Country SA and the second introduces Ben Wundersitz from Fat Farmers.

These resources were developed to increase pathways and knowledge of service provision for farmer mental health.

As an example of the success of this resource, a video of one of the service providers—Jen Harvie—was shared on the SOS Yorkes Facebook page in December 2020. This video was successful, reaching 3900 community members and generating 71 likes, 50 shares and 20 comments within 24-hours of uploading.

These films provide an example of a quick, easy and low cost resource that communities can create to address a major concern raised by farmers about lack of knowledge of services. These one-minute films can also be shared across multiple community and agribusiness sites.

Community launch

A community event was co-designed in February 2021 to launch the SOS Yorke's fridge directory resource and calendar, to connect community members and farmers with service providers.

PICTURED *Stephen Matthews, President of Riverina Bluebell.* PHOTO BY *Robert Lang.*

The calendar launched at this event was developed by the community. This event brought together the service providers and community members to connect people with the resources and connect the community to service providers.

Community calendar

NSW stakeholder, Riverina Bluebell, held a competition for best community photos to make up a calendar for 2021. Community members were asked through social media to send in meaningful photos about farming and wellbeing. Twelve photos were chosen and the winners provided with a voucher. The resulting calendar was also made relevant to the community through listing key farming dates, such as field days in the region. Each page contained mental health messages and listings of local in-person and national online/phone mental health services.

The calendar is an example of how the process of developing a resource is as important as the resource itself. The group engaged their wider community in producing the calendar. Farm men from the Riverina Bluebell group personally delivered the calendar to other farmers and agribusinesses to initiate

a conversation about the role of Riverina Bluebell in suicide prevention and to start the process for developing new support networks across the Riverina.

Coasters and bar mats

Coasters and bar mats were co-designed to encourage people to seek help by providing contact details for assistance. The coasters and bar mats provide contact details for MensLine and Lifeline. In addition, the coaster has a URL which can be accessed via QR code for the farmer health online psychology service, which provides 24/7 access to counselling support for farmers: farmerhealth.org.au/access-a-psychologist-online.

The illustration and the messages on the coaster and bar mats were designed to encourage farmers to perceive 'fixing' their mental health as similar to fixing a mechanical or physical problem on the farm. This message was developed from the co-design workshop process with Mellow in the Yellow.

Developing Peer Networks and Support

NSW partner organisation, Riverina Bluebell, co-designed a roadshow across four Riverina towns to help extend community networks and provide peer support. The roadshow consisted of visits to agribusinesses, and a series of co-hosted events between Riverina Bluebell, the agribusinesses and farmer groups across the Riverina. These events include opportunities for guest speakers and a network enabling regular interaction among men in farming across the Riverina.

The roadshow concept was shown to work, despite it being disrupted by COVID-19 lockdowns and restrictions throughout 2021. For instance, Riverina Bluebell had started to make use of local connections to train businesses to have mental health conversations and to hand out materials such as the calendar and door excluders (snakes). Another example of a positive outcome of this concept was a local Bendigo Bank branch working with Riverina Bluebell to provide their customers with emotional assistance and to have valuable conversations.

One event that fit the roadshow concept was successfully hosted at the end of 2021 by the Tarcutta Valley Landcare Group. This event also showed the value of such a concept. Thirty people attended as part of a cattle workshop and a speaker from Riverina Bluebell was given an opportunity to speak about mental health and wellbeing, with a further 30 minutes of questions.

PICTURED *Double sided coaster designs.*

This event showed the effectiveness of connecting with captive audiences and extending the group's network. The participants received copies of the calendar and the snakes, which were very popular. An email from the group after the event praised the speaker for making a valuable contribution to the attendees, saying 'I am sure there were a number of people who took away key messages which have improved their lives'.

Riverina Bluebell also attended an event hosted by Country Women's Association Uranquinty. They received the following feedback in a letter of thanks from the group, showing the value this community group placed on the Suicide Prevention Network's presentation:

'The Members of the CWA Uranquinty Evening Branch wish to extend our heartfelt appreciation to Riverina Bluebell for supporting the Sconversation on Rural Mental Health held in Wagga Wagga on Friday 18 February 2022. Our vision for this event was to bring the community together for a conversation on mental health. In doing so, our goal was to create a community of compassion, support and action on this most important of issues— one which affects the lives and livelihoods of so many Australians. With Riverina Bluebell's support, we achieved this goal. The passion, insights and lived experience our Q&A panel members brought to the Sconversation 'table' ensured the conversation was rich, diverse and most importantly, real and meaningful. The engagement of the audience on the night and the feedback we have received since the event, have demonstrated the value of creating awareness of mental health from different perspectives, and providing a platform for forging new connections and building networks of support.'

PICTURED *Calendar spreads from Riverina Bluebell.*

Although the COVID-19 pandemic challenged the momentum of the roadshow concept, Riverina Bluebell continued to be enthusiastic about its potential. The pandemic made it difficult to connect, but also created much need for mental health support among the community who are experiencing isolation and anxiety. As one example, an event planned had to be postponed four times and was eventually cancelled due to changing circumstances with the pandemic.

Establishing and Sustaining Community Suicide Prevention Groups that Provide Targeted Strategies for Men in Farming

Documentaries about SPGs

A series of three documentaries was created by filmmaker Robert Lang with the SPGs who have participated in this study: SOS Yorkes, Riverina Bluebell and Mellow in the Yellow. Filming took place in SA, NSW and VIC. The documentaries showcase the stories of how these groups came to be established, their key activities, the impact of these activities as told by men in farming and lessons learned by founding members of the group about setting up a sustainable and impactful rural suicide prevention community group.

Short film: Mentally Fit EP

Robert Lang produced a short film interviewing members of another rural grassroots mental health and suicide prevention community group in Eyre Peninsula, South Australia, called Mentally Fit EP. The film also engaged farmers who have benefited from the group's strategies, services and activities. This film was designed to showcase this sustainable group who have maintained external industry funding and service a large region, the Eyre Peninsula.

This group has a story to tell about how to include community members in designing resources and developing roadshows that take resources across the Peninsula. They provide some examples of 'best practice' in providing place-based farmer suicide prevention initiatives. The group recently won a State-based award for 'healthy towns' due to their positive local impact.

Short film: Music festivals as events for suicide prevention

A short film was created which documents the South Australian regional music festival, 'Caltowie Chilled Out 'N' Fired Up' in the Mid-North of South Australia. This film includes footage of the festival and an interview with its creator to explain how the event was planned, the importance of appropriate speakers, involvement of the broader community and farmers and how funding raised from the event has been used to support local place-based suicide prevention activities.

Conclusion

This chapter has outlined the steps taken and the outcomes achieved through the process of co-design. The chapter addresses Aim 4 of the research: 'To co-design tailored, place-based suicide prevention strategies with rural Suicide Prevention Groups'. Overall, the Stage 2 co-design process successfully developed several tailored strategies and resources that are aimed to target men in farming occupations and their communities, to reduce experiences of mental distress and suicide and improve mental wellbeing. The resources are varied, use mixed media, are designed to be informative, interactive and engaging and address a number of key issues that were raised during Stage 1 interviews and focus groups. Importantly, these various place-based resources have been compiled and are now centrally housed on an online resource hub, 'Taking Stock', which will be explained in more detail in the following section.

STAGE THREE
Website Development and User Feedback

AIMS:

Develop website to house co-designed resources
for free public access and sharing across regions.

Obtain user feedback on website navigation
and co-designed resources.

THIS SECTION CONSISTS OF TWO CHAPTERS:

- Chapter 7 presents the process of the website development and user feedback.
- Chapter 8 concludes with the key findings.

Website Development and User Feedback

Introduction

This chapter outlines the development of the IT platform to house the co-designed resources, as well as the process of obtaining brief initial feedback about the resources and website.

This chapter therefore addresses Aims 5 and 6 of the research project:

AIM 5

'To create a website of resources for rural communities, Suicide Prevention Groups and farmers to address distress and suicide prevention and provide resources for establishing a rural Suicide Prevention Group **(Stage 3)**'

AIM 6

'Obtain feedback regarding the layout and navigation of the website prior to the final stages of building the site and on co-designed resources from Suicide Prevention Groups **(Stage 3)**'

Website Development

The research team worked closely with website developers to create the online platform. The range of resources housed in the newly built IT site 'Taking Stock' were built to provide a depository of resources, a library of digital and textual stories. The library was designed to aid in the reduction of distress by helping farmers identify themselves in another's story and to create a de-stigmatisation of mental ill health to enable help seeking. The stories and resources such as the localised and personalised service directories and coasters direct farming men to support services and peer-based supports.

TAKING STOCK

'Taking Stock' was also developed to become a digital place to assist other rural communities establish suicide prevention or wellbeing groups and provide them with the tools to do so. The site holds resources to help rural communities establish and sustain SPGs and to engage and activate SPGs to use and tailor their resources to men in farming occupations for suicide prevention. As reiterated throughout this report, importantly, all resources have been developed by rural community SPGs based on the key findings from farmer interviews. In other words, the resources have been designed by rural communities, for rural communities and farmers. All aspects of the website had been carefully considered and designed with the goal of being engaging, relevant and visually interesting to a variety of age groups and farming occupations. The colours, fonts and images were all discussed and selected by the researchers through a process of working closely with website developers.

User Feedback

This final stage of this project also sought to obtain feedback about the co-design process, the resources developed and navigation of the 'Taking Stock' website.

Suicide Prevention Group Feedback About Resources

First, in order to obtain feedback about the co-design process and resources, the online survey was sent to the three SPGs (Riverina Bluebell, Mellow in the Yellow and SOS Yorkes) that participated in the co-design phase. The survey was designed to capture the perceived appropriateness and impact of implemented strategies or resources. Online surveys were used to gain feedback from the groups involved about their experiences of the project, how it was relevant to them and how useful the co-designed resources were. Online surveys were considered a useful data collection tool because of the absence of interviewer bias, removing the need for data entry, as well as convenience for respondents who can complete the surveys in their own time (Van Selm & Jankowski, 2006). Online surveys are regularly used as a method of evaluation in co-design projects (Mulvale et al., 2016), including in healthcare contexts (Slattery et al., 2020). An anonymous online survey method has also been used to evaluate the activities of Australian Suicide Prevention Networks to inform the development of an Evaluation

Toolkit (Ferguson et al., 2020). The Google Forms survey tool was used to build the online survey that could be shared via email.

Each open-ended question asked respondents to share their experiences of being part of the project and their perceptions of the outcomes and impacts of the project on their activities. They were also asked whether they have faced any challenges in implementing change in their organisations through involvement in the project and were asked to write about changes they have seen in their interaction and engagement in the community due to their involvement.

Two SPGs responded to the online survey and one SPG provided responses to the questions via a telephone call with the researcher. In order to facilitate participation of the SPG volunteer members, the researchers did not require members to answer every question nor was it specified how much information they would need to provide. The respondents provided one or two comments or sentences. Responses were brief and only those comments that related to the experience of the co-design activities and feedback about the resources are presented here. The responses are presented separated by case study site.

Feedback from NSW

When asked about their experience of the co-design activities and feedback about the resources that were developed, Riverina Bluebell reported that the resources led to positive outcomes and were well received by community members:

'our organisation achieved some good outcomes. Calendars and messaged draft excluders created opportunity for discussion and interaction'

'we have a few more tools to start the conversation'

They also reported that the views that farmers and their families expressed about the strategies (calendars and draft excluders) were *'overwhelmingly positive'.*

Feedback from VIC

Mellow in the Yellow also provided positive feedback on their experience of the co-design process, stating:

'We were involved in a research project looking at the mental health of farming men in our area. We then used the outcomes of the research to develop some tools to assist. It was a great model'

Mellow in the Yellow also talked about the outcomes of the workshops and how the resources they developed reinforced the need for starting conversations and normalising the topic of farmer mental health:

'We co-designed a directory of services for our area that could be used as a fridge magnet. We co-designed bar mats and drink coasters that promotes seeking help... It has reinforced the importance of talking about farmer's mental health and normalising the conversations'

Given that this feedback was obtained in April 2022, they reported that the service directories and bar mats were yet to be rolled out, however, that the view of farmers and their families was that *'people were really excited'* about the strategies.

Feedback from SA

The feedback from SOS Yorkes acquired via telephone call was also positive. SOS Yorkes reported that the resources designed for their community region were *'well received'.*

It was explained that calendars were distributed widely over the Christmas period alongside Christmas hampers for people in need:

*'People were certainly extremely grateful for the calendars ...
for those who were more isolated the calendar was useful,
more so than for the younger sector who use their phones more'*

SOS Yorkes raised an issue with the service directory which relates to the larger issue of inconsistent services and loss of funding, staff or support for services:

*'Because of changes to services and limited support
on the Peninsula, the service directories can become
out of date quickly and require updating [to accurately
reflect the available services]'*

Of the members from SOS Yorkes, only two of the original members were still involved in the group; therefore, obtaining feedback regarding additional co-designed resources was not possible at the time of the feedback survey.

It should also be noted that across all sites (NSW, VIC and SA) the resources while being made, and as outlined in the co-design process, were subject to remodification based on feedback from farmers and community members. In some instances, because of the feedback received once the process of developing a resource had started and where a community did not think a particular resource would be helpful, the idea was 'scratched' and the process of design started again. For example, this occurred with an SPG wanting to create an App service directory, however, once the idea was circulated in the community, it was revisited and a hardcopy local and personalised directory of resources was created instead.

User-test of Website by Farmers and SPG Members

In addition to the feedback regarding the co-designed resources, feedback regarding the look and navigation of the website was sought from a select few farmers and SPG members. A link to a brief user-test was sent via email to men in farming and SPG members. The user-test was open for one week and was kept brief (approx. 3–5 minutes to facilitate participation). This user-test took place in October 2022, during the final stages of website development.

The user-test (see Appendix A for questions/tasks) required individuals to complete a series of tasks to test the navigation of the website to find particular resources. The resources they were tasked with finding and downloading included a documentary, an information sheet on how to start a community Suicide Prevention Group and the project report. This process also obtained, via open ended questions, qualitative feedback in the form of initial reactions and thoughts about the website.

Seven individuals accessed the website and user-test, three provided qualitative feedback and two completed tasks to test usability and navigation.
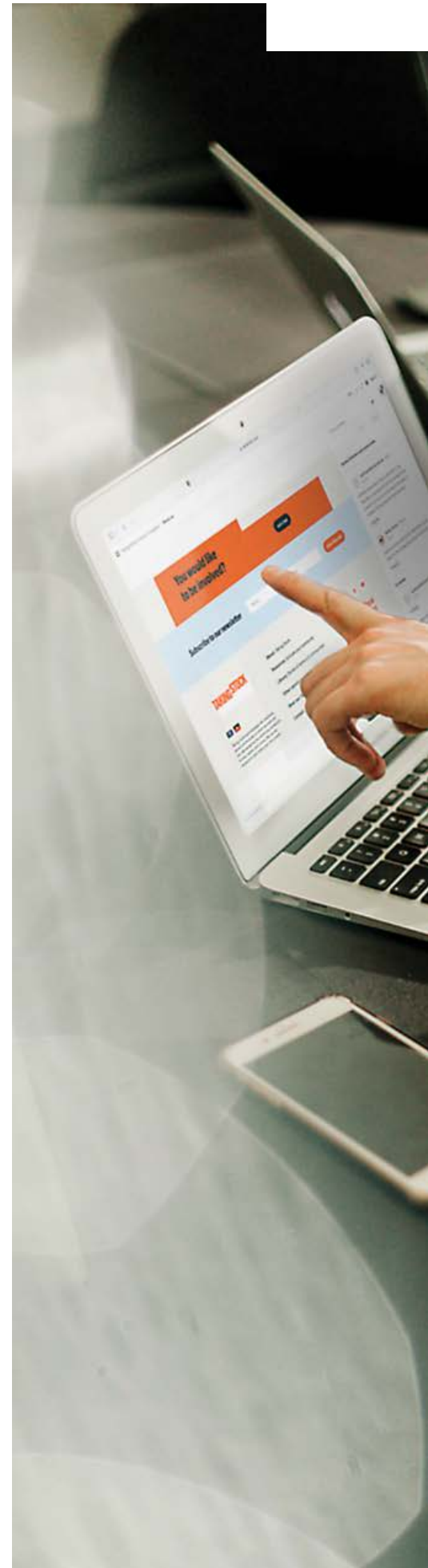
Overall, farmers and SPG members who participated in the user-test found they were easily able to navigate the site and access information and resources on the site within a matter of seconds. All links and pathways were found to work successfully. Further, initial qualitive feedback was generally positive:

'I have had a look at your website and I think it is fantastic'

'Looks great. The main reason I took time to find what you asked for was I got distracted and wanted to look at other things as I went through. I usually don't find mental health things attract me for long but this website does'

Conclusion

While this feedback process did not aim to capture an extensive amount of evaluation data, particularly given the stage the research was at when the survey took place (e.g. some resources were yet to be launched or circulated by SPGs), it was still able to capture some of the experiences of SPGs involved in this project and allowed us to obtain some initial reactions and feedback. So far, feedback has been positive and overall, the SPGs reported that the resources that had been rolled out had been well received by community members. Further, the initial user-test of the website found that the site was easy to navigate, was user-friendly and engaging and users were able to find the resources they were tasked with finding. It is hoped that a more comprehensive evaluation process will take place in the future once all the strategies and resources have been circulated in the community for a greater length of time.

Conclusion

This national study was undertaken between May 2019 and November 2022 with the central aim to:

a) Generate new knowledge about the interrelationships between place-based communities, farmer distress and suicide prevention for men in farming occupations and to develop, alongside men in farming and community (co-design), targeted strategies aimed to improve mental health for men in farming.

Specifically, the research sought to address six aims:

1. Examine how rural Suicide Prevention Groups establish, operate, foster sustainability of the group, and respond to distress and suicide prevention in agricultural communities **(Stage 1)**;

2. Document pathways to place-based mental health and suicide prevention services and explore relationships between Suicide Prevention Groups and local stakeholders **(Stage 1)**;

3. Examine lived experiences of distress among men in farming occupations and their preferences for community-based interventions to develop knowledge about current and potential strategies for suicide prevention **(Stage 1)**;

4. Co-design tailored, place-based suicide prevention strategies with rural Suicide Prevention Groups **(Stage 2)**;

5. Create a website of resources for rural communities, Suicide Prevention Groups and farmers to address distress and suicide prevention and provide resources for establishing a rural Suicide Prevention Group **(Stage 3)**;

6. Obtain feedback regarding the layout and navigation of the website prior to the final stages of building the site and on co-designed resources from Suicide Prevention Groups **(Stage 3)**.

These aims were addressed through the completion of three project stages:
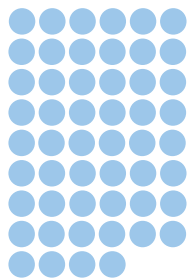
STAGE 1
involved conducting interviews and focus groups with farming men, stakeholders, and rural community Suicide Prevention Networks.
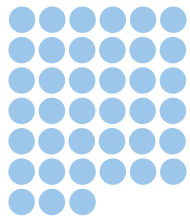
STAGE 2
involved co-designing suicide prevention strategies and resources alongside men in farming and rural community Suicide Prevention Groups.
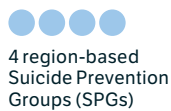
STAGE 3
involved firstly, developing the website 'Taking Stock' to host the developed resources and secondly, obtaining feedback on the website and co-designed resources.

Key Findings

Data collection methods were successfully applied and across all study sites a total of 52 male farmers, 39 stakeholders and four region-based SPGs participated in this research.

The potential of SPGs

During Stage 1, SPGs described their journeys to becoming established, how they recruited members, their goals and ambitions regarding suicide prevention in their community and their successes and challenges. SPGs consistently described that their role was to engage their communities in events and provide education about available services and supports. There were differences across groups such as demographics of group members (predominantly older members versus a younger membership or general community members versus healthcare workers as members), however, commonalities were also reported such the challenges surrounding group sustainability and limited or inconsistent resources (volunteers, funding etc). SPGs also described difficulties in generating new,

engaging and tailored ideas and initiatives for suicide prevention in their community.

It is clear from the findings that SPGs can play a valuable role in rural communities, particularly in light of some of the difficulties reported by farming men and stakeholders that communities experience finding appropriate resources for men in farming. For example, men in farming reported difficulty accessing services for a range of reasons—low awareness of pathways to support, fear of being seen accessing services, time away from the farm and other pressing demands, long wait times for a service and staff shortages. These findings were corroborated by the stakeholders who participated in the research. While it was found that few stakeholders and men in farming were aware of their local SPG, the findings also suggested ways that this issue can be addressed and SPGs can aim for wider reach and increased community awareness. Ideas to expand outreach included embedding content into agricultural associations and events or making their activities more appealing by broadening the focus and removing the emphasis on mental health and suicide. Whether it be a perception or reality, in communities where formal supports are perceived as not accessible or appropriate, SPGs can play a vital role in community education (about when to seek help and the various and alternative pathways to support), stigma reduction efforts and generating opportunities to enhance wellbeing.

The value of peer workforce, peer support and social connection

Beyond the many challenges and barriers to accessing and receiving support that were reported by participating stakeholders and men in farming,

52 male farmers

39 stakeholders

4 region-based Suicide Prevention Groups (SPGs)

the findings also highlighted additional enablers of mental health and wellbeing such as strategies, solutions and important insights into the needs of farming men and their communities. Taken together, the findings from stakeholders and men in farming point to the value of peer support models, both formal and informal. These were understood as critical to reducing shame and stigma associated with mental distress, normalising experiences of distress and suicidal ideation among farmers, and ultimately, facilitating a culture shift away from stoic masculine ideals of 'toughness'.

Peer workers are increasingly regarded as valuable additions to mental health services to provide peer support, advocacy and to draw on their expertise resulting from either lived experience of mental illness and recovery or as a carer for someone with mental illness (World Health Organization, 2017). Developing a peer workforce is currently a priority area for Primary Health Networks in Australia, in line with the Peer Workforce Development Guidelines as part of the Fifth National Mental Health and Suicide Prevention Plan (Department of Health, 2018). In the case of addressing distress among farming men, peer workers are not only individuals who have experienced distress but may have additional insight and understanding into rural life and farming. The findings also strongly emphasised the importance of increasing opportunities for social connection—this being a critical way that local communities and SPGs can address mental wellbeing and suicide prevention at a local level—by hosting or supporting events and activities that bring people together. It was suggested by participants that these events should not necessarily focus solely on mental health but instead host a diversity of activities and talks around wellbeing, moving away from only having mental health clinicians speak. These events were also discussed as needing follow-up for attendees, particularly in cases where potentially distressing or triggering information was shared. The SPGs involved in the present research shared their experiences with hosting such events, outlining important challenges as well as factors that facilitated successful events. These and other findings from SPG focus groups provide important and valuable insights for future groups to learn and grow from. Further, given that an aim and outcome of this research was to enable knowledge sharing through workshops and website development, these learnings are able to be shared across regions.

Initiatives to have a broader focus

Regarding mental health and suicide prevention initiatives, services and support, a key finding from this research was the importance of understanding factors that surround experiences of distress among farming men (such as financial concerns, climate stress, relationship issues etc) and ensuring that these are considered and acknowledged within any interventions or initiatives that target men in farming. This relates back to the value of peer support, as well as what any outreach or ICT services need to incorporate into their service.

Immediately accessible co-designed resources and website

In line with a key overarching aim of this project, these Stage 1 findings translated into co-design outcomes during Stage 2 and a series of resources were developed though co-design workshops held with SPGs. Stage 3 enabled all resources and knowledge gained during the project to be compiled and made available to communities and farmers through the newly established website, 'Taking Stock'. The website was designed through not only drawing on the reported wants and needs of farming men and creating an online platform tailored to men in farming and their communities, but also with the help of website developers and graphic designers to be engaging, easy to navigate and visually interesting. Preliminary user feedback obtained during Stage 3 found that farmers and SPG members who participated in the user-test were able to easily navigate the website and find the resources they were looking for such as a documentary, information on how to start a SPG and the project report. 'Taking Stock' has been designed so that it will continue to be added to and evolve over time, as new resources are developed and new knowledge is gained through additional research endeavours such as those that aim to address the needs of women and young people in farming.

Strengths, limitations and ways forward

Limitations to this research included potential selection bias with potentially only those who felt comfortable coming forward and speaking with the researchers. Therefore, it is possible we did not hear from those who may be more isolated and have greater difficulty communicating their experiences of distress and help-seeking. However, to address this, participants (both men in farming and stakeholders) also spoke on behalf of those who may not have felt comfortable to participate, highlighting perspectives beyond that of their own individual experiences. Additionally, it was noted that while participants reflected a diverse range of ages and commodities farmed, Indigenous farmers or farmers from diverse cultural backgrounds were not represented within the participant cohort. There was also not specific focus on the experiences of farmers who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual or other sexual orientations or gender diversities (LGBTIQ+).As this was beyond the scope of the present research, it has consequently highlighted that future research should address this knowledge gap. Similarly, while men in farming were the focus of the present research, it is planned that future research exploring tailored approaches to mental health and suicide prevention will be conducted with women in farming and culturally and linguistically diverse men in farming. We are actively seeking further funding to include a wider sample of farmers of diverse gender and sexual orientations.

A key strength of this research was that it enabled an in-depth, place-based exploration of farmer distress and gathered information from a range of perspectives which in turn informed development of the co-designed resources. This project also successfully established the first national and international online resource hub for community-based mental health and suicide prevention tailored to men in farming occupations. 'Taking Stock' is designed to connect rural SPGs to each other and to practice-based strategies, based on the best available evidence for farmer suicide prevention, and without cost to communities. 'Taking Stock' hosts digital tools and resources including films of SPGs talking about how they were established, what they require to develop and continue, how they have increased their capacity and sustainability through the project, and the initiatives they have designed for suicide prevention tailored to men in farming occupations. In addition, 'Taking Stock' is linked to agricultural groups across Australia providing opportunities for enhanced social connectivity and support for men in farming occupations within industries.

Closing remarks

This study developed a methodology for capacity-building community groups for mental health and suicide prevention in terms of farmer suicide prevention, but also in terms of diversity and sustainability of community volunteers (through pathways of support and resourcing). Crucially, this study developed culturally appropriate practices for farmer suicide prevention through in-depth engagement with men in diverse farming occupations and place-based relevance through the case study sites.

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APPENDIX A:
Data Collection Tools

Stage 1—Men in Farming Occupations Semi-structured Interview Guide

[Opening ethical requirements]

Have you read the information about the study and do you have any questions about what we are doing?

Just to confirm with you, the interview today and all the data will be confidential and your identity will not be revealed in any way. With your permission I would like to record the interview so that we can have it transcribed—because we analyse written transcripts. Is that ok with you?

If you do not wish to answer a particular question or would like to pull out of the study then you are free to do so at any time.

Once you confirm that you agree to all of that then we can proceed with the interview.

[Build rapport and establish demographic information]

So, just to begin, please can you tell me how long have you been farming (or working in agriculture)?

(farm workers; managers) What does your job entail?

Tell us a little bit about the farm. What commodities do you grow? How many acres are there?

How long have you lived in the region?

What is your age?

Do you live on the farm property? And who lives with you?

[Bridge demographic section and lead into questions about lived experience]

So, in this project we are interested in learning about the experiences of men on farms around their own mental health or the mental health of their mates or other men in farming. Could you share with me a little bit about your experiences in relation to mental health?

[Questions about services and supports—these need to be adapted depending on the story of lived experience the participant is sharing]

During this time did you have support? If so, who? If not, who would you have liked to support you?

Have you accessed any services or had support from someone in a professional role?

What was your experience of the services/supports you had during this time?

> Types of support that might be relevant to probe more about:
>
> - Practical support (people cooking meals, 'buy a bale' charity, agronomist, rural financial counsellor).
> - Social support (sporting clubs, community events, the pub, community groups/networks).
> - Emotional/psychological support (peer support, counsellors, psychologists, GPs).
> - Spiritual/religious support (church, church groups).

Do you know about the farmer mental health group Live Rural? [based at Tatyoon]

Or do you know of any Suicide Prevention Groups in your community?

Have you had contact with your local Suicide Prevention Group?

If yes: how did that go? If no: what do you think community groups for suicide prevention do?

[Questions about suggestions/preferences for community-based suicide prevention]

So, in this project we are working with community groups for suicide prevention and key stakeholders to design strategies or resources based on what men in farming need to better support their mental health and wellbeing.

What might have really helped you:

a) at the time you were distressed?

b) Before you were distressed?

What would help you now in terms of maintaining your mental health and wellbeing?

Do you have any ideas for what community groups can do to better help support men in farming who are experiencing distress?

Do you have any final thoughts or key messages you would like to finish with?

Stage 1—Suicide Prevention Group Focus Group Questions

Suicide Prevention Networks: Focus Group

Focus Group Semi-structured Questions Schedule 1:

Focus: This first focus group aims to map the histories of the Suicide Prevention Networks/Group including their composition and engagement with men in farming occupations and local stakeholders.

1. Please tell us a little bit about your community? **Prompts:** What are the demographics by age, gender and ethnicity? What are the main agricultural commodities? Itinerant populations? How are local business doing in the district?

2. When was your network established?

3. What prompted you to establish a network in your community?

4. How did the network get started? (**Prompts:** Who did you invite? Did you receive funding and from whom?).

5. What is the composition of your current membership by numbers, age and gender? Has membership changed overtime? Would you like to recruit more members? How do you allocate work among members?

6. What activities have you developed for suicide prevention in your community? **Prompts:** How were they received? Was there representation from men in farming and by age and if relevant ethnicity? Have you worked with local mental health and/or other stakeholders?

7. What activities have you planned for the next year? **Prompts:** What barriers are you facing in developing those activities? What opportunities are there for you to develop those activities?

8. What is required for the network to remain sustainable over time in your community?

9.   What advice would you give to other communities in relation to setting up a network? **Prompts:** What has worked and what hasn't in relation to engaging the community? What has worked and hasn't in setting up the network?

10. What else would you like to comment upon in relation to developing, growing and sustaining the network?

Stage 1—Stakeholders Focus Group Questions

Focus: The group of stakeholders in mental health and with a stake in farmer mental health will be asked to produce a map of the services available in their community.

Please introduce yourself and your role in farmer or rural mental health. Each member to articulate what service they offer.

Questions:

1. Have you worked with male farmers who have experienced psychological distress or who have had suicide ideation?

2. What distinguishing patterns of experiences and circumstances have presented across cases of male farmers in distress or who have been suicidal?

3. Have you worked with men in farming occupations like shearers or dairy hands or managers who have experienced psychological distress or who have had suicide ideation?

4. What distinguishing patterns of experiences and circumstances have presented across cases of men employed in farming occupations in distress or who have been suicidal?

5. What kind of support networks have you utilised to support distressed men in farming and what has worked best?

6. Have there been barriers in accessing mental health supports for men in farming?

7. Have you been able to collaborate with the Suicide Prevention Networks? (**Prompts:** How have you collaborated and what have been barriers and opportunities for collaborations?).

8. What would you envision as best practice to support:

    a) Early intervention to reduce the distress of men in farming occupations.

    b) Intervention when men are in crises.

    c) Ongoing support.

9. What other comments would you like to make about mental health and other support for men in farming occupations?

Stage 3—Suicide Prevention Group Feedback Questions Regarding Co-designed Resources

1. What has been your experience of the activities set up under this project?

2. What have been some of the outcomes/impacts from your experience with this project?

3. Has participating in this project created change in your organisation around farmer suicide prevention strategies? Tell us about the outcomes.

4. Have you experienced barriers that have prevented you impacting on services or supports for farmers?

5. What views have farmers and their families expressed about the strategies that have been tried in the community?

6. Do you have any feedback about further improvements to the strategies that have been tried in the community?

Stage 3—User-test of 'Taking Stock' Website: Feedback From Men in Farming Occupations and Suicide Prevention Group Members

'Taking Stock' user-test

1. We are seeking your feedback on some early designs for the new 'Taking Stock' website.

It is important to remember as you progress through this user-test that what you are looking at is not a 'working website', rather it is a prototype simulation involving some of the most visited areas of www.takingstock.community, constructed for the purpose of this research.

We will review the steps you take to complete set tasks in order to evaluate the intuitiveness of the navigation structure and design presented and once you have completed the tasks you will have the opportunity to offer overarching feedback.

Important notes:

- Complete this test on desktop.
- A search feature is not available.
- Most areas are clickable and will get you around.
- Don't worry if you don't complete the task quickly, speed is not the objective.

Visual: 'Taking Stock' logo

2. Privacy opt-in.

The data collected from this test will only be retained by 'Taking Stock' for the sole purpose of this research initiative.

If at any time you have any further questions, please contact Lia Bryant, Professor of Sociology and Social Work at UniSA Creative, Lia.Bryant@unisa.edu.au

By selecting yes below you agree to participate in this user research.

Required fields: Yes or No

3. Which of the following best describes you?

[Style: Multiple choice – Multi-select]

- I'm the owner of a farm
- I'm working within the agriculture sector
- I'm a community member who is living in an area heavily relying on agriculture businesses
- I'm a health or mental health professional
- I'm a member of a rural Suicide Prevention Group
- Other (Allow testers to enter a custom answer)

4. How old are you?

[Style: Multiple choice – Multi-select]

- 18–30
- 31–40
- 41–50
- 51–60
- 61+
- I would prefer not to reveal my age

5. Mission: Download the fact sheet—start a Suicide Prevention Group.

Locate the key document on this topic. Once you find it, take the actions required to download it.

Tip: Click the purple bar on the left side on the screen to see this question while you're working on the task.

A prototype link has been uploaded and a path set up which testers have to take to complete this mission.

After each mission a opinion scale is used to ask: How easy was it to find the information?

Scale in 5 steps supported by emojis;
Hard – Ok – Easy

6. Mission: Share our documentary of Riverina Bluebell with a friend.

Locate the key video of Riverina Bluebell. Once you find it, take the actions required to share it.

Tip: Click the purple bar on the left side on the screen to see this question while you're working on the task.

A prototype link has been uploaded and a path set up which testers have to take to complete this mission.

After each mission a opinion scale is used to ask:
How easy was it to find the information?

Scale in 5 steps supported by emojis;
Hard – Ok – Easy

7. Mission: Download our 'Taking Stock' report.

Locate the key document on 'Taking Stock's' origin. Once you find it, take the actions required to download it.

Tip: Click the purple bar on the left side on the screen to see this question while you're working on the task.

A prototype link has been uploaded and a path set up which testers have to take to complete this mission.

After each mission a opinion scale is used to ask:
How easy was it to find the information?

Scale in 5 steps supported by emojis;
Hard – Ok – Easy

8. Mission: Contact us.

Browse the website and locate our contact page.

Tip: Click the purple bar on the left side on the screen to see this question while you're working on the task.

A prototype link has been uploaded and a path set up which testers have to take to complete this mission.

After each mission a opinion scale is used to ask:
How easy was it to find the information?

Scale in 5 steps supported by emojis;
Hard – Ok – Easy

9. What were your thoughts on the look-and-feel of the new website?

A opinion scale is used to ask:

How easy was it to find the information?

Scale in 5 steps supported by emojis;
I don't like it – It's alright – Looks great

10. Do you have any further thoughts or suggestions?

We value your feedback so, as you were completing this user-test, if you had any thoughts around design, menu navigation, language, page content or other we would love to hear from you.

The more specific you are the easier it is for us to

address, so feel free to provide as much detail as possible.

[Open question with a text field to write your answer]

11. Do you think the direction in which the website design is heading will enable you to discover new information or content that you might be interested in?

Fields: Yes or No

If No has been selected:

Please tell us why, and include any suggestions for improvement.

This could be related to the way the content is written, if it took too long, if there was too much distracting content on the page, etc. Any reason or short suggestion will help us.

[Open question with a text field to write your answer]

12. Thank you!

You completed our journeys and we couldn't be more grateful. Thank you for helping us to support rural communities and farmers. We hope you enjoyed the experience.

Visual: 'Taking Stock' logo

TAKING STOCK

APPENDIX B:
Co-design Workshop Materials

The following two documents were provided to co-design workshop participants in NSW, SA and VIC to help them to generate ideas for resources and tools, informed by the research findings.

Stage 2: Co-designing strategies and resources for rural community groups to tailor suicide prevention to men in farming.

NSW Workshop Document

17 men in farming occupations aged 30–77 years were interviewed by phone. The men were from properties across the Riverina region (including close to Wagga Wagga, Hay, Lockhart, Coolamon, Ungarie, Morangeral and Quandialla) and the majority were working with mixed commodities including livestock and cropping.

Men in farming related narratives about disappointment in professional healthcare services or their failure to meet their needs.

Issues in the mental healthcare sector including: Lack of service availability; Service location compromising confidential access; Poor facilities and experiences of care in residential settings; Competition rather than collaboration between leading organisations and funding/resources not effectively being channelled down to a grassroots level.

Some of the men did not know where to access services for mental health and suicide prevention.

Some interviewees stated that they would not know how to access mental health or suicide prevention services in an emergency. Issues included: Confusing and fragmented service landscape with no single, clear and overarching point of contact for emergency assistance for a mental health or suicidal crisis; Too many

organisations and services and no way of navigating these to find appropriate support for the issue being experienced; Lack of familiarity with mental health clinicians in the community/region.

Men in farming expressed a preference for outreach counselling and formal peer support.

Men in farming expressed an overwhelming preference for outreach counselling services to support mental health and for those services based on providing 'soft' counselling/peer support. Interviewees described many benefits including: Accessibility by direct phone call; Timely assistance when and where it is needed; Discreet and confidential 'check-ins' for men considered at risk and follow-up support; High visibility in community settings so people know who they are, what they do and how they can be contacted; Facilitating pathways to appropriate services and care tailored to individual needs; Tailoring culturally appropriate support to men in farming; Extending community-based support by developing networks of peer gatekeepers and building their capacity to provide direct support and facilitate service access.

Men in farming identified a service and support gap to deal with issues such as relationship conflict, divorce and intergenerational family issues in the context of farming.

Many interviewees identified relationship issues as significantly contributing to distress and suicide for men in farming occupations including relationships with an intimate partner and immediate and extended family relationships in the context of family/intergenerational farming. Some of the men in farming stated that there was a support gap for these type of relationship issues and noted: Community groups for mental health and suicide prevention are not attending to relationship issues and engaging/raising awareness of relationship support services; Relationship issues for men in farming are not so amenable to community/social support because they are not widespread like environmental or industry crises.

Community mental health events for men that normalise distress and facilitate support are well received by some men but have limitations.

Mental health events can facilitate disclosure of mental health issues, normalise distress and facilitate help-seeking. However, interviewees pointed to what they considered to be limitations of this strategy including: Being too personally confronting for men; Scheduling when men in farming are too busy to attend due to farm work demands; Lack of follow-up for attendees/ presenters who have disclosed personal issues of distress or mental illness; Repetition of key messages being unengaging for men who have already attended events; Funding and scheduling of mental health events during times of crisis in farming when men in farming are too overwhelmed/busy keeping stock alive and the farm running to attend.

Men in farming value social events for community connection and wellbeing and suggest the possibility of having peer support/outreach counsellors in attendance.

A number of interviewees suggested that rather than having events that headline mental health as the focus, farming communities value social events for mental wellbeing. Some of the men in farming who have a role in providing peer support described how they or outreach counsellors can attend social events as a low key presence— chatting to people, handing out cards and possibly giving a short presentation at the end of the event on who they are and what they can provide. Interviewees pointed to the significance of social interaction for wellbeing and suicide prevention and also suggested that social events are more engaging for the community.

Men in farming suggest extending gatekeeper training and mental health support into the agricultural sector.

To reach men in farming and those that may be impacted by farmer distress, interviewees stated that a system of mental health support needs to be embedded into the 'front line' of the agricultural sector. While gatekeeper training with its traditional referral mechanism to healthcare sector

resources is valued, interviewees suggested a deeper engagement so that the services and resources tailored to men in farming (such as outreach counselling and peer support) are familiar and readily accessible to those working closely with men in farming. It was also suggested that workplace mental health training and support is needed including processes for debriefing around distress.

Small group-based approach to training/support for men in farming delivered in the community was indicated as an appropriate strategy.

A few of the men interviewed suggested a small group format for workshops or mental health initiatives/supports delivered in the community would suit men in farming.

Men in farming suggest that a recovery narrative is needed to provide encouragement and strategies for returning to good mental health.

A strong theme pointed to the dominance of a medical model of mental illness in the way that mental health is talked about and strategies are delivered that includes a focus on suicide prevalence rates and symptomology. Interviewees suggested that a recovery focused narrative could be strengthened in the approach to mental health for men in farming that would provide encouragement and strategies for recovery from poor mental health.

Some men in farming were supportive of ICT based supports.

A variety of support mechanisms are required to cater to the diversity of needs and preferences among men in farming. Some emphatically stated that men in farming would not access helpline numbers or participate in video-conference based services. However, others had accessed ICT based services and reported satisfying experiences. A number of interviewees talked about the technologies that are embedded in the everyday lives of farmers, particularly mobile phones, and how these could be utilised to tailor support to this population in a variety of means or used in conjunction with face-to-face support.

Stage 2: Co-designing strategies and resources for rural community groups to tailor suicide prevention to men in farming.

SA Workshop Document

17 men in farming occupations ranging in age from 22–70 years participated in interviews. The men were from properties across the Yorke Peninsula and Mid-North of South Australia and were either working with cropping or mixed commodities including livestock and cropping.

The majority of men interviewed did not know where to access support for mental health and suicide prevention in the region and were not aware of Suicide Prevention Networks.

The majority of men interviewed had not accessed mental health services and did not know how to access these services in their region. Some interviewees had used the rural financial counselling service and spoke highly of their experience receiving support. The majority of the men interviewed were also not aware of their regional Suicide Prevention Network and were not aware of the role of the network in their community —some erroneously presumed that the network would offer crisis counselling support.

Farmers related narratives about disappointment in professional services or their failure to meet needs and expressed distrust that they would be understood by professionals in services.

While most of the men interviewed did not have direct experiences with mental health services, many held a sceptical view of services and expressed a reluctance to seek professional support. Some interviewees related narratives of disappointment in professional mental health services. Issues raised included: Concern that service providers would not understand rural/farming issues; Cost of accessing services versus perceived benefit; Having to access a healthcare provider for a referral—which is time consuming and does not provide immediate support; Lack of personal relational connection with mental health professionals; Waiting time for clinical services and distance to see a specialist.

Men in farming expressed a preference and unmet need for outreach counselling services including referral pathways to stepped care.

Some of the men had received support from the outreach service for rural financial counselling and spoke highly of their experience. None had accessed an outreach counselling or mental health service but many of the men interviewed suggested this would be a valuable approach for farmers because: It simplifies access by removing the traditional referral pathway via a healthcare professional; Outreach services can overcome barriers to taking the first step by calling men in farming to offer support; Services provided on farm properties negates the distance and time needed for men in farming to access services in town; Men in farming benefit from early intervention through informal counselling; Outreach counselling services can facilitate access to stepped care when clinical services are needed or can be a 'one stop shop' ensuring referral to appropriate supports.

Peer support is strongly valued by men in farming.

Men in farming described the value of peer support for mental wellbeing. None had accessed formal peer support services for mental health and so the arrangements were informal or through community groups. Many of the men described how a culture of care for mental wellbeing is being established on farms and through the farming community with clear leadership from particular farmers in the region. This culture involves awareness of the importance of mental health on farms, an 'open door' policy and collegial support for talking about mental health issues, workplace practices intended to provide support for wellbeing and participation in community events and initiatives targeting mental health and wellbeing. Peer support is valued because it provides: Understanding through lived experience of similar issues; Local face-to-face support and opportunities to talk informally and share experiences; Capacity to reach out or follow-up on someone who is struggling; Encouragement and reassurance; Relationships as a basis for the trust and rapport needed to confide in someone.

Efforts to normalise mental health issues and raise mental health literacy for men in farming should be incorporated within existing agricultural groups, organisations and events and be extended through outreach to 'champions' in farming communities.

Many of the men suggested that mental health initiatives and supports need to be embedded within the agricultural sector to effectively engage men in farming occupations. A range of opportunities were identified: Community groups for mental health and suicide prevention organising awareness raising initiatives in collaboration with farmers groups or networks such as the agricultural bureaus; Delivering mental health training and initiatives through agricultural conferences and/or colleges; Providing gatekeeper training tailored to farmers or groups of farmers on farm properties; Organising key representatives from agriculture to present at an agriculturally based event/training day to draw in men in farming and also incorporate mental health training and initiatives; Embedding support services in the agricultural sector for men in farming and those working alongside farmers who are impacted by distress.

Men in farming identified a service and support gap for mental health to deal with issues such as relationship conflict, divorce and intergenerational family issues in the context of farming.

Some of the men interviewed talked about relationship conflict within the context of farming and suggested that these types of issues are significant in terms of understanding mental health issues among men in farming. It was suggested that while the impacts of broad scale agricultural community issues like drought or a drop in commodity prices are shared and elicit community and other supports, personal relationship issues are privately experienced and harder for men to cope with. None of the men impacted by relationship and family conflict/breakdown had received services or formal support for these issues or their mental health.

Social and wellbeing events for farming communities create social connection, opportunities to talk with peers, raise awareness of local services and build relationships with professionals and service providers in a relaxed environment.

Some of the men interviewed had noted that often 'mental health events', of the type typically organised by community groups, are not engaging for farmers or they don't see them as relevant if they themselves are not experiencing distress or an issue with mental health. Rather than have a mental health event per se, interviewees suggested that communities and groups should organise social events, both for their inherent contribution to personal wellbeing, social connection and peer support and because social events offer a more engaging and relaxed format into which mental health awareness raising or initiatives can be incorporated. Another suggestion was to incorporate mental health talks or workshops into existing social clubs such as football clubs.

Men in farming provided mixed findings about the uptake of ICT based supports.

None of the men interviewed had accessed ICT based services or supports for mental health and were largely of the opinion that such modes of support wouldn't be engaging for men in farming. An exception to this is peer support or outreach counselling connecting with farmers by mobile phone and some participants provided stories and examples of that occurring.

Stage 2: Co-designing strategies and resources for rural community groups to tailor suicide prevention to men in farming.

VIC Workshop Document

Context

18 men in farming occupations aged 32–64 years participated in interviews. The men were from properties across the Central Highlands and the Southern Grampians regions in the South West of Victoria and were farmers or farm workers working in beef, wool, lambs, cereal crops, hay and milk.

Co-design strategy for Live Rural

Please note that the issues raised by men in farming are not listed below in any order of preference or importance.

Please read the complete list and decide which themes you might wish to focus on and/or how to collapse themes under a co-designed resource. A list of potential design strategies is attached to help you brainstorm. The list is by no means exhaustive, please feel free to ignore the list entirely!

We would like to create 2 co-designed resources employing communication designers or any specialists required and if we are unable to fully fund both we will attempt to seek external funding.

8 Key issues identified by men in farming in Victoria to inform the Co-design of suicide prevention strategies/resources

1. Low awareness of pathways to mental health support.

Farmers who had not previously accessed mental health services were unsure of where to go if they themselves or another farmer needed support. Some were able to identify large national organisations for mental health but were not confident that they would reach out through those avenues. Most farmers in this category were not able to identify local community-based services, Suicide Prevention Networks in their region and had not heard of Live Rural. Those who had accessed support for mental health had initially reached out to a GP.

Please consider: What methods could be used to raise awareness about access to and positive use of mental health services in your region to men in farming?

Does Mellow in the Yellow want to set up strategies to disseminate and share information with the community about access to supports?

2. Difficulty finding the right support and accessing mental health services.

Of those farmers who had accessed services for their mental health, a number talked about difficulty finding the 'right fit' and so needing to persist with trialling multiple clinicians and services. Farmers also talked about deeply intrenched rural issues around the time and distance required to access a mental health service and wait times for appointments with specialists.

Please consider: How to link farming men to health services and how to raise the consciousness and training of service providers in your area to understand the experiences of farming and men in farming?

3. Outreach services and agricultural community gatekeepers to reach farmers at risk of mental illness and suicide.

Men in farming pointed to an unmet need for rural outreach counselling services delivered by peer support workers or clinicians on farm properties. They also suggested that there could be more agricultural community 'gatekeepers' (e.g. these are to facilitate pathways to services for men in farming). Outreach and gatekeeper supports are needed to provide a local and easily identifiable point of contact for men experiencing distress and at risk of mental illness or suicide or those with concerns about a farmer in their community.

Please consider: In relation to co-design, you may wish to consider developing a resource for government that outlines the benefits of this approach via data and storytelling.

4. Mental health and wellbeing issues that could be targeted through community-based initiatives.

A number of issues were raised by farmers that impact on their mental health and wellbeing and could readily be addressed through community-based initiatives including alcohol misuse, farm

work/life/community balance, suicide fatalities in their community and early intervention strategies to build resilience and mental wellbeing.

Please consider: How could some of these issues be addressed in relation to peer support and/or existing community networks and/or extension of Mellow in the Yellow activities and/or print or digital strategies?

5. Peer support is strongly valued by men in farming.

Informal peer support among farmers was described as having a significant role in mental health. A number of farmers expressed how peer support provided greater satisfaction and support for recovery than their experience with mental health helplines and counselling services. Farmers with lived experience of depression and suicidal thoughts described how their own experiences helped them recognise mental health issues in others and motivated them to provide peer support or become community 'champions' sharing their story and experience to support others.

Please consider: How to create ongoing and sustainable peer support networks? How to train peers for men in farming?

How to make peer support networks widely known? What platforms and where should peer support networks take place?

6. Tailor the language and representation of mental health supports and initiatives.

Men in farming were largely averse to clinical style mental health events and workshops and clinical language. However, they were very supportive of incorporating mental health initiatives into formats that are familiar and acceptable to farmers, using language and expressions that famers are familiar with and speakers who are relatable to farmers. A strong theme across the interviews was the importance of delivering mental health initiatives through the contexts and formats that farmers are already engaged with and comfortable in and timing events in a way that is sensitive to the seasonal and daily routines of farmers.

Please consider: How to embed mental health messages and supports in local agricultural forums and widely in the agricultural sector?

## 7. More opportunities for social connection and wellbeing.

Men in farming suggested that more social opportunities in their community would provide avenues to peer support, enhance mental wellbeing and strengthen resilience. Farmers were also consistent in suggesting that social opportunities should be small scale, informal and low cost.

Please consider: How to engage more farmers to attend events that are informal and regular and low in cost? What will bring farmers to events and/or is co-hosting possible?

8. Use of ICT based services received mixed responses.

Farmers provided mixed feedback on ICT (Information and Communications Technology) services and supports for mental health. Some suggested that face-to-face support is preferable to technology-based supports. However, others pointed to the increased use of technology due to COVID-19 restrictions and suggested that the experiences and learning that was occurring in relation to technology during this time would likely improve engagement and uptake of ICT based supports and services by men in farming. Saving time and confidentiality of online supports were two of the perceived benefits of technology-based services.

Please consider: What are the most effective ICT platforms to use or link to for mental |health services and supports? What kind of platforms would reach the most farmers? How to engage farmers who are not comfortable with ICT platforms and/or could a different strategy (e.g. printed material be available to these farmers?).
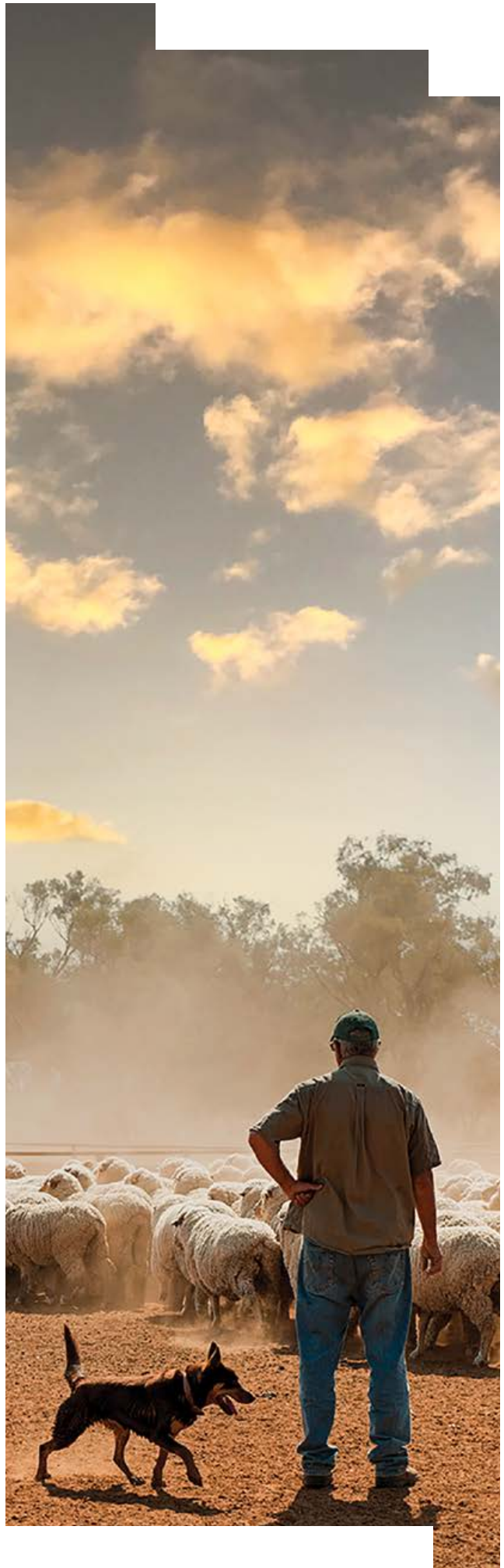
APPENDIX C:
Co-design Resource Examples and Images

Farmers Talk Mental Health—Cross-site Resources

Print media articles

The following promotion about the monthly mental health and wellbeing column was promoted in the Stock Journal.

Telehealth key, but not silver bullet answer

BY CLAIRE HARRIS

FARMER and psychologist Steph Schmidt said the need for mental health support in rural areas was continuing to rise.

"It's not necessarily COVID-19 specifically causing the need to increase services, but drought, bushfires, and the day-to-day challenges that farming brings, all cause stress and anxiety to those in the regions," she said.

"We need programs to build resilience skills from the ground up, so we can reduce the burden at the top, on a clinical level, and bring waiting lists down.

"Prevention is always better than a cure."

Despite COVID-19 not being the sole contributor to a rising need for mental health services, the shutdown of face-to-face consultations and expansion of telehealth services has acted as a "leveller" between rural and urban residents accessing healthcare, according to Premier's Advocate for Suicide Prevention, Dan Cregan.

"We have all had to adapt, with lasting benefits for people who now communicate more frequently with friends, family and medical professionals," he said.

"COVID-19 has made it possible to deliver health and counselling services electronically and this is very important for rural and regional communities.

"The SA government moved speedily to set up the Covid Mental Health Telephone Support Line (1800 615 677), which offers telephone and video counselling, referrals to a range of services and follow-up check-in calls. In my view, the expansion of telehealth is a massive win for regional communities, especially those struggling to attract and retain health professionals."

But Mr Cregan said the benefits of telehealth should not be seen as a direct replacement to in-person consultations going forward.

"People know and understand the value of having doctors, counsellors and other allied health professionals based in regional communities," he said.

"Despite advances in technology, there is no substitute for a doctor or counsellor who lives and breathes the challenges of regional communities on a day-to-day basis."

❚ Make sure to check out our new monthly mental health and wellbeing column in Stock Journal's Our People section (P24). It will be written by representatives of the National Enterprise for Rural Community Wellbeing, based on insights that emerged from a national study on tailoring strategies for farmer suicide prevention and from a co-design workshop with local suicide prevention group SOS Yorkes.

The following stories of lived experience were published in the Stock Journal.

Help available to assist with heavy burden

BY **KATRINA JAWORSKI**

JOE grew up on the family farm on Yorke Peninsula and farming is all he knows.

When his parents died, he became the fourth generation to farm, with a cropping operation and sheep for meat production. He married local woman Jessica 20 years ago and they have two children.

Joe is one of those people you least expect to be struggling - a "loud, life of the party" sort of person.

At first, he didn't understand why he was feeling terrible. He would have episodes for weeks where he was in "a dark space" and "wasn't enjoying anything".

Jessica knew something was wrong but felt helpless. When he told his mates, some of them were surprised and laughed because he's just not the sort of bloke to get depressed. But things built up and got worse.

When the drought came, his anxiety levels rose. He would often be driving the tractor, crying to himself.

"Things that normally roll off my back pretty well would set me off...I ended up blowing up over something that wasn't really warranted," he said.

"I just had a lot of trouble sleeping, because the family owed $750,000, which doesn't sound as much, but it's equivalent of about $2 million now. At night, I was just having panic attacks and anxiety attacks and all that sort of stuff."

It took a while for Joe to get help. Finally, he had "a total breakdown".

"I went to the GP's office and started crying to him, and he said 'I think you're pretty depressed mate'."

For the first time, Joe was able to say he wanted to run away from it all. He now realises that depression and anxiety are not something you can fix on your own.

"You have to get professional help even when you don't want to because you are working 14 to 16 hours a day without anyone else around," he said.

After he started taking anti-depressants and got more counselling, Joe started to open up to Jessica a lot more.

He nows listens to three or four hours of podcasts each day - "they're like a conversation" - as well as music. This helps with motivation and when he feels isolated.

He realised he wants to keep going - he loves his life.

"(I want) to hand (the family farm) on to the next generation in as good or better condition."

▌ Reach out to your GP or a community counsellor or contact Mensline: 1300 789 978; Regional Access: 1300 032 186; Lifeline: 13 11 11; Beyond Blue: 1300 224 636; Suicide call back service: 1300 659 467.

The following stories of lived experience were published in the Stock Journal.

'Snowball' hit eases through speaking out

FARMERS TALK MENTAL HEALTH

BY **LIA BRYANT**

University of SA's National Enterprise for Rural Community Wellbeing

JOE has always lived on his family's farm on Yorke Peninsula.

He remembers the day his father retired and he took hold of the reins. He and his wife Jessica were excited to build up the property.

They introduced lupins while continuing to grow wheat and sheep for the meat industry.

Joe has found that farming hasn't always been easy.

"Farming is like a snowball, it just keeps rolling and you can't stop it," he says.

Joe has developed a strategy that has given him a chance to speak up about his mental health.

"I have found that people are confident to talk about things when you're not looking at them," he said. "So you are shoeing a horse, you've got your head down and your bum up and you can talk about a lot of stuff."

It really made an impression on Joe when he went to a community event and a farmer stood up and said "I have a mental illness".

Joe's initial reaction was "oh no, don't say that", but then realised he was in a position to do the same thing, and potentially help others.

"I can point out to my mate that I am feeling sad and it's depression," he said.

"Chances are, the mate's going to say (they) feel the same way."

Joe believes speaking about depression is "normalising and validating".

Being open about when his mental health feels rocky has helped him during the harder times.

"You don't have to be best mates or anything ... but it helps to acknowledge publicly that we've had issues and this also helps others in the community," he said.

Joe has regained that pleasure of doing new things on the farm and wonders what ideas his kids will bring to developing the property.

Recently, he has been connecting more with agricultural groups in the region, swapping stories about paddock selection and rotation for crops. With community connection Joe feels the "snowball" has eased and farming has begun to feel rejuvenating.

If you or someone in your family or community might benefit from support for mental health and wellbeing reach out to your GP or a community counsellor.

▌Details: Lifeline 13 11 14; Mensline 1300 789 978; Regional Access 1300 032 186; Suicide call back service 1300 659 467; Beyond Blue 1300 224 636.

These stories of lived experience were published in the Yorke Peninsula Country Times.

GROWING MENTAL HEALTH AWARENESS

SOS Yorkes and the National Enterprise for Rural and Community and Wellbeing have been working together to help local farmers. The organisations have co-designed a series of stories addressing some of the issues, taken from 50-plus interviews with farmers from across South Australia, New South Wales and Victoria. Recurring themes include recognising distress and anxiety; economic, weather and other downturns and distress; marital stress and needing to talk to someone; help seeking and the road to recovery. Once a month, the Yorke Peninsula Country Times will run the latest story, as well as contact details for support services.

You don't have to fix things all on your own

JOE, 55, grew up on the family farm on Yorke Peninsula and is the fourth generation to work the land.

Joe is one of those people you least expect to be struggling.

As Joe says, "I'm probably one of those sort of loud, life-of-the-party sort of people."

At first, Joe didn't understand why he was feeling terrible.

Yet he would have these episodes for weeks where he would be in "a dark space" and "wasn't enjoying anything," he said.

Almost no one knew what was going on because he didn't talk to anyone, whilst his partner Jessica knew something was wrong but felt helpless.

When he told his mates, some of them were surprised and laughed because he's just not the sort of bloke to get depressed.

But things built up and got worse.

When the drought came six years ago, the "anxiety levels would get really high," he said.

"Things that normally roll off my back pretty well (would) set me off," he said.

"I end(ed) up blowing up over something that wasn't really warranted.

"I just had a lot of trouble sleeping, because the family owe(d) $750,000 which doesn't sound as much, but it is equivalent of about $2 million now.

"At night, I was just having panic attacks and ... anxiety attacks and all that sort of stuff."

It took a while for Joe to get help.

"I went to the GP's office and just started crying to him, and he said I think you're pretty depressed mate," Joe said.

"He listened, really listened."

Joe now realises depression and anxiety are not something you can fix on your own.

"You have to get professional help even when you don't want to because you are working 14 to 16 hours a day without anyone else around," he said.

After he started taking antidepressants and got more counselling, Joe started to open up to Jessica a lot more.

They would go on long drives to take their minds off things.

Joe has realised he wants to keep going because he loves his life.

"I want to hand (the family farm) on to the next generation in as good or better condition," he said.

By Katrina Jaworski

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Surviving ups and downs on the family farm

Joe, 55, is the fourth generation to call the family farm home.

Through good times and bad, the family has survived it all.

Joe is married to Jessica and their two children, Pete, 18, and Sarah, 14, are rapidly growing up.

Pete is studying agriculture at university in Adelaide and is thinking of following in his father's footsteps. This is not surprising as he wants to be just like Joe.

But Joe is worried.

Pete has seen some of the struggles the farm has gone through, but Joe had never really told him the toll it takes.

"The stress has always been there...when you are wondering where the next dollar is coming from and you're the only one that can solve the problem, the stress can build up very quickly," Joe said.

"Will there actually be a farm for Pete to come to?"

Joe has struggled at times to balance work with the pressures he feels from his parents, siblings and even Jess, especially when the situation on the farm has been hard-pressed.

External challenges including drought, floods and frost have wrought havoc on the farm.

When he and Jess were about to get married, the farm was destroyed by frost.

"We lost everything overnight," he said.

Joe carries the weight of his brother's experience as well, who left his farm $250,000 in debt amid rising interest rates.

Joe would wake up in the morning and only see the negatives, he said.

"You're thinking the worst and it's terrible," he said.

"We hear farmers talk — it's that sense of failure and the threat they might not be able to continue farming and it could be the end of the line for a particular property.

"That's the kind of thing that can push them to want to, yeah, end their lives."

Joe said he has often wondered how he was going to get through.

Joe recently made a change to his lifestyle, realising he needed to seek help.

It began when Joe heard one of his farming friends casually share their own mental health issues at a field day.

Joe, who had started to struggle with self-medication and alcohol abuse, knew he needed to do something for himself and his family.

He made an appointment with the same rural outreach counsellor as his friend.

"I learned there is a very, very close, important link between financial wellbeing and depression, there's a link and I know that (now)," he said.

Most importantly Joe thought Pete and his hopes and dreams for the farm; he had new lessons to share with him on his own farming journey.

David Radford

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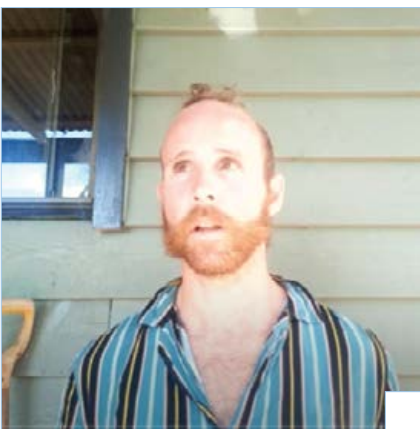Suicide call back service: 1300 659 467

Audio podcasts

1. Farmers Talk Mental Health Podcast
2. Cassie Hough
3. Ant Wilson
4. Ben Brooksby
5. Simeon Ash
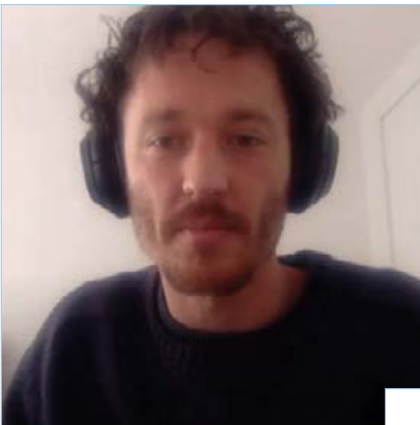6. Jordan Collin
7. Arran Heideman
8. Will Mercer
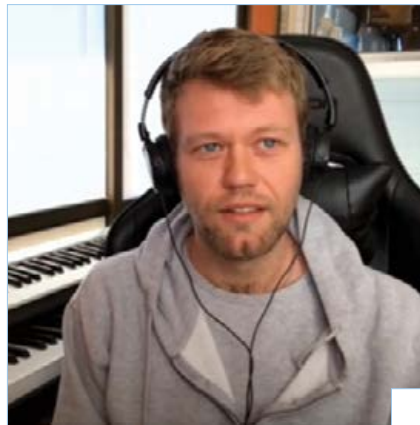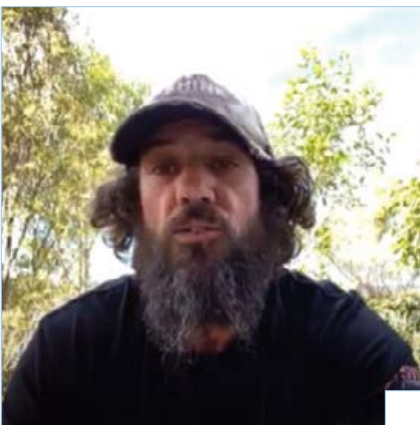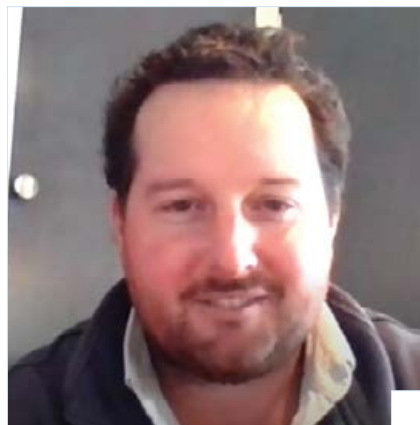
Promoting Pathways and Access to Services

Placed-based mental health services directory – Yorke Peninsula, South Australia; and East Grampians, Victoria

These images are of the SOS Yorkes friend services directory.

If you would like to talk about personal, rural or farming issues that are going on in your life and impacting on your wellbeing:

Jen Harvie
Mental Health Case Manager
Country Wellness Connections
Uniting Country SA

I wear many hats: as a mental health case manager, peer worker and I am survivor and my story hasn't ended yet. I am mother to two boys in their mid 20's and wife of a man who has fought his own demons after the loss of his family farm through no fault of his own.

In 2010 our family relocated from life on the land at Appila, to the Yorke Peninsula because mother nature wasn't kind to us and since then we have made some special friendships with people on the land here.

I love getting to know the locals, traveling around the Yorkes, camping, and the ocean, as it allows me to breathe and reset. I thrive on supporting people to live the best life they can live.

I am available to talk to people experiencing mental health concerns to work out with them what might help. Uniting Country SA's Country Wellness Connections is a free and flexible counselling service. It can be accessed through our website: https://www.ucsa.org.au/mental-health-support

We have also co-developed an
East Grampians directory.

East Grampians Community Guide to Mental Health and Wellbeing Support

MELLOW in the YELLOW

NATIONAL ENTERPRISE FOR RURAL COMMUNITY WELLBEING
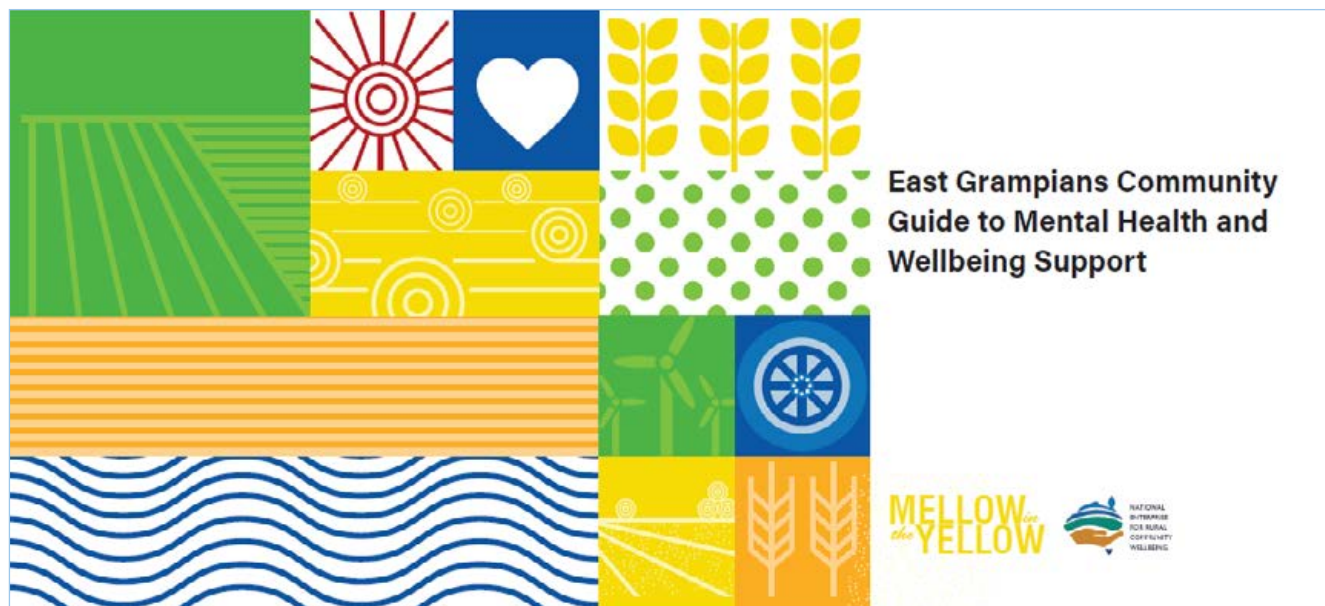
Ann-Marie Byrne

*Well-being Councellor
Wimmera South West Rural
Financial Counselling Service*

P: 1300 735 578
W: wswrcs.com.au

As an outreach worker based in Southwest Victoria, I get to drive around beautiful areas in the state and meet amazing people. Spending holidays on my grandparent's dairy farm and weekends on farms around Horsham I only knew the romantic side of farming. This changed when I worked with farmers caught up in the dairy crisis and the St Patrick's Day bushfires. These farmers taught me everything I know about the perils of relying on uncontrollable variables like the weather and bugs and the international effects on their daily survival. They also continue to teach me about their love of their land and animals and the difficulty in trying to balance family farming and finances.

Our Accredited Mental Health Social Work counselling sessions consist of a casual cuppa and chat face to face on farm or where the farmer feels comfortable and safe. Also, online, phone or SMS. The service is free, confidential and there is no limit on the time we spend on our sessions or the number of sessions we have together. Referrals can be made by yourself or friends, family, or other service providers through our website www.wswrcs.com.au or via 1300735578.

Wimmera PCP Rural Outreach

P: 1300 688 732
W: ruraloutreach.org.au

The Rural Outreach program offers fast, free, informal, local assistance to people struggling during difficult and challenging times. Our program is very accessible - you will avoid long wait times for referrals and can benefit from having someone to talk to in a non-clinical setting.

We do not charge for our services. You can talk to us about your own challenges, or the challenges experienced by someone else you care about.

Our services are offered either face to face, in the home, via telephone/telehealth or at the Health and Well-being Hub or community locations.

Our team of Outreach Workers can help when:

- times get tough
- You need a trusted person to talk with
- You are concerned about someone
- You need someone for support and guidance
- Or you just need a friendly ear on the phone

The Rural Outreach Team – from left Murray McInnes, Maggie Bridgewater and Mal Coutts.

Short films: Profiles of service providers

Video of Jen Harvie, case manager for Country Wellness Connections at Uniting Country SA. As per the post on the SOS Yorkes Facebook Page, the video had 3,900 views, 20 comments and 71 interactions which showed its successful reach and engagement in the community.
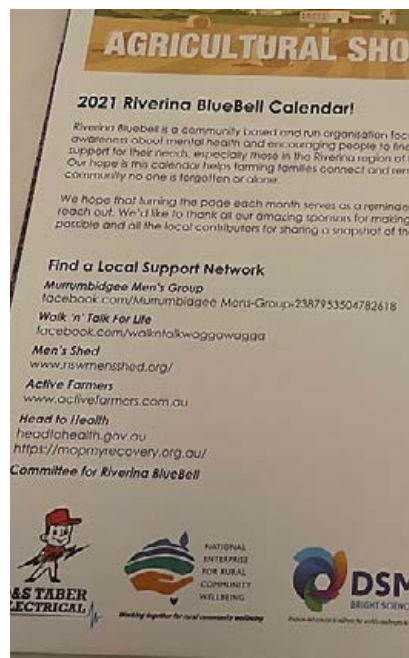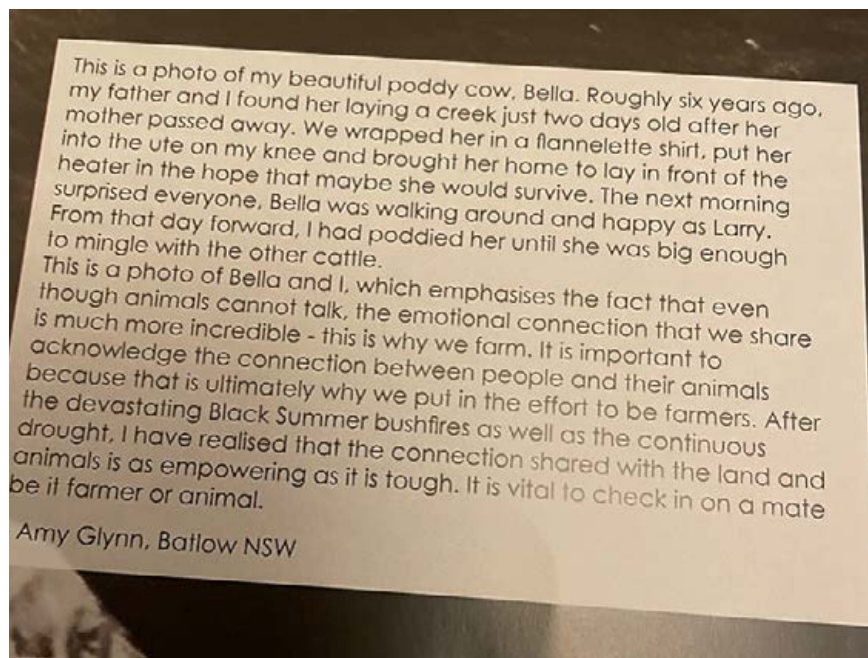

Community calendar

These photos show the Community Calendar co-designed through a community photographic competition by Riverina Bluebell.

This photo shows the updated 2022 calendar, and the Riverina Bluebell Facebook post promoting that they will be distributing the calendar to the Riverina community.

This is a photo of my beautiful poddy cow, Bella. Roughly six years ago, my father and I found her laying a creek just two days old after her mother passed away. We wrapped her in a flannelette shirt, put her into the ute on my knee and brought her home to lay in front of the heater in the hope that maybe she would survive. The next morning surprised everyone, Bella was walking around and happy as Larry. From that day forward, I had poddied her until she was big enough to mingle with the other cattle.

This is a photo of Bella and I, which emphasises the fact that even though animals cannot talk, the emotional connection that we share is much more incredible - this is why we farm. It is important to acknowledge the connection between people and their animals because that is ultimately why we put in the effort to be farmers. After the devastating Black Summer bushfires as well as the continuous drought, I have realised that the connection shared with the land and animals is as empowering as it is tough. It is vital to check in on a mate be it farmer or animal.

Amy Glynn, Batlow NSW

AGRICULTURAL SHO[W]

2021 Riverina BlueBell Calendar!

Riverina Bluebell is a community based and run organisation focus[ed] awareness about mental health and encouraging people to find [the] support for their needs, especially those in the Riverina region of N[SW]. Our hope is this calendar helps farming families connect and remi[nd the] community no one is forgotten or alone.

We hope that turning the page each month serves as a reminder [to] reach out. We'd like to thank all our amazing sponsors for making t[his] possible and all the local contributors for sharing a snapshot of thei[r]

Find a Local Support Network

Murrumbidgee Men's Group
facebook.com/Murrumbidgee Mens-Group>2387953504782618
Walk 'n' Talk For Life
facebook.com/walkntalkwaggawagga
Men's Shed
www.nswmensshed.org/
Active Farmers
www.activefarmers.com.au
Head to Health
headtohealth.gov.au
https://mapmyrecovery.org.au/

Committee for Riverina BlueBell

Riverina Bluebell
November 25, 2021

Winners have been notified and the 2022 Calendar is underway ! We would like to thank all the entries it's was a terrific response . Everyone who entered will be sent a copy of the Calendar.

Riverina Bluebell
December 14, 2021

Calendars on the printer , unfortunately few changes due quality photos but thank you to everyone who participated . The team will roll the out next week over the Riverina !

Coasters and bar mats

This is the artwork for the beer
coasters and the bar mat design.

Developing Peer Networks and Support

These photos show the work done by Riverina Bluebell to reach out to community groups and clubs and to build on their roadshow concept which has been heavily limited due to the COVID-19 pandemic. The door excluders (snakes) are a popular item that help to provide an ongoing reminder of the need to care for your mental health.

Establishing and Sustaining Community Suicide Prevention Groups that Provide Targeted Strategies for Men in Farming

Short film: Music festivals as events for suicide prevention

Films are being produced about the 'Mellow in the Yellow' music festival and the 'Caltowie Chilled Out 'N' Fired Up' event.

APPENDIX D:
Glossary of Terms

Gatekeeper	Individuals who have regular contact with others in their community and are therefore well-placed to provide information and assistance to support people in distress to access services.
Interagency	An interagency is a loose network of workers in community organisations and may include representatives from government agencies. Interagencies are a meeting place to exchange information and a forum for collective action.
Lived experience	In the context of this report people with Lived experience have first-hand experience of mental health issues and recovery as a consumer or carer or have experienced a suicide attempt, suicidal thoughts and feelings, or a suicide loss.
NFP organisation	Not-for-profit: an organisation that is operating for its purpose and not for the profit or gain (either direct or indirect) of its individual members.
Outreach	These are mobile services whereby practitioners travel to people living in rural areas to provide mental health care, counselling and support on properties or within the community.
PHN	Primary Health Networks are independent organisations funded by the Australian Government. They work closely with local hospital networks (LHNs) and they share roughly the same geographic boundaries. PHNs have replaced Medicare locals.
Postvention	A postvention is an intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals and peers). Family and friends of the suicide victim may be at increased risk of suicide themselves.
Stepped care	Stepped care is an evidence-based, staged approach to the delivery of mental health services, comprising a hierarchy of interventions—from the least to the most intensive—matched to the individual's needs.
Place-based	Place-based approaches to suicide prevention situate understanding distress and suicide prevention practices within communities taking into account the particularities of place and in particular, geographical and environmental context, demographics, settlement histories, farming histories, economies, educational facilities, social connectivity and service provision.