

Submission to the Standing Senate Committee on Social Affairs,

Science and Technology

RE: Mental Health, Mental Illness and Addiction:

Issues and Options for Canada

Submitted by the Canadian Agricultural Safety Association



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The Canadian Agricultural Safety Association (CASA), originally known as the Canadian Coalition for Agricultural Safety and Rural Health (CCASRH) was established in 1993 in response to an identified need for a national agricultural safety and health networking and coordinating agency to address problems of illness, injury, and fatalities in agricultural operations.

In May of 2002, CCASRH was renamed the Canadian Agricultural Safety Association (CASA) to identify itself as Canada's national agricultural safety and health organization. CASA's mission is for "Safe and Healthy Agriculture in Canada" through improved safety and health conditions of those living and/or working on Canadian agricultural operations. Agriculture and Agri-Food Canada is currently funding CASA as part of the renewal chapter.

Through the process of visioning, CASA has identified a need to re-invent the organization and broaden its approach. Key result areas have been identified as:

- 1) Influencing government and industry policy regarding farm safety;
- 2) Fostering collaboration with and among provinces and partners;
- 3) Communicating the message of farm safety;
- 4) Impacting farm safety on the farm with new techniques and processes; and,
- 5) Acting as a program facilitator and initiator.

CASA fulfills its goals working closely with national, provincial and local partners; collaborating on many aspects and relying on feedback to ensure that needs that are identified are acted upon.

Part of our mandate is to identify the stress factors relevant to agriculture and assist in funding of the delivery and development of resources appropriate in dealing with stress in the agricultural workplace. Through our national consultations and research it is clear that there is a relationship between stress and farm safety. Farming has been identified as one of the top stressful occupations and also ranks as having one of the highest rates of workplace injuries and death.

CASA commissioned Western Opinion Research Inc. to complete 1100 surveys with agricultural producers across Canada regarding stress on the farm. These surveys were completed representing Statistics Canada data on the distribution of farms. Surveys were completed with only active farmers/ranchers who are the decision makers. Final data results are weighted to accurately reflect actual farm population distributions.

National results of this survey are accurate +/- 3%, 19 times out of 20. Regional and other segmented results have a higher margin of error.

The survey was approximately 14.5 minutes in length and was fielded between the dates of January 24th and January 31st, 2005. English surveys were completed from the call

centre in Winnipeg. The survey was translated into French and fielded from Montreal by *Createc+ Recherche* for the completions in Quebec.

Survey results and their correlation with the Senate Standing Committee's Mental Health Issues and Options paper are included below:

CASA comments on Report 3 Mental Health, Mental Illness and Addiction: Issues and Options for Canada

1. Delivery of Services and Supports

According to our national survey results, 65% of farmers would prefer to meet one-on-one with someone to talk about stress and mental health.¹ In many rural and remote parts of the country access to mental health professionals is difficult due to geographical barriers, stigma. In addition, case loads for rural mental health workers are often large making it difficult for people experiencing high stress levels to access services appropriate for their needs in a timely fashion

According to the survey, individuals who are feeling moderate to high levels of stress more strongly prefer speaking to someone by telephone, as opposed to those who are feeling relatively lower levels of stress.^{2, 3} This does support the experiences from the provinces such as Nova Scotia, Ontario, Manitoba and Saskatchewan that currently do

offer farm and rural stress lines. Of note is that farmers would prefer access to service in the evening.⁴

More than 9 in 10 farmers across Canada (92%) feel it is important for the mental health professional to be knowledgeable about agriculture.⁵ Mental health workers who do not have a farming background may find it difficult to understand the issues that farmers may present. In addition many traditional mental health services are offered only during “office hours” which creates an additional barrier for access by the farm population. Although farmers would prefer one-on-one services there are serious access issues to services that are tailored to meet the farmer needs.

2. Specific Population Groups

The CASA survey results indicate that farmers experience stress levels similar to the general population. One in five farmers (20%) describe themselves as being “very stressed” while almost half (45%) describe themselves as being somewhat stressed.⁶ This compares to a similar statistics compiled by Statistics Canada in 2002 in which the self-rated work and life stress fall within the same ranges depending on definitions.⁷

However, farmers have unique characteristics and needs that make provision of mental health services particularly challenging and different than those of the general population. What is of note is that the triggers of stress are different than the general population. The primary causes of stress within the general population are; too many demands on their

time, lack of job security and poor interpersonal relationships.⁸ Extreme and high stress factors identified by farmers, on the other hand, were production and price related, including government policies and the personal pressure to maintain the family farm.⁹ Farmers are price takers on both production and input side.

Based on these findings, we would argue that farmers require services tailored to meet their specific needs and characteristics as well as to enhance the access of services currently available to them.

3. The Workplace

The role of Workers' Compensation Boards (WCB) as it relates to agriculture is variable across Canada. The provinces that have mandatory WCB coverage for farms often offer services targeted to farmers in an effort to reduce claims. Research clearly shows the linkages between stress and the workplace. The reluctance of Workers' Compensation Boards to acknowledge this linkage means that the WCBs do not fund activities related to stress mitigation. This translates in the reluctance by WCBs to contribute to programming that would mitigate the effects of stress in the agricultural workplace.

4. Combating Stigma and Discrimination

Forty-four percent (44%) of farmers strongly agree that they are aware of resources they can turn to in managing stress and mental health.¹⁰ When asked to whom they would

turn for help the majority of farmers indicated they would turn to a Family Doctor (36%), a Stress/Mental Health professional (13%), or a priest/religious figure(12%).¹¹ The notion of pride and farmers independence was the most frequently mentioned reason (41%) that farmers did not seek more help in dealing with stress and mental health. The fact that they may be embarrassed or there is a stigma attached to needing help rated much lower (7%).¹² Remaining anonymous is very important to farmers.

5. Human Resources

CASA commissioned an internal report to determine what resources, activities and research were being conducted as it related to Mental Health, Stress and the Farm.

In the report it was noted that the provincial branches of Canadian Mental Health Agencies (CMHA) were aware of farm and rural stress lines if they were available in their province. In all cases the CMHA, even at the branch levels, did not have resources available specifically for farmers.

Although organizations such as the Schizophrenia Society and the Mood Disorders Association of Canada have a wealth of experience and operate self help groups, there are barriers for farmers to participate. One major challenge is their lack of availability in the rural communities and the lack of anonymity that exists in smaller centres.

Two of the most established farm stress projects in the country are the Saskatchewan and Manitoba farm stress lines. Provincial funding of these lines allows them to focus on the job of assisting farmers rather than fundraising to ensure the lines stay open. The reach of these farm lines was demonstrated during the BSE Crisis and the Avian Flu epidemic in BC, when both the Manitoba and Saskatchewan Farm Stress Lines received calls from producers and organizations from across the country seeking counselling and/or enquiring about setting up farm stress lines.

There has also been an increase in the number of individuals that are providing counselling services in rural areas. While this is positive there is a concern with regards to the lack of formal qualifications and the fee for services. Although these individuals may be a good option for those seeking advice on mental health issues they are not governed by standards or best practices. The quality of service could be a concern. It is important to note that only certified psychologists and psychiatrists are regulated but access to these professionals is often quite limited in rural areas.

6. National information- Database, Research and Technology

Both the RURAL (Research Towards Understanding Rural Health in Atlantic Canadian Landscapes) Centre in Atlantic Canada and the CCHSA (Canadian Centre for Health and Safety in Agriculture) are currently receiving funding from the CIHR (Canadian Institutes of Health Research). These centres are receiving funding from the - Centres for Research Development "Understanding and Addressing the Impacts of Physical and

Social Environments on Health" grant. These centres could be sponsored to include as part of the research themes the correlation between farm safety and mental health. This is complimentary to research areas identified by CIHR. CASA is currently co-funding some knowledge translation activities of both these centres.

Sustainable tele-mental health programs should be targeted. It has the potential to provide increased connectivity to rural and remote communities. The technology should be viewed as synergistic, not competition. CASA would encourage continued resources for the availability low technology tele-mental health services that could be accessible to farmers in rural areas and that could provide services tailored to their needs. Currently there are only 4 telephone counselling lines devoted to farm stress in Canada and only 2 are fully funded. These lines play an important role in the provision of mental health services to a special and under serviced population and should be made part of a comprehensive mental health system. A recent study was undertaken for the Alberta Heritage Foundation for Medical Research (AHFMR) 'State of the Science Reviews' program, demonstrates sufficient evidence of socio-economic benefit of tele-mental health to indicate ongoing investment is appropriate.¹³

7. The Role of the Federal Government

The primary role of all levels of government and their role in addressing stress and mental health as it relates to farmers would be an acknowledgement that there is a need for stress and mental health services particular to agriculture. Proposed solutions were

already noted in the 1993 report to the Standing Senate Committee on Agriculture and Forestry.¹⁴ The current safety net programs in place for farmers within the Agricultural Policy Framework do little to reduce the prime causes of stress which are production and policy related. Therefore, there is a need to develop resources for farmers to be able to manage stress within the publicly funded health care system.

Recommendations:

- CASA would support the development of provincial 24 hour tele-mental health services staffed by with qualified mental health professionals that can meet the specific needs of farmers. This support is conditional on the requirement that the professionals must have a strong understanding of the aspects of farming and rural life. Knowledge and experience gained from having lived and worked in rural and remote areas and having lived and worked in farm situations is very important in order to relate. With respect to our area of interest, this provides the mental health worker with an intuitive understanding of the culture and business of agriculture and rural life. In the experience of our members the sensitivity to the culture of agriculture is paramount if we are to break down the barriers to accessing services for those experiencing mental health or stress related difficulties. It is frustrating to note that in many of the literature and assessments done to evaluate the effectiveness tele-mental health services agriculture is conspicuous in its absence. Mental health agencies and departments seem to acknowledge all sectors but clearly have not identified that they lack the ability to

provide even the most basic mental health and stress services that rural agricultural needs.

- In the interim, stable funding for the low-technology telephone stress lines should be a priority. Funding for the establishment and maintenance of provincial based toll-free Farm and Rural Stress Line services enhances mental health services. The existing farm and rural help lines have often assisted in getting farm and rural people to the appropriate services. These lines are often the first contact for accessing mental health services and are a non-threatening initiation to the mental health system. Therefore, where some may think duplication, the farm and rural help lines have from their experiences assisted in breaking down the barriers to accessing professional services, whether those services are delivered through health authorities or through community based agencies.
- Health care providers such as the family physician are quite often the first stop for many individuals dealing with stress and mental health issues. Educational tools should be developed for family physicians that would assist them to better understand and respond to the needs of farmers and ranchers.
- Mental health workers with a rural/agricultural background should be trained. The training should include an understanding of the farm and rural situation, and the complexities of the debt resolution process. It is essential that they be knowledgeable of mental health issues and the interplay of stressors unique to agriculture.
- Provide an opportunity for the exchange of ideas with other provinces that are offering or are considering offering farm stress line type services. There is an

opportunity to help the provincial programs create linkages and share knowledge.

This could be in the form of an annual conference for farm/rural mental health providers to exchange ideas and resources.

- There should be a concerted effort to provide resources to farmers within the current national and provincial health service delivery systems. Currently, the CMHA do not have mental health resources tailored meet the needs of farmers and ranchers.
- Ensure that farmers and producer groups are part of and are aware of the consultation process and any recommendations arising thereof.
- CIHR centres could prioritize research to determine how farm safety and stress are linked and what the human and economic costs are. Awareness of these linkages could be used to develop and deliver products that reduce stress and improve the health of farm clients.
- With the expanded mandate of the Public Health Agency, the ICD-10-CA (International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada) mandatory coding classification should include the External Causes of Morbidity and Mortality Codes V00-Y98, the Place of Occurrence Codes (U98) and Type of Activity codes (U99). This would allow information extraction from the data collected to include the external cause of hospitalization and the place of occurrence. This in turn would assist researchers in determining links between farm safety and mental health.

¹ CASA National Stress Survey Results, (2005), Chart 7.

² CASA National Stress Survey Results, (2005) pg 26

³ CASA National Stress Survey Results, (2005), Chart 11

⁴ CASA National Stress Survey Results, (2005), Chart 8

⁵ CASA National Stress Survey Results, (2005), Chart 10

⁶ CASA National Stress Survey Results, (2005), Chart 1

⁷ Statistics Canada, Table 25

⁸ Statistics Canada, The Daily, June 25, 2003. Sources of workplace stress.

⁹ CASA National Stress Survey Results, (2005), Pg 10

¹⁰ CASA National Stress Survey Results, (2005), Pg 8

¹¹ CASA National Stress Survey Results, (2005), Chart 4

¹² CASA National Stress Survey Results, (2005), Chart 12

¹³ Jennett, P., Scott, R., Hailey, D., Ohinmaa, A., Thomas, R., Anderson, C. *et al.* (2003). Final Report: Socio-Economic Impact of Telehealth: EVIDENCE NOW FOR HEALTH CARE IN THE FUTURE, vol. 1, p.13

¹⁴ Interim Report of the special study on farm safety and farm related health issues of the standing senate committee on agriculture and forestry.(June 1993) FARM STRESS: ITS ECONOMIC DIMENSION, ITS HUMAN CONSEQUENCES. p. 18-21