

Mental Health of Rural Men

What can nurses do to support farmers with the challenges of farming to minimise and improve mental health of rural men in New Zealand?

Introduction

New Zealand rural men as a whole are often seen as staunch, strong men who do not talk about feeling as that would be seen as a weakness (G.Evans, 2018). Part of a nurse's role is, empowering people to learn or cope more effectively with their environment (Lauder, Reynolds, Reilly, & Angus, 2001). It is critical that these rural nurses who are often the "front line" health professionals have the skills and resources to implement change and support people when their mental health to empower these farmers with tools that they can use to cope with the demanding farming environment (Lauder et al., 2001).

Stressors

- Farming and living rurally come with unique stressors including unpredictable environmental conditions, financial hardship and business pressures and isolation (Hart, Berry, & Tonna 2011).
- Rural men are a vulnerable group, at risk of mental health issues due to them being exposed to job-related stress (Roy, Tremblay, Oliffe, Jbilou, & Robertson, 2013).
- As rural men have stigmatised attitudes towards mental health care which consequently results in the high suicide rates within rural communities (Wrigley, Jackson, Judd, & Komiti, 2005).
- Farming is a stressful occupation that comes with stressors which results in rural men having a high suicide rate and low rates of accessing health services and professionals for help (Roy et al., 2013).

Barriers

- The stigma attached to seeking professional help for mental illness. This needs to be addressed as failing to seek help for mental distress can have costly consequences as untreated anxiety, depression and stress can lead to suicide (Roy et al., 2013).
- Stigma due to contacting local health professionals. Research shows rural men are confident to seek advice from stock agents, rural financial counsellors and farm advisors. This attitude needs to be same when seeking help for their health (Sartore et al., 2008).
- Rural communities suffer from isolation, less availability and accessibility to limited health services, they recognize these as implications to health professionals such as nurses for helping these rural men (Sartore et al., 2008).

Recommendations

- **Mental health first aid (MHFA)** training is a intervention delivered by trained health professionals such as nurse to farm support workers such as farm advisors to give them tools and skills so that they can respond to distressed rural men and refer them on to the appropriate help such as the rural nurse and health professionals. This training has proven to to improve the recognition of disorders, decreased stigma and increased confidence to help others. MHFA is a tool that allows people to gain confidence and literacy about common mental health issues such as depression and anxiety (Sartore et al., 2008).
- **Health promotion** is an important aspect of a nurses practice. It is an early effective intervention that will increase awareness and decrease the sigma attached to mental health therefore will aide rural men to have a better understanding of mental health and how to cope with stressful times resulting in less suicides occurring in rural men in New Zealand (Ross, 2012).

Conclusion

The aim to reduce the stigma, to increase the understanding of mental health problems, to make healthcare more accessible, appropriate and acceptable is early intervention for rural mental health so that rural men have support networks, tools to feel confident in accessing health services and seek help for mental illness. This is a forward step in reducing suicides with in rural men. Nurses can facilitate and train other support networks for rural men such as stock agents MHFA (Sartore et al., 2008). This is linking rural men with health professionals and reaching out to those in isolation. Rural nurses encounter many on going factors that contributor to their ability to practice effectively and care for the mental health of the rural community that they live in such as isolation, greater stigma.

References

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Rationale

I chose to present my evidence-based research in a poster form as it is great resource used for knowledge transfer for educational purposes. Posters are effective and inclusive as at a glance groups can read the information on the poster at a time. This is engaging as it creates discussion between the presenter/poster and audience which promoting active learning (Ilic & Rowe, 2013). The aim of my poster is to educate health professionals about improving the mental health of rural men in New Zealand. My target audience is health professionals to give recommendations to improve the mental health of rural men in their communities. My poster would also benefit from being on display in waiting rooms of health services available to rural communities throughout New Zealand, this would be to reduce the stigma of mental health and get people talking about it and aware that is it common and “okay” to seek help.

PECOT

PECOT category	Information relating to question	Explanation
Population	New Zealand males farming in isolation at risk of suicide	It is well known that rural men in isolation have higher rates of suicide and mental illness (Ministry of Health, 2011).
Exposure (intervention)	New Zealand male farmers who live with a mental illness	Those with a mental illness in farming communities are at more risk of suicide.
Comparison/Control	Looking at the farming environment and the stressors that are attached to it such as financial stressors, social stressors and what rural men are doing during this stressful times	Looking at what is already in place and what needs to change and be done to improve the mental wellbeing and general well being.
Outcome	To discover what nurses can do to help these New Zealand farming males to improve their mental health and prevent suicides	We will look at strategies that improve overall mental health and well being and how nurses can facilitate these ideas into isolated farming communities.
Time	Not relevant	Time is not relevant as everyone has a different journey and experience when healing from an mental illness.

PECOT table developed from Schneider &Whitehead (2013).

References

Ilic, D., & Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review. *Health Information & Libraries Journal*, 30(1), 4-12. doi:10.1111/hir.12015