Submitted in part fulfilment of the Lancaster University Doctorate in Clinical Psychology

May 2022

Doctoral Thesis

The Qualitative Explorations of Mental Health in Rural Adolescents and UK Sheep Farmers

Fiona Boyd

Trainee Clinical Psychologist

Division of Health Research, Lancaster University

Statement of Total Word Count for the Thesis

	Main Text	Appendices (including references, tables and figures)	Total
Thesis Abstract	297	-	297
Part 1: Literature Review	7994	7932	15,926
Part 2: Research Paper	8000	9200	17,200
Part 3: Critical Appraisal	3884	926	4810
Part 4: Ethics Section	5200	2655	7855
Total	**25,375**	**20,713**	**46,088**

Thesis Abstract

This thesis explores mental health in rural adolescents and UK sheep farmers, comprising four parts: a literature review, research paper, critical appraisal, and ethics section. The literature review is a meta-synthesis of rural adolescents' experiences and attitudes towards mental health. Data from 16 papers were synthesised using a meta-ethnographic approach, producing four overarching themes: (1) Stigma from others and the self, (2) Close-knit and claustrophobic communities, (3) Personal factors that facilitate support, and (4) Service-related barriers and facilitators. Findings highlight the unique experiences and needs of rural adolescents that must be recognised. Clinical implications include mental health training in schools. The research paper explores mental health in sheep farmers, with a focus on the challenges that they face to their psychological wellbeing, how these challenges are managed, and what mental health services must learn to support the farming community appropriately. Six farmers took part in individual semi-structured interviews which were analysed using thematic analysis, generating four themes: (1) Self-reliance as necessary for farming but a barrier to help-seeking; (2) Needing to be understood as a farmer to speak about mental health difficulties; (3) Working with the uncontrollable and unpredictable: attempting to tolerate frustration and uncertainty; and (4) Feeling bashed by the press and social media yet seeing the potential for support and connection online. Findings suggest distinct psychological stressors and experiences pertaining to farmers which have implications for appropriate support for this group. Clinical implications include psychological first-aid training for professionals who work with farmers, the development of culturally competent mental health services and the co-location of mental health support with farming related business. The critical appraisal reflects and expands upon some of the methodological, reflexive, and practical issues that arose throughout the research process and serves as a useful resource for future researchers in this field.

Declaration

This thesis describes research submitted in May 2022 as a requirement for the Doctorate in Clinical Psychology Programme at the Division of Health Research, Lancaster University. The work presented here is my own, except where due reference is made. This thesis has not been submitted for the award of any higher degree elsewhere.

Name: Fiona Boyd

Date: 27th May 2022

Acknowledgements

Firstly, I would like to thank the participants who generously gave their time to share their experiences with me. I hope I have honoured their accounts and that sharing these findings will benefit others. I would also like to thank my academic supervisors, Dr Fiona Eccles and Dr Craig Murray, and my field supervisor Dr Emma Munks. You have all been incredibly kind, supportive, and wise in guiding me through this thesis process. Thank you to Pete Greasley for his supervision in the initial stages of the thesis. I also thank my clinical tutors, Dr Anna Duxbury and Dr Anna Daiches; your encouragement and display of faith in me has been invaluable.

I would also like to thank the fellow farmer researchers and farming organisations who helped by sharing resources and in promoting my research advertisement. A special thank you to John Barbrook for his amazing literature searching knowledge.

Finally, I thank my family and friends, especially Jon who never seemed to doubt I could finish this and who made sure there was (nearly) always chocolate in the cupboard.

Thesis Contents

Section One: Literature Review

Section Two: Research Paper

SECTION ONE

LITERATURE REVIEW

Rural Adolescents' Perceptions and Experiences of Mental Health: A systematic review and meta-synthesis of qualitative research

Fiona Boyd

Doctorate in Clinical Psychology

Division of Health Research, Lancaster University

Word Count: 7996

(excluding references, tables, figures and appendices)

Correspondence to:

Fiona Boyd
Doctorate in Clinical Psychology
Health Innovation One
Lancaster University
LA1 4YT
f.boyd@lancaster.ac.uk

Abstract

Aim: Rural adolescent mental health has been identified as a concern with previous research identifying higher suicide rates and unique challenges for mental health in the rural context. The aim of this meta-synthesis was to understand rural adolescents' perceptions and attitudes towards mental health, and their experiences of, and accessing support for, mental health difficulties.

Demographics: Sixteen papers were identified for the meta-synthesis. Across these, participants ages ranged from 11 to 22 years. Sample sizes ranged from three to 201 participants.

Settings: The papers were published between 2000 and 2020. Samples were from Australia, North America, Europe, and Central America. Studies employed a range of qualitative methodologies and analyses.

Methodology and Analysis: A systematic literature search was completed utilising five electronic databases; PsychINFO, CINAHL, MEDLINE, Academic Search Ultimate, and Greenfile. The methodological framework followed was Noblit and Hare's (1988) seven step meta-ethnographic approach, adapted by Britten et al. (2002) for health research.

Findings: The analysis produced four overarching themes: (1) Stigma from others and the self, (2) Close-knit and claustrophobic communities, (3) Personal factors that facilitate support, and (4) Service-related barriers and facilitators.

Implications: This meta-synthesis highlights rural adolescents have experiences and needs that must be recognised to support improved mental health outcomes. Clinical implications include mental health training in schools to reduce stigma and increase mental health literacy. Future research opportunities include the need for culturally competent and community-engaged research in rural communities.

Introduction

Rural Mental Health

Rural and remote mental health is a longstanding concern globally (Kaukiainen & Kolves, 2020). In a review of rurality and risk of suicide, results indicated that males living in rural areas are more likely to complete suicide than their urban counterparts (Barry et al., 2020). Suicide rates in rural locations have been found to be higher than urban areas (Hirsch, 2006; Australian Bureau of Statistics, 2018) with the death rate of people accessing mental health treatments found to increase with rurality and remoteness (Roberts, 2017). A range of factors have been identified which contribute to these phenomena; cultures of stoicism in rural places (Parr et al., 2004); perceived lack of privacy and anonymity in smaller communities (Villa & Moya, 2020); socio-economic disadvantage and unequal allocation of resources (Smith et al., 2008); the impact of extreme weather events, including drought and floods (Austin et al., 2018; Fernandez et al., 2015; Stain et al., 2011); and increasing isolation with a decline in rural services (McCann, 2014).

Continued centralisation of services to urban areas leads to further access issues for rural residents (Rural Health Information Hub, 2019). This centralisation is somewhat understandable; it is not feasible to staff services and locate them as conveniently as in urban areas (Dalton & Perkins, 2020: Judd & Humphreys, 2001). Rural residents travel further, wait longer, and have less choice than urban residents (Fontanella et al., 2015; Jackson et al., 2007). Even if mental health services are available, residents may be reluctant to access them due to low mental health literacy or concerns about lack of anonymity in rural areas (Fontanella et al., 2015; Parr & Philo, 2003).

Rural adolescent mental health

The factors which negatively influence adult rural mental health are also relevant for adolescents. The period of adolescence is crucial for skill and social development (Arnett, 2010) with a range of physical, cognitive, emotional, and social changes (Brown et al., 2016) which can be significantly impacted by mental health difficulties. Positive mental health is essential to healthy development and concerns about it have led the World Health Organization to identify it as the biggest public health issue facing adolescents ([WHO], 2014). Up to 50% of mental health difficulties occur before the age of 14 years, up to one in five adolescents every year experience such difficulties (WHO, 2020) and suicide is the second leading cause of death for individuals aged 15-29 years (WHO, 2018). If adolescent mental health difficulties are not addressed, there are serious consequences for mental health as an adult (WHO, 2014).

Considering the challenges for rural mental health and adolescent mental health, it is essential to understand the impact of the rural context on adolescent mental health to inform appropriate research and practice. In addition to adolescence being a key period for development universally, the context of, and relationship between, wellbeing and their environment should be considered (Winterton et al., 2014). It is particularly important to differentiate between rural adolescents and urban adolescents, as they will be developing in a context that is subject to different economic, political, and environmental policies that can impact wellbeing.

Previous research has found higher rates of mental health difficulties and suicide in rural adolescents than urban ones (Bowman et al., 2017; Fontanella et al., 2015), with suicide rates in rural young males found to be nearly double that of urban counterparts (Moon et al., 1999). Rural contexts present several unique challenges to adolescent mental health (Bowman et al., 2017; Boyd et al., 2006). Challenges that may not be as prevalent for urban adolescents

include geographic isolation, economic decline and instability due to a tendency to rely on primary industries (Elgar et al., 2003), a lack of anonymity (Brown et al., 2016), and a reliance on adults due to limited public transport (Atkinson et al., 2003; Elgar et al., 2003). Aspects of the rural environment that appear to contribute to improved mental health include feeling connected and belonging to the community and the physical environment (Boyd et al., 2006).

Rationale and aims of the present meta-synthesis

There is a dearth of research on rural mental health generally, with most work focused on agricultural workers. Previous literature reviews on rural adolescent mental health have focused on individual countries, the majority in Australia (i.e., Bowman et al., 2017; Boyd et al., 2006; Boyd et al., 2008; Brown et al., 2016) with none focusing on qualitative research. There is a lack of research that includes rural adolescents speaking directly about their experiences (Boyd et al., 2006), with more research giving voice to professionals or adults around young people. There is a gap in the literature reviewing qualitative data on mental health experiences of adolescents in rural communities globally.

Continual revision of data on rural adolescent mental health is needed to inform valid prevention, assessment, and intervention tailored to this specific population; to support culturally competent care in rural communities. Quantitative research can provide insight through questionnaire and population data (e.g. Atkinson et al. 2003; Burns et al., 2004; Elgar et al., 2003; Moon et al., 1999), but there is considerable value in analysis and synthesis of qualitative research to fully understand rural adolescents' experiences and needs for mental health support. One advantage of qualitative research is that it can be sensitive to social context, which is particularly valuable when attempting to understand the interaction between rural contexts and adolescent mental health.

One way of integrating findings from multiple qualitative studies is through conducting a meta-synthesis (Noblit & Hare, 1988). This approach goes further than clustering studies together; rather it should have an interpretive focus leading to a deeper understanding of a phenomenon that can inform health care practices (Walsh & Downe, 2005). It has proved to be an effective method for synthesising qualitative research, as the method supports the combining of qualitative data through the translation of findings from each individual study, into the findings from other studies (Campbell et al., 2011). In contrast to other qualitative review methods, such as a narrative review which can struggle to offer deeper interpretations and meanings (Dixon-Woods et al., 2007), a meta-synthesis seeks to achieve a cohesive and nuanced analysis that offers more insight than the individual studies within it (Noblit & Hare, 1988).

Aims of this review

The aim of this meta-synthesis is to explore and better understand rural adolescents' perceptions and experiences of mental health. Specifically, the research questions are:

- What are rural adolescents' experiences of mental health difficulties?

- What are the perceptions and attitudes of rural adolescents towards mental health?

- What are rural adolescents' experiences of seeking and accessing support for mental health difficulties?

Method

Approach

The aim of the present review was to conduct a meta-synthesis of studies exploring adolescents' experiences of mental health in rural contexts, which would contribute to current understanding of this population and their psychological needs. The methodological

framework followed was Noblit and Hare's (1988) seven step meta-ethnographic approach, adapted by Britten et al. (2002) for health research. The seven steps are: getting started, deciding what is relevant to the initial interest, reading the studies, determining how the studies are related, translating the studies into one another, synthesising translations, and expressing the synthesis. This framework supports the synthesis of qualitative data from different studies to produce 'third-order' constructs from the authors' interpretations ('second-order') and the participants' direct contributions ('first-order') (Schutz, 1962, as cited in Britten et al., 2002). The review was registered with PROSPERO to help avoid duplication of systematic reviews being carried out. The registration number of the present review is: CRD42022304501.

Search Strategy

A systematic literature search was carried out after consultation with an academic librarian. The following databases were identified as most relevant and searched: PsychINFO, CINAHL, MEDLINE, Academic Search Ultimate, and Greenfile. These databases covered topics relevant to the present review: psychology, health and social care, nursing, and agriculture. The searches were carried out in October 2021. The strategy consisted of using free text search terms (Table 1), capturing the four concepts of rural, adolescence, mental health, and qualitative research. These search terms were combined with database subject mapping and mesh-heading functions where available, to build a search string that captured the most salient aspects of the review question. Booelan operator 'OR' was used within concept searches while 'AND' was used between concepts. Searches were limited to title and abstract.

[INSERT TABLE 1 HERE]

Inclusion and exclusion criteria were applied to the studies. The inclusion criteria were: (1) paper focused on an aspect of mental health, (2) available in English, (3) qualitative or mixed methods, (4) published in a peer-reviewed journal, and (5) participants included adolescents

who had spent their adolescence in rural areas. If the study also included participants who were not adolescents, for example, parents or teachers, the paper was included if the data pertaining to adolescents could be extracted. Studies were excluded if they did not meet these inclusion criteria.

Additionally, the WHO defines adolescents as those aged between 10 and 19 years of age (WHO, n.d.), while to encompass the neural changes beyond puberty that occur, much research now extends the timeframe of adolescence to about 25 years of age (Jaworska & MacQueen, 2015). Consequently, studies were excluded if the age range of participants extended significantly beyond adolescence and adolescent data could not be extracted. Examples of this include Hagler's (2019) study where participants were aged 12 to 66 years, and Mostafanejad's (2006) paper where participants ranged in age from 18 to 30 years.

The database searches identified 1,153 papers. After duplicates were removed, 650 papers remained. These papers were title and abstract screened, which left 40 papers. These 40 papers were full-text screened against the inclusion and exclusion criteria. The reference lists of the remaining eligible papers were checked leading to the inclusion of 2 further papers. A total of sixteen papers were identified and included in the present review. Figure 1 presents a diagram of the search process.

[INSERT FIGURE 1 HERE]

Characteristics of the Selected Studies

Sixteen papers were identified for the meta-synthesis. Table 2 highlights the key characteristics of each paper. The papers were published between 2000 and 2020. Two papers used European samples (Scotland), three used North American samples (USA and Canada), 10 used Australian samples, and one Central American (Mexico). Sample sizes ranged from three to 201, and ages ranged from 11 to 22 years. Studies employed a range of qualitative methods;

eleven carried out individual semi-structured interviews, five group interviews, and one a qualitative survey. Three studies used mixed methods; only the qualitative data was extracted for synthesis. All papers included a type of qualitative analysis including thematic analysis, content analysis, interpretative phenomenological analysis (IPA), or grounded theory. There were a range of research aims across the studies, pertaining to aspects of rural adolescent mental health, summarised in Table 2. Although there were differences in the methodologies and epistemologies drawn on across the studies, each was assessed as containing relevant and valuable data on the experiences and perceptions of mental health from rural adolescents.

[INSERT TABLE 2 HERE]

Quality appraisal

Quality appraisals were carried out to assess the methodological strength of the papers using the Critical Appraisal Skills Programme ([CASP]; 2018) qualitative studies checklist. The CASP is a checklist of ten questions that guide the reviewer in deciding on the quality of the study being appraised. The reviewer is asked to consider factors including the appropriateness of the research design, recruitment methods, rigour of data collection and analysis, researcher reflexivity, ethical considerations, and whether the findings are clear and valuable. As the CASP uses the options "Yes", "Can't Tell" and "No" to answer its questions, this review adopted the 3-point scoring system established by Duggleby et al. (2010). Questions one and two of the CASP are screening questions, therefore the rating system is applied to questions 3-10. A score of 1 point ("weak") is applied when there is little to no justification for an issue, a score of 2 points ("moderate") when the article offers an explanation but not fully, and a score of 3 points ("strong") represents a strong explanation and justification of the issue under consideration. To support rigour, three articles were appraised by an external rater

(trainee clinical psychologist). Any rating differences were discussed, and a score agreed collaboratively. CASP scores ranged from 11 to 22 and are presented in Table 3.

[INSERT TABLE 3 HERE]

No papers were excluded based on their score on the CASP. The results were used to support a consideration of each of the papers strengths and weaknesses in the context of their contributions to each of the themes in the resulting synthesis. It has been argued that papers should not be excluded based on scores on rating scales due to the wide variations in methods, epistemological stances, requirements of individual journals for publication, and what is considered "good" in qualitative research (Sandelowski et al., 1997).

Data analysis and synthesis

Data analysis and synthesis followed the steps in the Noblit and Hare (1988) procedure adapted by Britten et al. (2002). The studies were read and re-read to gain familiarity with the data. Key themes, concepts, and methods from each study were noted to support establishing the relationships between studies, as relevant to the review aims and research questions. The relevant first and second-order constructs were extracted, and the data items were compared across studies. Appendix 1-B presents the initial emerging themes from the analysis process. Discrete themes began to form to produce third-order constructs which aimed to extend the findings and interpretations of the studies under review. Appendix 1-C presents an example of the data extraction and synthesis process from one of the final themes. The final key themes are presented in the results section of this review and Table 4 presents the contribution of each study to the final themes.

[INSERT TABLE 4 HERE]

Results

Data synthesis led to the identification of four overarching themes: (1) Stigma from others and the self, (2) Close-knit and claustrophobic communities, (3) Personal factors that facilitate support, and (4) Service-related barriers and facilitators.

Theme One: Stigma from others and the self

The issue of stigma surrounding mental health difficulties was detailed within ten of the included papers (Aisbett et al., 2007; Boyd et al., 2007; Boyd et al., 2011; Dolan et al., 2020; Francis et al., 2006; Hannor-Walker et al., 2020; Hendry & Reid, 2000; Hernández-Nava et al., 2020; Newnham et al., 2008; Scott & Chur-Hansen, 2008). Details of stigmatised behaviour, either feared or experienced, from others (subtheme 1: Social stigma) was more present in the literature than stigma directed towards the self (subtheme 2: Self-stigma).

Social stigma. Participants described stigmatising beliefs which indicated ignorance or fear about mental health difficulties in their communities. These included beliefs that mental health difficulties are contagious and would prevent someone from leading a normal life (Aisbett et al., 2007), that a person experiencing symptoms of depression would be told to get over their depression (Newnham et al., 2008), that a mental health difficulty is seen as a sign of weakness and *"they probably have the same kinda perceptions of a psychologist as I did like crazy people go and see them"* (Boyd et al., 2007, p198). Experiences of mockery and social exclusion due to mental health difficulties were noted: *"friends have found it awkward"* (Dolan et al, 2020, p737) especially in the rural context; *"small town, big hell"* (Hernández-Nava et al., 2020, p7).

With such attitudes evident, it is not surprising that a fear of social stigma was a barrier to people showing, and seeking help for, mental health difficulties (Aisbett et al., 2007; Francis et al., 2006; Hannor-Walker et al, 2020; Newnham et al., 2008). One participant in Aisbett et

al., (2007, p7) put it: *"You just wouldn't tell them that you had it [depression] because they'd be like, 'Get away from me! You're a head case'"*.

Self-stigma. Self-stigma was evident in the findings (Aisbett et al., 2007; Boyd et al., 2011, Francis et al., 2006; Hannor-Walker et al., 2020; Hendry & Reid, 2000). One participant who stated that a psychologist would be their last choice of source of help said, *"It would make me think I was crazy"* (Boyd et al., 2011, p7) while another stated; *"It makes me feel weak when I talk to people about my problems"* (Hannor-Walker et al., 2020, p292). When experiencing bullying, adolescents felt anger towards themselves for their own feelings of vulnerability and pain (Hendry & Reid, 2000). The experiences depicted in these studies demonstrated the significance of both social stigma and internalised stigma in their experiences and perceptions of mental health.

Theme Two: Close-knit and claustrophobic communities

Rural communities are less populated and social visibility is higher than in urban areas. The relationship between living in rural communities and mental health was found to be polarised and refutational themes were found within single studies. Rural communities were experienced as supportive by some, and exclusive by others (Subtheme 1: Close-knit or tightly wound), with concerns around privacy in experiencing mental health difficulties (Subtheme 2: Lack of privacy and anonymity).

Close-knit or tightly wound. For some, rural communities offered support and care for members (Glendinning et al., 2003; Lile & MacTavish, 2020) and there was a sense of attachment and safety from growing up in a smaller community: *"It's safe…everyone cares about everyone else"* (Glendinning et al., 2003, p139). Emotional support and practical acts of care (bringing food) in crises were noted; *"…and it's a close knit community so if*

something goes wrong they will always be there to help you out" (Newnham et al., 2008, pp40-41). However, it was not clear if these crises included those related to mental health.

Alongside rural communities being close-knit and caring, were findings of care and support being conditional or exclusive, perhaps impacted by mental health stigma, as detailed under theme one. Conforming to certain social behaviours to 'fit in' could aid in avoiding stigma and being accepted was a form of protection from social exclusion (Hendry & Reid, 2000). Young people could struggle to feel connected to their community with limited suitable activities; *"It's really pretty here, just, there's nothing for teenagers to do"* (Jenkins et al., 2015, p109). Newnham et al. (2008, p39) discussed the concept of "Outsideness, Insideness"; if you follow the rules of expected behaviour then you will fit in and be included in the community. One author noted that there are no second opportunities in small communities and there is *"nowhere to go"* if you are rejected (Aisbett et al., 2007, p7); *"That's one reason that the city is better cos you know, you don't know everyone and you can get a second chance whereas [if] everyone knows, you can't have one and people have been forced to move out of town before"*. A participant in Francis et al (2006, p45) stated: *"Ah well, being a small town you get a reputation and it's pretty much stuck with ya…"*.

Lack of privacy and anonymity. Living in a rural community with high social proximity brought concerns about lack of privacy, confidentiality, and anonymity when seeking help for mental health difficulties (Aisbett et al., 2007; Boyd et al., 2007; Boyd et al., 2011; Dolan et al., 2020; Francis et al., 2006; Glendinning et al., 2003; Newnham et al., 2008; Orlowski et al., 2016; Scott & Chur-Hanson, 2008); *"the place is small and it's quite likely that people will find out that you have an issue"* (Boyd et al., 2011, p8). This was described as *"like living in a gold-fish bowl"* (Glendinning et al., 2003, p141) and that not only will people know if you have mental health difficulties, but this information will spread through the community via gossip networks (Aisbett et al., 2007; Francis et al., 2006; Newnham et al.,

2008; Orlowski et al., 2016): *"One thing gets said about someone, […], the whole town would know about it in two minutes…it's not good"* (Aisbett et al., 2007, p7).

An issue particularly relevant to rural adolescents was the increased likelihood of parents knowing things that the young person might want to keep private; *"if anybody sees you do anything […] just something you don't necessarily think your parents need to know, and private things, its's going to get back because everybody knows everybody"* (Glendinning et al., 2003, p142). Another issue raised by a participant who was a victim of abuse, was that because the community was small, she continued to see and be in close contact with her assailant, which had further negative impact on her mental health (Jenkins et al., 2015).

Theme Three: Personal factors that facilitate support

A variety of factors were identified as important in facilitating help-seeking for mental health difficulties. Participants described what was important about those they sought help from (Subtheme 1: Characteristics of person to seek help from), and who they would consider approaching (Subtheme 2: Which professionals to seek support from).

Characteristics of person to seek help from. Twelve of the studies contained specific details of the factors and characteristics of a person that would encourage rural adolescent help-seeking for mental health difficulties (Boyd et al., 2007; Boyd et al., 2011; Carnie et al., 2011; Dolan et al., 2020; Edwards et al., 2015; Francis et al., 2006; Hannor-Walker et al., 2020; Hendry & Reid, 2000; Hernández-Nava et al., 2020; Lile & MacTavish, 2020; Orlowski et al., 2016; Scott & Chur-Hansen, 2008). These characteristics included being non-judgemental; *"I would be able to approach them and them not judge me"* (Boyd et al., 2007, p198) and understanding; *"I think […] just somebody that understands. That's the key thing"* (Hendry & Reid, 2000, p714). Other characteristics included being authentic, someone who maintains privacy, and is person-centred (Orlowksi et al., 2016).

As well as individual character traits, accessibility was key; *"Just availability I suppose, she's always there if I've got a problem"* (Boyd et al., 2007, p198). Helpers who were readily available, made time and space, and who noticed distress and made an offer of assistance, facilitated adolescents opening up to receive their support (Boyd et al., 2007; Dolan et al., 2020; Lile & MacTavish, 2020); *"[Helper] came up to me and said if you want to come and see me later, so that's when everything sort of just came out when I…went to see her"* (Boyd et al., 2007, p198). Another participant described how the school counsellor approached them, showing availability; *"And then he was just like, 'well, we need to fix this, I'm sorry but I can't sit here and watch this anymore'[…]He gave me a place to go"* (Lile & MacTavish, 2020, p5).

Some rural adolescents felt more comfortable speaking to a psychologist because of their obligation to keep confidentiality; *"I was a bit more comfortable with the psychologist because I felt like she had this anvil looming over her head that sort of said you can't tell anyone"* (Boyd et al., 2007, p198). Others saw benefit in speaking to an impartial person (Scott & Chur-Hansen, 2008) and valued the skills of mental health professionals; *"[I would see] a psychologist […] because they are trained and skilled to help with any problems you might have"* (Boyd et al., 2011, p6). In other studies participants shared that they would prefer to speak to friends or family; *"Because I wouldn't want strangers knowing things like that about me, even if they were going to help. I wouldn't feel comfortable"*, (Boyd et al., 2011, p7).

Overall, there were mixed findings on whether rural adolescents preferred to seek support from their informal social network or from formal, professional sources. In some studies participants spoke positively about seeking support from friends or family (Boyd et al., 2011; Francis et al., 2006; Hannor-Walker et al., 2020; Hernández-Nava et al., 2020; Scott & Chur-Hansen, 2008); *"I trust my family and friends, they know me personally, know my strengths and weakness and my personality […]. They would be more understanding and I'd*

feel more confident going to them". (Boyd et al., 2011, p7). However, refutational findings were evident within single studies: *"Maybe he needs to talk to his mum and dad"* and *"I don't think she would go to her parents about this, or family."* (Francis et al., 2006, p7). These findings indicate that although there may be identifiable characteristics that rural adolescents find supportive in help-seeking, the individuals who embody these characteristics can vary considerably.

Which professionals to seek support from. Several studies detailed experiences of school-based support for mental health difficulties which were found to be a positive experience for some (Lile & MacTavish, 2020; Francis et al., 2006), with several participants reporting it was the only mental health support available to them; *"Yeah, school's really the only thing"* (Francis et al., 2006, p46). However, school counsellors were sometimes viewed as having limited availability to listen (Hendry & Reid, 2000) and some felt they did not get enough support there; *"I think…[there] could have been a bit more help within the schools"* (Boyd et al., 2007, p198). One study found equal reports of positive and negative experiences of emotional support from teachers (Hannor-Walker et al., 2020). Overall, it appeared the school-based support was desired; that people who could offer counselling advice or developmental skills at school would be welcomed (Hendry & Reid, 2000), and that young people would like to speak to someone about their problems (Boyd et al., 2007).

Health professionals were experienced positively by many participants in these studies (Francis et al., 2006; Hannor-Walker et al., 2020). However, three studies highlighted that General Practitioners (GPs) were not perceived as an appropriate source of help for mental health problems or viewed as less likely to be able to support adolescents with psychological or developmental problems (Boyd et al., 2007; Francis et al., 2006; Hendry & Reid, 2000). One participant stated, *"I had to go to the doctors […] I didn't really tell them much, like nothing personal"* (Boyd et al., 2007, pp197-198). This perception was potentially connected to a belief

that GPs are appropriate support for physical health problems but not mental health problems; *"I haven't had any experience with my GP about problems like that, only just coughs and colds"* (Boyd et al., 2007, p198), or that GPs' reactions to a mental health difficulty would be to prescribe medication, which was perceived as undesirable: *"The first thing she probably wouldn't want to do, is start taking pills and things like that…like from a doctor prescribing her pills and stuff"* (Frances et al., 2006, p46).

Theme Four: Service-related barriers and facilitators

Practical, logistical, and service-related issues produced barriers to rural adolescents accessing mental health services, but also facilitators and opportunities to increase accessibility and acceptability. These are detailed in two subthemes, the first relates to distance and travel to services, and the second relates to key factors in service design.

Distance and travel. Six studies identified the challenge for rural adolescents to access services that are located at a distance (Aisbett et al., 2007; Boyd et al., 2011; Dolan et al., 2020; Francis et al., 2006; Glendinning et al., 2003; Newnham et al., 2008) for example; *"There is nowhere you can go in a country town, they don't have special places for this kind of thing"* (Boyd et al., 2011, p8). Many rural adolescents were reliant on public transport to access mental health services, which could be costly and inadequate; *"you have to be really mindful of the buses"* (Dolan et al., 2020, p737), or on lifts from parents which could be difficult to obtain regularly and raised issues of privacy as discussed in theme two. One participant explained, *"that would be hard if I had to go to an appointment every week cos mum works […] it would be a lot harder without transportation"* (Aisbett et al., 2007, p4).

An enabler of accessing services was being located nearby and conveniently (Boyd et al., 2011; Dolan et al., 2020), but one study did note participants expressing feelings of guilt around mental health professionals having to travel large distances to provide psychological

services; *"I kinda feel bad […] because of the fact that she has to put herself out"* (Aisbett et al., 2007, p6).

Service design issues and opportunities. Although distance was a challenge to accessing services, remote solutions did not necessarily resolve accessibility issues in rural communities. Two of the studies spoke about unreliable internet and mobile coverage and the cost of these technologies being barriers to rural adolescents accessing support (Dolan et al., 2020; Orlowski et al., 2016). Aside from the practical and financial elements of internet access, participants shared they would prefer offline (in person) contact with services; *"Probably the best thing that I've had is the face-to-face kind of interaction because you actually know who you're talking to[…]if you're ringing up other places you don't know who you're talking to[…]if they're actually listening or caring"* (Orlowski et al., 2016, p3071). Some rural adolescents were open to using SMS services as they could be less confrontational and potentially anonymous (Scott & Chur-Hansen, 2008). Another service-related barrier to accessing support was limited opening hours, within the school day, making it difficult for rural adolescents to travel and miss school (Dolan et al., 2020, p737); *"nothing's open after school, everything closes at 5"*. The findings indicated that even if remote services were an option, some rural adolescents would prefer to receive psychological support face-to-face, in person.

The physical context of the service was important to rural adolescents; *"These rooms […] will make a person want to leave and not come back…the environment is, indeed, the most important thing"* (Orlowski et al., 2016, p3070). A service being located locally, although convenient, raised issues of social visibility as discussed in the themes of stigma (theme 1) and privacy concerns (theme 2). One study reported that an adolescent would prefer if a mental health service was based within a general health hospital, reducing social visibility and increasing privacy; *"It was better when it was up at the hospital, […] because you could just be going into the hospital to see someone[…] psych services was that way and dentist that way*

so you could be going to the dentist when really you were going to psych services" (Aisbett et al.2007, p8).

Overall, the issues of physical location, the environment and mode of therapy are challenges that are connected in many ways to those in other themes from the meta-synthesis and do not have simple solutions.

Discussion

The aim of this meta-synthesis was to better understand rural adolescents' experiences of mental health difficulties, perceptions of mental health, and experiences of seeking and accessing support for mental health difficulties. The application of the meta-synthesis methodology enabled new insights and understanding of this topic to be drawn, with themes gathered across the 16 studies. This meta-synthesis highlights rural adolescents have distinct experiences and needs that must be recognised to support improved mental health outcomes.

Findings from theme one highlight rural adolescents' experiences of stigma surrounding mental health difficulties, both social stigma and self-stigma. Consistent with previous research on mental health stigma and help-seeking (Brown et al., 2016; Clement et al., 2015; Fuller et al, 2000; Sickel et al., 2014), the impact of stigma was expressed by participants as a barrier to showing, and seeking help for, mental health difficulties. Goffman (1963) defined stigma as a social phenomenon whereby individuals are 'discredited' or 'discreditable' due to possessing an attribute, such as a mental health difficulty, which triggers stereotypical views of them and is potentially shaming. Fear of stigma challenges people to manage the information others have about them, to avoid triggering components of stigma; labelling, stereotyping, separation, status loss, and discrimination (Link & Phelan, 2001). Stigma and its impact was a strong theme in this review as rural adolescents shared experiences and stigmatising perceptions of mental health problems. Mental health stigma can be a significant barrier to seeking treatment (Sickel

et al., 2014), and has been found to disproportionately deter young people from disclosure of mental health difficulties (Clement et al., 2014). Parr and Philo (2003) found a culture of stoicism, mental health stigma and a reluctance to discuss emotional health in rural communities. In the rural context, stigma may be enacted within families with rural parents reporting it was a barrier to accessing mental health treatment for their child (Boydell et al., 2006). This meta-synthesis highlights how the social context is particularly salient for rural adolescents, where social visibility is higher and concerns around privacy and anonymity are a significant issue (theme two and theme four). Furthermore, the concerns of mental health stigma offer clearer insight into the importance of some of the characteristics of help-seekers identified in this review (theme three), for example, being non-judgemental and having an obligation to maintain confidentiality.

Internalised stigma is a process whereby the components of social stigma are applied to oneself, and the individual believes they are devalued as a member of society (Livingston & Boyd, 2010). Participants in this meta-synthesis demonstrated internalised stigma about mental health difficulties, described in theme one, stating that talking about their mental health difficulties elicited feelings of weakness and reporting a reluctance to receive support from a psychologist as it would indicate they were "crazy". Internalised stigma is associated with a reduction in adherence mental health interventions (Livingston & Boyd, 2010), and the current meta-synthesis highlights it is a significant issue for rural adolescents.

Prominent in the synthesis was how features of rural communities were found to be supportive for mental wellbeing, while also being potential barriers, detailed in theme two. This tension between a close-knit community and the lack of privacy was also found by Parr et al. (2004), whose study found rural adults feeling supported and cared for, alongside the unwelcome and intrusive experience of everyone knowing they had a mental health problem and asking them about it. In an earlier paper, Parr and Philo (2003) refer to a rural paradox

whereby people are physically distant but socially proximate. They argue that this can be silencing and excluding for people with mental health problems, which is felt more acutely than for urban residents who tend to be physically proximate but socially distant. In rural communities, residents tend to know more about the intimate details of each other's lives. This can contribute to a community feeling close-knit (theme 2), but also contribute to stigmatising social gossip and lack of privacy when experiencing and seeking help for mental health difficulties (theme 2), found in this meta-synthesis to be significant concerns for rural adolescents.

Building upon the role of the rural context in adolescent mental health, a finding in this meta-synthesis was the notion of needing to conform and follow rules of expected behaviour in a small community to avoid stigma, and perhaps maintain access to the support of a close-knit community (theme two). Similarly, in a narrative review, Boyd et al. (2006) found ostracism for seeming to rebel against social norms contributed to mental health problems in rural Australian youth, and conversely a feeling of belonging to the community contributed to better mental health. These findings highlight the significant additional challenge in experiencing a mental health difficulty in a rural community, which carries higher risks of stigma and rejection, partly due to greater social visibility. This will have implications for rural adolescents in seeking support for their difficulties.

This meta-synthesis contributes to our understanding of the type of support rural adolescents do seek, despite the barriers. The findings presented in themes three and four highlight that there are many factors rural adolescents consider in seeking mental health support, and these influence whether they seek informal support from friends or family, or formal support through school or mental health services. Personal characteristics of helpers in this review included being non-judgemental, caring, and available, traits which have been

found in the previous literature (Ackerman & Hilsenroth, 2003; Lambert & Barley, 2001; Nienhuis et al., 2018).

Adolescents have previously been found to have expectancies influencing who they seek support from with nurturance more expected from friends and family, and expertise more expected from professionals (Sullivan et al., 2002). This is reflected in this meta-synthesis; participants stated they would seek support from a psychologist as they felt their training gave them skills to help them effectively (theme three). A preference for support from people with specialist training is significant, given the challenges of accessing specialist services for rural adolescents (theme four). Considering the social proximity of the rural context (Parr & Philo, 2003) raising concerns about privacy and anonymity (theme 2), this meta-synthesis highlights the desire for support from professionals known to adolescents, who they trust, are caring, but are obligated to maintain confidentiality. This is emphasised by the concern from rural adolescents about parents finding out they use mental health services and needing parental consent or transport to access services (theme four), issues which may be more significant for rural adolescents where public transport is not as accessible as in urban contexts.

The findings of this meta-synthesis highlight the potential for school-based mental health professionals and interventions in supporting rural adolescents (themes 3 and 4). A qualitative study of non-rural adolescents (Lindsey and Kalaft, 1998) found that availability of school-based adults was a facilitator of help-seeking, and a barrier was the adult having a dual role, for example a pastoral and disciplinary role. In this meta-synthesis, facilitators for accessing support in school settings included availability, approaching the rural adolescent and demonstrating interest; key facilitators found in previous research (Ackerman & Hilsenroth, 2003). If mental health support is available at school, this will increase availability and accessibility due to distance and opening times, barriers presented in theme four. However, it

will increase social visibility which may trigger concerns or acts of stigma, issues discussed under themes one and two.

In line with previous research on rural adolescents accessing physical health services (Atkinson et al., 2003) and at-risk young people (Brown et al., 2016), this meta-synthesis found significant barriers to rural adolescents accessing mental health services were distance, transport issues and inconvenient opening hours. These findings are important to consider when researching rural adolescents, as they may rely on parents or other adults for transport which impacts on their ability to access services and their privacy, more so than to adults or urban adolescents. This meta-synthesis adds to existing understanding by demonstrating that although it may increase accessibility to have mental health services located locally, it could be confounded by the issue of social visibility in rural communities (Parr & Philo, 2003). As suggested within the studies reviewed, locating a mental health service within a general health building may increase privacy and reduce social visibility.

Clinical Implications

The findings of this meta-synthesis have several important implications for clinical psychologists, and other mental health professionals, supporting rural adolescent mental health. The impact of stigma, concerns about privacy and confidentiality, facilitative characteristics of helpers, and the service design and location issues are all relevant to the practice of clinical psychology working with rural communities. When working directly with rural adolescents, clinical psychologists should consider the issues highlighted in this review and consider their role when assessing, formulating, and supporting clients' mental health. To aid in reducing stigma, community-wide initiatives should be considered.

Boyd et al. (2008) argue that rural communities offer an opportunity to utilise social capital as an asset in promoting rural youth mental health. They argue that social capital,

defined as a psychological sense of community, involves feeling emotionally connected, believing that one's needs are capable of being met within the community, and possessing a sense of belonging or mattering to the community. As evidenced in this meta-synthesis, rural communities can elicit feelings of care and closeness, which have the potential to be capitalised on through the promotion of mental health literacy, which could be delivered by clinical psychologists directly or indirectly through key community stakeholders.

As discussed above, a more acceptable pathway to mental health support for rural adolescents may be through schools. The barriers of distance, transport restrictions, and inconvenient opening hours were significant for rural adolescents, therefore there are benefits of locating counselling services within schools, which in previous research has been rated highly on trust, confidentiality, being close and available (Biolcati et al., 2017). However, considering the concerns of rural adolescents around social visibility and mental health stigma, a school-based service would need thoughtful consideration. This should include consideration of employing dedicated mental health professionals to avoid the issue of dual roles of staff (Lindsey & Kalaft, 1998). Clinical psychologists could have a role in delivering mental health first aid training to students and staff, with the aim of reducing stigma and increasing mental health literacy. This could also enhance the skills of school staff to support or signpost young people towards therapeutic interventions.

Another possible pathway to increasing accessibility of mental health services in rural areas is using telehealth or digital health interventions (Jameson & Blank, 2007). They have the potential to reduce the barriers highlighted in this review, transport issues and concerns about privacy. A review of research on telehealth services in rural Australia (Bradford et al., 2016), found it had the potential to address challenges in delivering healthcare in Australia, a country of substantial land area and widely dispersed population. Additionally, rural adolescents in New Zealand reported that a computerised mental health intervention addressed

their concerns about privacy (Cheek et al., 2014). However, this meta-synthesis also highlighted challenges to implementing telehealth including limited access to the internet, unreliable mobile phone coverage and the cost of these technologies, therefore these issues must be considered in designing and examining the feasibility of remote services.

Limitations

There is considerable heterogeneity in the culture and geography of the studies included in this review, therefore caution and consideration must be taken in applying findings to specific cultural or geographical regions. Caution must be taken when interpreting and applying any research carried out in rural communities, as there can be a tendency to view "rural" and its residents as a homogenous entity (Winterton et al, 2014) when rural communities contain considerable heterogeneity within and between communities and countries. In the present meta-synthesis, there is a lack of studies from the broad regions of Africa, South America, Asia, and continental Europe, likely reflecting the limited amount of rural adolescent literature produced in these regions and/or the exclusion of studies not available in English for this meta-synthesis.

Most of the studies in this review were conducted in Australia, reflective of their historically strong research focus on rural mental health more broadly. However, geographical and population differences may influence the definition and experience of rurality. For example, Australia has a population density of three persons per square kilometre, compared to 36 in the USA, 278 in the United Kingdom, and 72 in Ireland (The World Bank, 2020). This has implications for heterogeneity in distance from services, economies, and different community strengths and deficits, which should be considered in the interpretation of results of studies (Fenton et al., 2021). There is no agreed upon global definition of "rural" and the

current review accepted each individual study's definition. This has limitations in terms of the potential differences between the environments the studies took place in.

Future Research

A challenge for researchers in this field that has been previously noted but not overcome, is an agreed definition of "rural". A recommendation is to include contextual and social network components in the definition (Jackson et al., 2007; Fraser et al., 2005). In a recent scoping review of the role of the rural context in transition to adulthood in the USA, Fenton et al. (2021) recommended that future research should use a clear definition of "rural" following their finding that half of the studies they reviewed did not use any definition of "rural". All future research should include an operational definition of "rural", to enhance clarity of the research context and enable readers to interpret the applicability of the findings to different locales.

Acknowledged in the limitations of this study, most studies reviewed in this meta-synthesis were carried out in Australia. This reflects rural mental health research more broadly, with the majority represented by ethnically white, post-colonial countries of the United Kingdom, Canada, Australia, USA, and South Africa (Bain & Munoz, 2020). It must be additionally acknowledged that the very method of a meta-synthesis means that many of the unique contexts and nuances are lost in synthesising data from a variety of settings. Given the diversity across and within communities, all rural areas would benefit from research focused on rural adolescent mental health, to build on the existing literature and inform appropriate, culturally competent rural service development (Farmer et al., 2015). An increase in co-produced and community-engaged research would ensure that the voices of adolescents are heard from the beginning of the research process. WHO (2014) states that adolescents are a

force for their own health, and that their participation needs to be advocated and facilitated in research and service development.

Previous research has found a gender difference in help-seeking for mental health problems, indicating that rural males are less likely to seek help compared to females or urban males (Gunnell & Martin, 2004), and an Irish study found that rural males have lower levels of awareness of mental health issues and were more concerned with stigma than rural female subjects (Barry et al., 2000). The current review did not analyse gender differences, but future research could examine whether rural adolescent males have different mental health needs than rural adolescent females, to allow for appropriately informed interventions.

All the included studies in this meta-synthesis were published before the COVID pandemic, therefore this meta-synthesis cannot offer insight into the impact of the pandemic on rural adolescent mental health. Adolescents globally have been affected by COVID, with the World Health Organisation (WHO, 2020) stating that the pandemic has put young people at an increased risk of suicide, substance use, and other mental health problems. Future research should investigate the impact of the COVID pandemic on rural adolescent mental health, to ensure up-to-date knowledge and understanding of their wellbeing.

Conclusions

The aims of this meta-synthesis were to contribute to the understanding of rural adolescent mental health. This was achieved by synthesising qualitative literature to highlight four key areas in understanding rural adolescent mental health; the experience and impact of social and internalised mental health stigma, close knit and claustrophobic communities, the personal characteristics and professional role that are facilitators and barriers to help-seeking, and the pertinent service design issues. The meta-synthesis also highlighted how these issues interact and impact each other. The findings, clinical implications and future research

recommendations are of value to clinical psychologists and other mental health practitioners,

researchers, and service developers.

References

*indicates paper included in review

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and

techniques positively impacting the therapeutic alliance. *Clinical Psychology*

Review, *23*(1), 1–33. https://doi.org/10.1016/S0272-7358(02)00146-0

*Aisbett, D. L., Boyd, C. P., Francis, K. J., & Newnham, K. (2007). Understanding barriers

to mental health service utilization for adolescents in rural Australia. *Rural and*

Remote Health, *7*(1), 624–624.

Arnett, J, J. (2010). *Adolescence and Emerging Adulthood: A Cultural Approach*, (4th ed.).

Pearson.

Atkinson, K., Schattner, P., & Margolis, S. (2003). Rural Secondary School Students Living

in a Small Community: Their Attitudes, Beliefs and Perceptions Towards General

Practice. *The Australian Journal of Rural Health*, *11*(2), 73–80.

https://doi.org/10.1046/j.1440-1584.2003.00437.x

Austin, E. K., Handley, T., Kiem, A. S., Rich, J. L., Lewin, T. J., Askland, H. H.,

Askarimarnani, S. S., Perkins, D. A., & Kelly, B. J. (2018). Drought-related stress

among farmers: findings from the Australian Rural Mental Health Study. *Medical*

Journal of Australia, *209*(4), 159–165. https://doi.org/10.5694/mja17.01200

Australian Bureau of Statistics. (2018). *3303.0- Causes of death, Australia, 2017*. Australian

Government. 3303.0 - Causes of Death, Australia, 2017 (abs.gov.au)

Bain, S. F., & Munoz, S-A. (2020) Introduction: Mental Health and Wellbeing in Rural

Regions of the Global North. In S-A. Munoz & S. F. Bain (Eds.), *Mental health and*

wellbeing in rural regions: International perspectives (pp. 8 – 25). Taylor & Francis. https://doi.org/10.4324/9780429439131

Barry, M. M., Doherty, A., Hope, A., Sixsmith, J., & Kelleher, C. C. (2000). A community needs assessment for rural mental health promotion. *Health Education Research*, *15*(3), 293–304. https://doi.org/10.1093/her/15.3.293

Barry, R., Rehm, J., De Oliveira, C., Gozdyra, P., & Kurdyak, P. (2020). Rurality and risk of suicide attempts and death by suicide among people living in four English-speaking high-income countries: A systematic review and meta-analysis. *The Canadian Journal of Psychiatry, 65*(7), 441-447. https://doi.org/10.1177/0706743720902655

Biolcati, R., Palareti, L., & Mameli, C. (2017). What adolescents seeking help teach us about a school-based counseling service. *Child & Adolescent Social Work Journal*, *35*(1), 45–56. https://doi.org/10.1007/s10560-017-0503-7

Bowman, S., McKinstry, C., & McGorry, P. (2017). Youth mental ill health and secondary school completion in Australia: Time to act. *Early Intervention in Psychiatry, 11*(4), 277-289. https://doi.org/10.1111/eip.12357

Boyd, C., Aisbett, D., Francis, K., Kelly, M., Newnham, K., & Newnham, K. (2006). Issues in rural adolescent mental health in Australia. *Rural and Remote Health, 6*(1), 501.

*Boyd, C, Francis, K., Aisbett, D., Newnham, K., Sewell, J., Dawes, G., & Nurse, S. (2007). Australian rural adolescents' experiences of accessing psychological help for a mental health problem. *The Australian Journal of Rural Health*, *15*(3), 196–200. https://doi.org/10.1111/j.1440-1584.2007.00884.x

Boyd, C., Hayes, L., Wilson, R., & Bearsley-Smith, C. (2008). Harnessing the social capital of rural communities for youth mental health: An asset-based community

development framework. *The Australian Journal of Rural Health, 16*(4), 189-193.

https://doi.org/10.1111/j.1440-1584.2008.00996.x

*Boyd, C., Hayes, L., Nurse, S., Aisbett, D. L., Francis, K., Newnham, K., & Sewell, J.

(2011). Preferences and intention of rural adolescents toward seeking help for mental

health problems. *Rural and Remote Health*, *11*(1), 1582–1582.

Boydell, K. M. et al. (2006). Family perspectives on pathways to mental health care for

children and youth in rural communities. *The Journal of Rural Health.*, *22*(2), 182-

188. https://doi.org/10.1111/j.1748-0361.2006.00029.x

Bradford, N. K., Caffery, L. J., & Smith, A. C. (2016). Telehealth services in rural and

remote Australia: a systematic review of models of care and factors influencing

success and sustainability. *Rural and Remote Health*, *16*(4), 3808.

Britten, N., Campbell, R., Pope, C., Donovan, J., Morgan, M., & Pill, R. (2002). Using meta

ethnography to synthesise qualitative research: a worked example. *Journal of Health

Services Research & Policy*, *7*(4), 209–215.

https://doi.org/10.1258/135581902320432732

Brown, A., Rice, S., Rickwood, D., & Parker, A. (2016). Systematic review of barriers and

facilitators to accessing and engaging with mental health care among at-risk young

people. *Asia-Pacific Psychiatry, 8*(1), 3-22. https://doi.org/10.1111/appy.12199

Burns, J. J., Cottrell, L., Perkins, K., Pack, R., Stanton, B., Hobbs, G., Hobby, L., Eddy, D.,

& Hauschka, A. (2004). Depressive symptoms and health risk among rural

adolescents. *Pediatrics (Evanston)*, *113*(5), 1313–1320.

https://doi.org/10.1542/peds.113.5.1313

Campbell, R., Pound, P., Morgan, M., Daker-White, G., Britten, N., Pill, R., Yardley, L.,

Pope, C., & Donovan, J. (2011). Evaluating meta-ethnography: Systematic analysis

and synthesis of qualitative research. *Health Technology Assessment (Winchester,*

England), *15*(43), 1–164. https://doi.org/10.3310/hta15430

*Carnie, T-L., Berry, H. L., Blinkhorn, S. A., & Hart, C. R. (2011). In their own words:

Young people's mental health in drought-affected rural and remote NSW. *The*

Australian Journal of Rural Health, *19*(5), 244–248. https://doi.org/10.1111/j.1440-

1584.2011.01224.x

Cheek, C., Bridgman, H., Fleming, T., Cummings, E., Ellis, L., Lucassen, M. F., Shepherd,

M., & Skinner, T. (2014). Views of young people in rural Australia on SPARX, a

fantasy world developed for New Zealand youth with depression. *JMIR Serious*

Games, *2*(1), e3–e3. https://doi.org/10.2196/games.3183

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N.,

Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact

of mental health-related stigma on help-seeking? A systematic review of quantitative

and qualitative studies. *Psychological Medicine*, *45*(1), 11–27.

https://doi.org/10.1017/S0033291714000129

Critical Appraisal Skills Programme [CASP] (2018). *Qualitative research checklist 2018: 10*

questions to help you make sense of qualitative research. https://casp-uk.net/wp-

content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf

Dalton, H. & Perkins, D. (2020). Adversity and resilience. Rural mental health in Australia.

In Munoz, S., & Bain, S. F. (Eds.). (2020). *Mental health and wellbeing in rural*

regions: International perspectives. (pp. 8 – 25) Taylor & Francis.

https://doi.org/10.4324/9780429439131

Dixon-Woods, M., Booth, A., & Sutton, A. J. (2007). Synthesizing qualitative research: A

review of published reports. *Qualitative Research*, *7*(3), 375-422.

https://doi.org/10.1177/1468794107078517

*Dolan, E., Allott, K., Proposch, A., Hamilton, M., & Killackey, E. (2020). Youth access

clinics in Gippsland: Barriers and enablers to service accessibility in rural

settings. *Early Intervention in Psychiatry*, *14*(6), 734–740.

https://doi.org/10.1111/eip.12949

Duggleby, W., Holtslander. L, Kylma, J., Duncan, V., Hammond, C., & Williams, A. (2010).

Metasynthesis of the hope experience of family caregivers of persons with chronic

illness. *Qualitative Health Research*, *20*(2), 148–158.

https://doi.org/10.1177/1049732309358329

*Edwards, P., Mortel, T., & Stevens, J. (2019). Perceptions of anger and aggression in rural

adolescent Australian males. *International Journal of Mental Health Nursing*, *28*(1),

162–170. https://doi.org/10.1111/inm.12513

Elgar, F., Arlett, C., & Groves, R. (2003). Stress, coping, and behavioural problems among

rural and urban adolescents. *Journal of Adolescence (London, England.), 26*(5), 574-

585. https://doi.org/10.1016/S0140-1971(03)00057-5

Farmer, J., Currie, M., Kenny, A., & Munoz, S.-A. (2015). An exploration of the longer-term

impacts of community participation in rural health services design. *Social Science &

Medicine (1982)*, *141*, 64–71. https://doi.org/10.1016/j.socscimed.2015.07.021

Fenton, M. P., Forthun, L. F., Aristild, S., & Vasquez, K. B. (2021). The role of the rural

context in the transition to adulthood: A scoping review. *Adolescent Research

Review, 7*(1), 101–126. https://doi.org/10.1007/s40894-021-00161-6

Fernandez, A., Black, J., Jones, M., Wilson, L., Salvador-Carulla, L., Astell-Burt, T., Black,

    D. E., & Kristie, L. (2015). Flooding and mental health: A systematic mapping

    review. *PLoS One*, *10*(4), e0119929–e0119929.

    https://doi.org/10.1371/journal.pone.0119929

Fontanella, C., Hiance-Steelesmith, D., Phillips, G., Bridge, J., Lester, N., Sweeney, H., &

    Campo, J. V. (2015). Widening rural-urban disparities in youth Suicides, United

    States, 1996-2010. *JAMA Pediatrics, 169*(5), 466-473.

    https://doi.org/10.1001/jamapediatrics.2014.3561

*Francis, K., Boyd, C., Aisbett, D., Newnham, K., & Newnham, K. (2006). Rural

    Adolescents' Attitudes to Seeking Help for Mental Health Problems. *Youth Studies*

    Australia, *25*(4), 42–49. https://doi.org/10.3316/ielapa.305952795272809

Fraser, C., Jackson, H., Judd, F., Komiti, A., Robins, G., Murray, G., Humphreys, J.,

    Pattison, P., & Hodgins, G. (2005). Changing places: the impact of rural restructuring

    on mental health in Australia. *Health & Place*, *11*(2), 157–171.

    https://doi.org/10.1016/j.healthplace.2004.03.003

Fuller, Edwards, J., Procter, N., & Moss, J. (2000). How definition of mental health problems

    can influence help seeking in rural and remote communities. *The Australian Journal*

    of Rural Health, *8*(3), 148–153. https://doi.org/10.1046/j.1440-1584.2000.00303.x

*Glendinning, A., Nuttall, M., Hendry, L., Kloep, M., & Wood, S. (2003). Rural

    communities and well-being: a good place to grow up? *The Sociological Review*

    (Keele), *51*(1), 129–156. https://doi.org/10.1111/1467-954X.00411

Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*. Penguin.

Gunnell, D., & Martin, R. M. (2004). Patterns of General Practitioner consultation for mental illness by young people in rural areas. A cross-sectional study. *Health statistics quarterly*, (21), 30–33.

Hagler, M., Hamby, S., Banyard, V., & Grych, J. (2019). "We almost had the whole block's phone number on the wall": A mixed methods investigation of informal helping in a predominantly rural sample. *Journal of Community Psychology*, *47*(3), 477–494. https://doi.org/10.1002/jcop.22132

*Hannor-Walker, T., Bohecker, L., Ricks, L., & Kitchens, S. (2020). Experiences of Black adolescents with depression in rural communities. *The Professional Counselor (Greensboro, N.C.)*, *10*(2), 285–300. https://doi.org/10.15241/thw.10.2.285

*Hendry, L. B., & Reid, M. (2000). Social relationships and health: the meaning of social "connectedness" and how it relates to health concerns for rural Scottish adolescents. *Journal of Adolescence (London, England.)*, *23*(6), 705–719. https://doi.org/10.1006/jado.2000.0354

*Hernández-Nava, H., Hernández González, G., & Garbus, P. (2020). Adolescent males in a rural Mexican context: psychic suffering and care among peers. *Salud colectiva*, *16*, e2266.

Hirsch, J. K. (2006). A review of the literature on rural suicide: Risk and protective factors, incidence, and prevention. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *27*(4), 189–199. https://doi.org/10.1027/0227-5910.27.4.189

Jackson, H., Judd, F., Komiti, A., Fraser, C., Murray, G., Robins, G., Pattison, P., & Wearing, A. (2007). Mental health problems in rural contexts: What are the barriers to seeking

help from professional providers? *Australian Psychologist*, *42*(2), 147–160.

https://doi.org/10.1080/00050060701299532

Jameson, J. P. & Blank, M. B. (2007). The Role of Clinical Psychology in Rural Mental

Health Services: Defining Problems and Developing Solutions. *Clinical Psychology*

(New York, N.Y.), *14*(3), 283–298. https://doi.org/10.1111/j.1468-2850.2007.00089.x

Jaworska, N., & MacQueen, G. (2015). Adolescence as a unique developmental

period. *Journal of Psychiatry & Neuroscience*, *40*(5), 291–293.

https://doi.org/10.1503/jpn.150268

*Jenkins, E. K., Johnson, J. L., Bungay, V., Kothari, A., & Saewyc, E. M. (2015). Divided

and disconnected — An examination of youths' experiences with emotional distress

within the context of their everyday lives. *Health & Place*, *35*, 105–112.

https://doi.org/10.1016/j.healthplace.2015.08.006

Judd, F. K. & Humphreys, J. S. (2001). Mental health issues for rural and remote

Australia. *The Australian Journal of Rural Health*, *9*(5), 254–258.

https://doi.org/10.1111/j.1440-1584.2001.tb00431.x

Kaukiainen, A., & Kõlves, K. (2020). Too tough to ask for help? Stoicism and attitudes to

mental health professionals in rural Australia. *Rural and Remote Health., 20*(2), 5399

–5399. https://doi.org/10.22605/RRH5399

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship

and psychotherapy outcome. *Psychotherapy (Chicago, Ill.)*, *38*(4), 357–361.

https://doi.org/10.1037//0033-3204.38.4.357

*Lile, J. R., & MacTavish, K. A. (2020). "I've been through a lot": Perspectives on growing

up in rural poverty. *Children and Youth Services Review*, *119*, 105566.

https://doi.org/10.1016/j.childyouth.2020.105566

Link, B. G. & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of*

Sociology., *27*(1), 363-385. https://doi.org/10.1146/annurev.soc.27.1.363

Lindsey, C. R., & Kalafat, J. (1998). Adolescents' views of preferred helper characteristics

and barriers to seeking help from school-based adults. *Journal of Educational and*

Psychological Consultation, *9*(3), 171–193.

https://doi.org/10.1207/s1532768xjepc0903_1

Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma

for people living with mental illness: A systematic review and meta-analysis. *Social*

Science & Medicine (1982), *71*(12), 2150–2161.

https://doi.org/10.1016/j.socscimed.2010.09.030

McCann, J. (2014). *Combatting stress and suicide in rural communities: Issues identified and*

recommendations for rural support in Northern Ireland. Winston Churchill Memorial

Trust.

https://media.churchillfellowship.org/documents/McCann_J_Report_2013_Final.pdf

Moon, L., Meyer, P., & Grau, J. (1999). *Australia's young people: Their health and*

wellbeing 1999. Canberra: Australian Institute of Health and Welfare.

https://www.aihw.gov.au/getmedia/8e0cf278-e107-434c-b4e2-

b42dc5458eba/ayp99.pdf.aspx?inline=true

Mostafanejad, K. (2006). Reducing the isolation of young adults living with a mental illness in rural Australia. *International Journal of Mental Health Nursing*, *15*(3), 181–188. https://doi.org/10.1111/j.1447-0349.2006.00421.x

*Newnham, K., Boyd, C., Newnham, K., Francis, K., & Aisbett, D. (2008). Experience of place for adolescents in rural Australia. *Rural Social Work and Community Practice*, *13*(1), 31–45.

Nienhuis, J. B., Owen, J., Valentine, J. C., Winkeljohn Black, S., Halford, T. C., Parazak, S. E., Budge, S., & Hilsenroth, M. (2018). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*, *28*(4), 593–605. https://doi.org/10.1080/10503307.2016.1204023

Noblit, G. W., Hare, R. D. (1988). *Meta-ethnography: Synthesizing Qualitative Studies.* Sage.

*Orlowski, S., Lawn, S., Antezana, G., Venning, A., Winsall, M., Bidargaddi, N., & Matthews, B. (2016). A Rural Youth Consumer Perspective of Technology to Enhance Face-to-Face Mental Health Services. *Journal of Child and Family Studies*, *25*(10), 3066–3075. https://doi.org/10.1007/s10826-016-0472-z

Parr, H. & Philo, C. (2003). Rural mental health and social geographies of caring. *Social & Cultural Geography*, *4*(4), 471–488. https://doi.org/10.1080/1464936032000137911

Parr, H., Philo, C., & Burns, N. (2004). Social geographies of rural mental health: Experiencing inclusions and exclusions. *Transactions - Institute of British Geographers (1965), 29*(4), 401-419. https://doi.org/10.1111/j.0020-2754.2004.00138.x

Roberts, R. (2017). Equally well: Physical health and mental illness. *Australian Journal of Rural Health*, *25*(6), 324–325. https://doi.org/10.1111/ajr.12404

Rural Health Information Hub (2019). *Defining mental health in rural communities. Mental health in rural communities toolkit*. https://www.ruralhealthinfo.org/toolkits/mental-health/1/definition

Sandelowski, M., Docherty, S., & Emden, C. (1997). Qualitative metasynthesis: Issues and techniques. *Research in Nursing & Health, 20*(4), 365-371. https://doi.org/10.1002/(SICI)1098-240X(199708)20:4<365::AID-NUR9>3.0.CO;2-E

*Scott, L., & Chur-Hansen, A. (2008). The mental health literacy of rural adolescents: Emo subculture and SMS texting. *Australasian Psychiatry : Bulletin of the Royal Australian and New Zealand College of Psychiatrists*, *16*(5), 359–362. https://doi.org/10.1080/10398560802027328

Sickel, A. E., Seacat, J. D., & Nabors, N. A. (2014). Mental health stigma update: A review of consequences. *Advances in Mental Health*, *12*(3), 202–215. https://doi.org/10.1080/18374905.2014.11081898

Smith, K. B., Humphreys, J. S., & Wilson, M. G. (2008). Addressing the health disadvantage of rural populations: How does epidemiological evidence inform rural health policies and research? *Australian Journal of Rural Health*, *16*(2), 56–66. https://doi.org/10.1111/j.1440-1584.2008.00953.x

Stain, H. J., Kelly, B., Carr, V. J., Lewin, T. J., Fitzgerald, M., & Fragar, L. (2011). The psychological impact of chronic environmental adversity: Responding to prolonged drought. *Social Science & Medicine*, *73*(11), 1593–1599. https://doi.org/10.1016/j.socscimed.2011.09.016

Sullivan, K., Marshall, S. K., & Schonert-Reichl, K. A. (2002). Do expectancies influence

choice of help-giver? *Journal of Adolescent Research*, *17*(5), 509–531.

https://doi.org/10.1177/0743558402175005

Villa, R. & Moya, E. (2020) Rurality: Social forces, stress, and mental health. In: Munoz, S-

A., & Bain, S. F. (Eds.). (2020). *Mental health and wellbeing in rural regions:*

International perspectives. (pp. 133 – 149) Taylor & Francis.

https://doi.org/10.4324/9780429439131

Walsh, D., & Downe, S. (2005). Meta-synthesis method for qualitative research: A literature

review. *Journal Of Advanced Nursing*, *50*(2), 204-211. doi:10.1111/j.1365-

2648.2005.03380.x

Winterton, R., Hulme Chambers, A., Farmer, J., & Munoz, S.-A. (2014). Considering the

implications of place-based approaches for improving rural community wellbeing:

The value of a relational lens. *Rural Society*, 23(3), 283–295.

https://doi.org/10.1080/10371656.2014.11082071

The World Bank. (2020). *Population density.*

http://data.worldbank.org/indicator/EN.POP.DNST

World Health Organization. (n.d.) *Adolescence: a period needing special attention.*

Adolescence: a period needing special attention - recognizing-adolescence (who.int)

World Health Organization, (2014). *Health for the world's adolescents: a second chance in*

the second decade. WHO_FWC_MCA_14.05_eng.pdf

World Health Organization. (2018, March 22). *Depression*. https://www.who.int/news-

room/fact-sheets/detail/depression

World Health Organization. (2020). *Guidelines on mental health promotive and preventive interventions for adolescents: helping adolescents thrive.* [v.22_20138_Guidelines on mental health promotive and preventive interventions for adolescents_HAT For Web (who.int)](who.int)

Figure and Table Legends

Figure 1: Flow diagram of the systematic search process

Table 1: Free-text search terms applied to each database in the Systematic Literature Review

Table 2: Summary information for the papers selected for synthesis

Table 3: Quality appraisal of included review papers using CASP (2018)

Table 4: Contribution of Each Study to Meta-Synthesis Themes

Figure 1

Flow diagram of the systematic search process
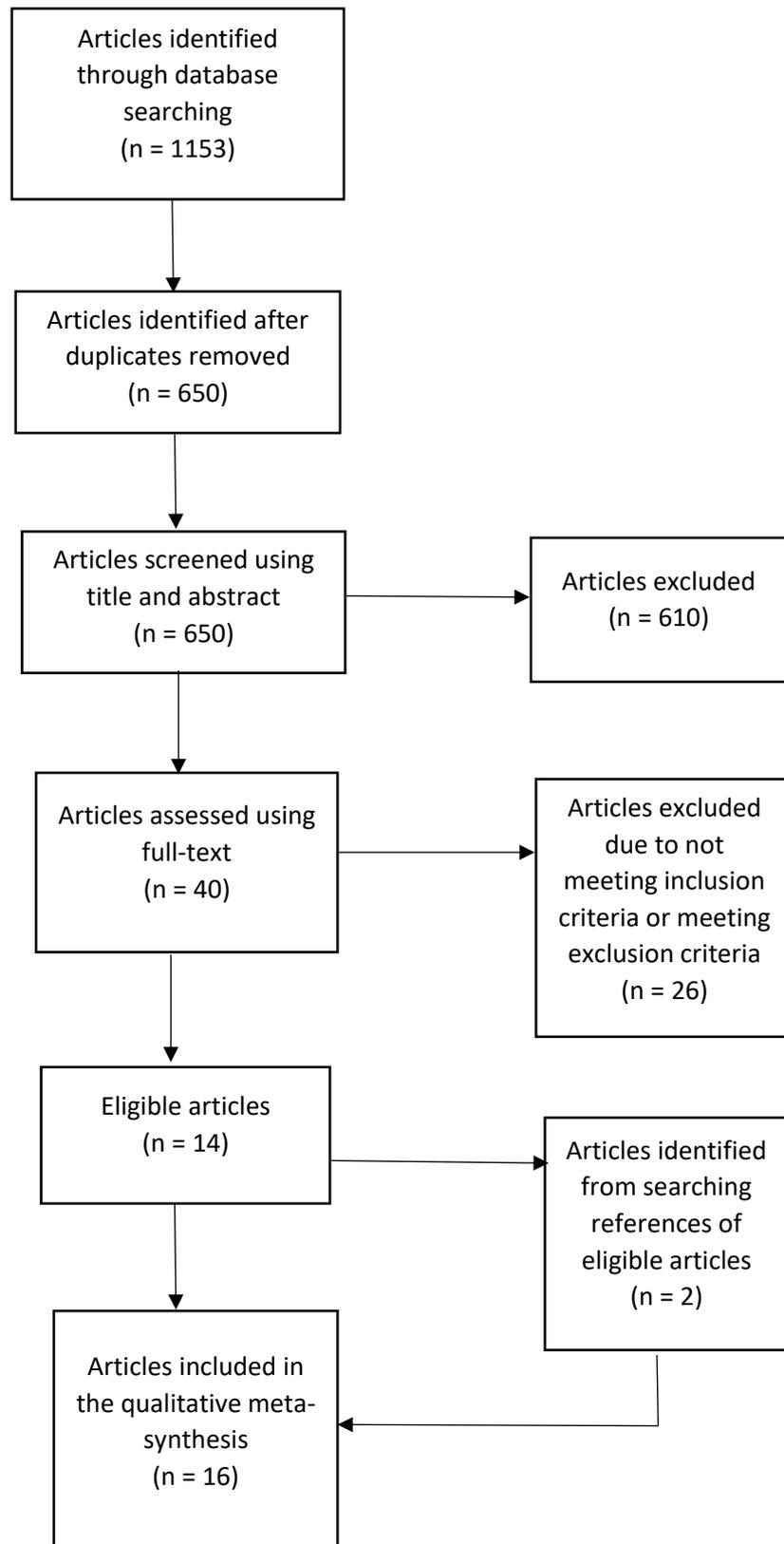
Table 1

Free-text search terms applied to each database in the Systematic Literature Review

	Free-text search terms
1	rural N5 (area* OR communi* OR villag* OR town*)) OR countryside
2	adolescent* or teenager* or "young adult*" or youth or "young person" or child* or "young men" or "young women"
3	(mental OR psych*) N3 (illness* OR disorder* OR health OR wellness OR "well ness" OR "well being" OR "well-being" OR distress OR health OR difficult*)
4	qualitative OR ethnograph* OR thematic OR "grounded theory" OR interview* OR questiona* OR phenomeno* OR ipa OR "focus group" OR narrative OR "content analysis"

Table 2

Summary information for the papers selected for synthesis

Author(s) (Year)	Country	Research Question/Aims	Participants	Data Collection	Data Analysis
Aisbett et al. (2007)	Australia	To understand the experiences of adolescents with mental health problems in the context of their rural communities, and in particular the implications that this 'rurality' may have on the utilization of child and adolescent mental health services.	Three clients of the Child and Adolescent Mental Health services (Aged 15 to 17)	Individual repeated interviews	Interpretive Phenomenological Analysis (IPA)
Boyd et al. (2007)	Australia	To explore Australian rural adolescents' experiences of accessing help for a mental health problem in the context of their rural communities	Six first-year undergraduate psychology students who sought help for a mental health issue during their adolescence and who at that time resided in a rural area (Aged 17 to 21)	Individual semi-structured interviews	Thematically coded using a constant comparative method. Grounded in an interpretive phenomenological approach.
Boyd et al. (2011)	Australia	To investigate the preferences and intentions of rural Australian youth towards seeking help for mental health problems; determine predictors of help-seeking intention among rural adolescents; and verify results from previous qualitative research on barriers to help-seeking in a rural context	201 adolescents from 8 rural schools (Aged 11 to 18)	Mixed methods – qualitative component used an open-ended survey	Content Analysis
Carnie et al (2011)	Australia	To record the drought-related experiences of young people and to contrast these with their teachers' and other adults' observations.	Students and adults. Unclear how many but included 45 students from six rural boarding schools	Semi-structured forums	Content Analysis

Dolan et al (2020)	Australia	To examine the barriers and enablers for young people accessing the YACs (Youth Access Clinics) in Gippsland	Seven youth YAC consumers (Aged 15 to 20) Nine female staff members	Individual semi-structured interviews	Thematic analysis
Edwards et al (2019)	Australia	To understand the role of anger and aggression from the perspective of Australian rural adolescent males	187 adolescent males (Aged 12 to 17)	Mixed methods-qualitative component used focus group semi-structured interviews	Thematic Analysis
Francis et al (2006)	Australia	To explore the barriers to seeking help for mental health problems as well as potential sources of help for those problems as they are perceived by rural adolescents	52 students from four rural secondary schools (Years 9 and 10, estimate aged 14-16)	Focus groups	Thematic Analysis using a constant comparative method
Glendinning et al (2003)	Scotland	To examine young people's experiences and perceptions of their home area, through their own accounts, and what those mean for young people's sense of self and well-being.	63 adolescents in four rural areas (Aged 15 to 18)	Mixed methods: qualitative component used group interviews	Thematic Analysis
Hannor-Walker et al (2020)	United States	To explore the perceptions of rural Black adolescents with depression or their perspective of treatment effectiveness.	10 adolescents (Aged 13 to 17)	Interpretative qualitative method using individual semi-structured interviews	Content Analysis
Hendry & Reid (2000)	Scotland	To provide insights into how young people living in rural environments view the links between social relationships and health.	37 adolescents (Aged 14 to 17)	Individual interviews	Qualitative phenomenological approach
Hernández-Nava et al (2020)	Mexico	To analyse the forms of psychological suffering and care practices among adolescent male peers in a rural context.	9 interviewed, 7 participated in focus groups (Aged to 19)	Individual semi-structured interviews and focus group	Qualitative; exploratory-descriptive
Jenkins et al (2015)	Canada	To bring youth voice to the literature on emotional distress and to capture the ways in which context shapes young peoples'	27 adolescents (Aged 13 to 18)	Interviews and field work observations	Thematic Analysis

		experiences of emotional distress within their everyday lives.			
Lile & MacTavish (2020)	United States	To examine the experiences and perspectives of low-income, rural adolescents, as well as of the non-parental adults who supported them and community leaders.	"youth sample" of 16 (Aged 16 to 19)	Interviews and observations	Inductive analysis with symbolic interactionist lens
Newnham et al (2008)	Australia	To explore the experience of place for adolescents in rural Victoria, Australia including the aim to increase understanding of how adolescents' mental health and wellbeing might be influenced by their perceptions of place,	Three adolescents (Aged 16 to 18)	Repeated interviews	Interpretative Phenomenological Approach (IPA)
Orlowski et al (2016)	Australia	To explore young people's experiences of the current mental health system, their personal experiences of mental ill-health and help-seeking in a rural context, and their views around how (and indeed if) technology can assist themselves and other young people to experience better quality help when and where they need it.	Ten young people (Aged 16 to 22)	Semi-structured interviews	Thematic Analysis
Scott & Chur-Hansen (2008)	Australia	To explore the mental health literacy of adolescents living in a rural area in Australia through in-depth, semi-structured interviews, with a view to identifying areas for further research and making recommendations for improved education programs around mental health.	Nine adolescents (Aged 14 to 16)	Semi-structured interviews	Thematic Analysis

Table 3

Quality appraisal of included review papers using CASP (2018)

	Research Design	Sampling	Data Collection	Reflexivity	Ethical Issues	Data Analysis	Findings	Value	Total
Aisbett et al (2007)	3	3	2	2	2	2	3	2	**19**
Boyd et al (2007)	3	1	3	1	1	2	2	3	**16**
Boyd et al (2011)	1	2	2	1	2	1	2	3	**14**
Carnie et al (2011)	2	1	1	1	1	1	2	2	**11**
Dolan et al (2020)	3	2	3	1	2	2	3	3	**19**
Edwards et al (2019)	2	2	3	2	2	3	3	2	**19**
Francis et al (2006)	3	2	3	2	1	3	3	3	**20**
Glendinning et al (2003)	3	1	2	1	1	1	3	2	**14**
Hannor-Walker et al (2020)	3	3	3	2	3	3	2	3	**22**
Hendry & Reid (2000)	2	2	3	1	2	2	3	3	**18**
Hernández-Nava et al (2020)	2	2	2	1	1	1	2	2	**13**
Jenkins et al (2015)	3	3	3	1	2	3	2	2	**19**
Lile & MacTavish (2020)	2	3	3	1	2	2	3	2	**18**
Newnham et al (2008)	3	2	3	1	2	2	3	2	**18**

Orlowski et al (2016)	2	3	3	1	2	3	2	3	**19**
Scott & Chur-Hansen (2008)	2	2	3	1	2	2	1	2	**15**

Table 4

Contribution of Each Study to Meta-Synthesis Themes

Theme	Subtheme	Contributing Studies		
Theme one: Stigma from others and the self	Social Stigma	• Aisbett et al. (2007) • Boyd et al. (2007) • Dolan et al. (2020) • Francis et al. (2006)	• Hannor-Walker et al. (2020) • Hernández-Nava et al. (2020) • Newnham et al. (2008)	• Scott & Chur-Hansen (2008)
	Self-stigma	• Aisbett et al (2007) • Boyd et al. (2011) • Francis et al. (2006)	• Hannor-Walker et al. (2020) • Hendry & Reid (2000)	
Theme two: Close-knit and claustrophobic communities	Close-knit or tightly wound	• Aisbett et al., 2007 • Glendinning et al., 2003 • Hendry & Reid, 2000)	• Jenkins et al. (2015) • Lile & MacTavish, 2020 • Newnham et al., 2008	
	Lack of privacy and anonymity	• Aisbett et al., 2007 • Boyd et al., 2007 • Boyd et al., 2011 • Dolan et al., 2020	• Francis et al., 2006 • Glendinning et al., 2003 • Jenkins et al., 2015	• Newnham et al., 2008 • Orlowski et al., 2016 • Scott & Chur-Hanson, 2008

Theme three: Personal factors that facilitate support	Characteristics of person to seek help from	• Boyd et al., 2007 • Boyd et al., 2011 • Carnie et al., 2011 • Dolan et al., 2020	• Edwards et al., 2015 • Francis et al., 2006 • Hannor-Walker et al., 2020 • Hendry & Reid, 2000	• Hernández-Nava et al. (2020) • Lile & MacTavish, 2020 • Orlowski et al., 2016 • Scott & Chur-Hansen, 2008
	Which professionals to seek support from	• Boyd et al., 2007 • Francis et al., 2006 • Hannor-Walker et al., 2020	• Hendry & Reid, 2000 • Lile & MacTavish, 2020	
Theme four: Service-related barriers and facilitators	Distance and travel	• Aisbett et al., 2007 • Boyd et al., 2011 • Dolan et al., 2020 • Francis et al., 2006	• Glendinning et al., 2003 • Newnham et al., 2008	
	Service design issues and opportunities	• Aisbett et al., 2007 • Boyd et al., 2007 • Dolan et al., 2020 • Francis et al., 2006	• Orlowski et al., 2016 • Scott & Chur-Hansen, 2008	

Section One Appendices

1-A: *Journal of Adolescent Research* Manuscript Submission Guidelines

1-B: Data Synthesis: Initial Emerging Themes

1-C: Data Synthesis: An Example of How Original Author and Participant Interpretations

Contributed Towards Final Meta-Themes

Appendix 1-A

***Journal of Adolescent Research* Manuscript Submission Guidelines**

Manuscript Submission Guidelines:

The aim of the Journal of Adolescent Research is to publish informative and dynamic articles from a variety of disciplines that focus on development during adolescence (ages 10 to 18) and early emerging adulthood (18-22). We are particularly interested in papers that use mixed-methods, systematically combining qualitative and quantitative data and analyses. We also seek rigorous qualitative research using a variety of strategies including ethnography, in-depth interviews, case studies, photo elicitation, and the like. Our goal is to expand upon the understanding of a diverse range of experiences of adolescents and emerging adults across a variety of contexts.

[This journal is a member of the Committee on Publication Ethics (COPE)](#)

Manuscript Preparation

Manuscripts should be prepared using the *[APA](#) Style Guide* (Sixth Edition). All pages must be typed, double-spaced (including references, footnotes, and endnotes). Text must be in 12-point Times Roman. Block quotes may be single-spaced. Must include margins of 1inch on all the four sides and number all pages sequentially. *All research submitted must adhere with guidelines for the protection of human subjects. Please indicate in your cover letter and in your manuscript how you met this standard (e.g., following protocols approved by an institutional review board).*

The manuscript should include four major sections(in this order): Title Page, Abstract, Main Body, and References.

Sections in a manuscript may include the following (in this order): (1) Title page, (2) Abstract, (3) Keywords, (4) Text, (5) Notes, (6) References, (7) Tables, (8) Figures, and (9) Appendices.

1. Title page. Please include the following:

- Full article title
- Acknowledgments and credits

- Each author's complete name and institutional affiliation(s) and biosketch (2-3 sentences about each author)
- Grant numbers and/or funding information
- Corresponding author (name, address, phone/fax, e-mail)

We strongly encourage authors to include the following key points in their Abstract. Feel free to use this as a template. *Note.* The Abstract should not exceed 200 words.

2. Abstract. Print the abstract on a separate page headed by the full article title. Omit author(s)'s names.

• **Aims.** Describe the aims of your study.
• **Demographics.** Provide information about your sample of participants, including age, gender, race/ethnicity, socioeconomic status, immigrant generational status, etc.
• **Settings.** Describe the site or context from which your sample was drawn.
• **Methodology.** Describe the specific qualitative or mixed-method strategy employed for the study (in-depth interviews, case studies, photo elicitation, etc.) *Note.* We do NOT accept manuscripts that use only quantitative methods. *Please include in your methodology a statement about how your research ensured the protection of human subjects (i.e., following protocols that have been approved by an Institutional Review Board).*
• **Analysis.** Describe the type of analysis you used (inductive analysis, deductive analysis, chi sq.; logistic regression, etc.)
• **Findings.** Briefly describe key findings.
• **Implications.** Include a concluding sentence regarding implications of study.

3. Text. Begin article text on a new page headed by the full article title.

a. Headings and subheadings. Subheadings should indicate the organization of the content of the manuscript. Generally, three heading levels are sufficient to organize text. Level 1 heading should be Centered, Boldface, Upper & Lowercase, Level 2 heading should be Flush Left, Boldface, Upper & Lowercase, Level 3 heading should be Indented, boldface, lowercase paragraph heading that ends with a period, Level 4 heading should be Indented, boldface, italicized, lowercase paragraph heading that ends with a period*,* and Level 5 heading should be Indented, italicized, lowercase paragraph heading that ends with a period*.*

b. Citations. For each text citation there must be a corresponding citation in the reference list and for each reference list citation there must be a corresponding text citation. Each corresponding citation must have identical spelling and year. Each text citation must include at least two pieces of information, author(s) and year of publication. Following are some examples of text citations:

(i) *Unknown Author*: To cite works that do not have an author, cite the source by its title in the signal phrase or use the first word or two in the parentheses. Eg. The findings are based on the study was done of students learning to format research papers ("Using XXX," 2001)

(ii) *Authors with the Same Last Name*: use first initials with the last names to prevent confusion. Eg.(L. Hughes, 2001; P. Hughes, 1998)

(iii) *Two or More Works by the Same Author in the Same Year*: For two sources by the same author in the same year, use lower-case letters (a, b, c) with the year to order the entries in the reference list. The lower-case letters should follow the year in the in-text citation.Eg.Research by Freud (1981a) illustrated that…

(iv) *Personal Communication*: For letters, e-mails, interviews,and other person-to-person communication, citation should include the communicator's name, the fact that it was personal communication, and the date of the communication. Do not include personal communication in the reference list.Eg.(E. Clark, personal communication, January 4, 2009).

(v) *Unknown Author and Unknown Date*: For citations with no author or date, use the title in the signal phrase or the first word or two of the title in the parentheses and use the abbreviation "n.d." (for "no date").Eg. The study conducted by of students and research division discovered that students succeeded with tutoring ("Tutoring and APA," n.d.).

5. Notes. If explanatory notes are required for your manuscript, insert a number formatted in superscript following almost any punctuation mark. Footnote numbers should not follow dashes (—), and if they appear in a sentence in parentheses, the footnote number should be inserted within the parentheses. The Footnotes should be added at the bottom of the page after the references. The word "Footnotes" should be centered at the top of the page.

6. References. Basic rules for the reference list:

- The reference list should be arranged in alphabetical order according to the authors' last names.
- If there is more than one work by the same author, order them according to their publication date – oldest to newest (therefore a 2008 publication would appear before a 2009 publication).
- When listing multiple authors of a source use "&" instead of "and".
- Capitalize only the first word of the title and of the subtitle, if there are one, and any proper names – i. e. only those words that are normally capitalized.
- Italicize the title of the book, the title of the journal/serial and the title of the web document.
- Manuscripts submitted to *JAR* should strictly follow the *APA Style Guide* (7thEdition).
- Every citation in text must have the detailed reference in the Reference section.
- Every reference listed in the Reference section must be cited in text.
- Do not use "et al." in the Reference list at the end; names of all authors of a publication should be listed there.
- Include the DOI number in the References.

Here are a few examples of commonly found references. For more examples please check *APA*(7th Ed).

Books:

Book with place of publication--Airey, D. (2010). *Logo design love: A guide to creating iconic brand identities*. Berkeley, CA: New Riders.

Book with editors & edition--Collins, C., & Jackson, S. (Eds.). (2007). *Sport in Aotearoa/New Zealand society.* South Melbourne, Australia: Thomson.

Book with author & publisher are the same--MidCentral District Health Board. (2008). District annual plan 2008/09. Palmerston North, New Zealand: Author.

Chapter in an edited book--Dear, J., & Underwood, M. (2007). What is the role of exercise in the prevention of back pain? In D. MacAuley& T. Best (Eds.), *Evidence-based sports medicine* (2nd ed., pp. 257-280). Malden, MA: Blackwell.

Periodicals:

Journal article with more than one author (print)--Gabbett, T., Jenkins, D., & Abernethy, B. (2010). Physical collisions and injury during professional rugby league skills training. *Journal of Science and Medicine in Sport, 13*(6), 578-583.

Journal article – 8 or more authors-- Crooks, C., Ameratunga, R., Brewerton, M., Torok, M., Buetow, S., Brothers, S., … Jorgensen, P. (2010). Adverse reactions to food in New Zealand children aged 0-5 years. *New Zealand Medical Journal, 123*(1327). Retrieved from http://www.nzma.org.nz/journal/123-1327/4469/

Internet Sources:

Internet – no author, no date--Pet therapy. (n.d.). Retrieved from htttp://www.holisticonline.com/stress/stress_pet-therapy.htm

Internet – Organisation / Corporate author-- *SPCA New Zealand. (2011). Your dog may be dying from the heat [Press release]. Retrieved from*

http://www.rnzspca.org.nz/news/press-releases/360-your-dog-may-be-dying-...

- Examples of various types of information sources:

Act (statute / legislation)--Copyright Act 1994. (2011, October 7). Retrieved from http://www.legislation.govt.nz

Blog post-- Liz and Ellory. (2011, January 19). The day of dread(s) [Web log post]. Retrieved from

http://www.travelblog.org/Oceania/Australia/Victoria/Melbourne/St-Kilda/...

Brochure / pamphlet (no author)--Ageing well: How to be the best you can be [Brochure]. (2009). Wellington, New Zealand: Ministry of Health.

*Conference Paper--*Williams, J., &Seary, K. (2010). Bridging the divide: Scaffolding the learning experiences of the mature age student. In J. Terrell (Ed.), *Making the links: Learning, teaching and high quality student outcomes*. Proceedings of the 9th Conference of the New Zealand Association of Bridging Educators (pp. 104-116). Wellington, New Zealand.

*DVD / Video / Motion Picture (including Clickview&Youtube)--*Gardiner, A., Curtis, C., & Michael, E. (Producers), &Waititi, T. (Director). (2010). *Boy: Welcome to my interesting world* [DVD]. New Zealand: Transmission.

*Magazine--*Ng, A. (2011, October-December). Brush with history. *Habitus, 13*, 83-87.

*Newspaper article (no author)--*Little blue penguins homeward bound. (2011, November 23). *Manawatu Standard*, p. 5

*Podcast (audio or video)--*Rozaieski, B. (2011). *Logan cabinet shoppe*: *Episode 37: Entertainment center molding* [Video podcast]. Retrieved from http://blip.tv/xxx

*Software (including apps--*UBM Medica.(2010). iMIMS (Version1.2.0) [Mobile application software].Retrieved from http://itunes.apple.com

*Television programme--*Flanagan, A., &Philipson, A. (Series producers & directors).(2011). *24 hours in A & E* [Television series]. Belfast, Ireland: Channel 4.

*Thesis (print)--*Smith, T. L. (2008). *Change, choice and difference: The case of RN to BN degree programmes for registered nurses* (Master's thesis). Victoria University of Wellington, Wellington, New Zealand.

Thesis (online)--Mann, D. L. (2010). Vision and expertise for interceptive actions in sport (Doctoral dissertation, The University of New South Wales, Sydney, Australia). Retrieved

Non-English reference book, title translated in English

Real Academia Espanola. (2001). *Diccionario de la lenguaespanola* [Dictionary of the Spanish Language] (22nded.). Madrid, Spain: Author

IMPORTANT NOTE: To encourage a faster production process of your article, you are requested to closely adhere to the points above for references. Otherwise, it will entail a long process of solving copyeditor's queries and may directly affect the publication time of your article. In case of any question, please contact the journal editor at NDeutschJAR@gmail.com.

7. Tables. They should be structured properly. Each table must have a clear and concise title. When appropriate, use the title to explain an abbreviation parenthetically.Eg.*Comparison of Median Income of Adopted Children (AC) v. Foster Children (FC).*Headings should be clear and brief.

8. Figures. They should be numbered consecutively in the order in which they appear in the text and must include figure captions. Figures will appear in the published article in the order in which they are numbered initially. The figure resolution should be 300dpi at the time of submission.

IMPORTANT: PERMISSION - *The author(s) are responsible for securing permission to reproduce all copyrighted figures or materials before they are published in JAR. A copy of the written permission must be included with the manuscript submission.*

9. Appendices. They should be lettered to distinguish from numbered tables and figures. Include a descriptive title for each appendix (e.g., "Appendix A. Variable Names and Definitions").Cross-check text for accuracy against appendices.

In addition, all articles must show an awareness of the cultural context of the research questions asked, the population studied, and the results of the study. **Each paper submitted MUST include a cover letter indicating how the paper meets at least one of these criteria and the cultural requirement.**

For more on the standards for publication in the *JOURNAL OF ADOLESCENT RESEARCH,* please see:

Arnett, J. J. (2005). *The Vitality Criterion: A new standard of publication for Journal of Adolescent Research. Journal of Adolescent Research*, 20, 3-7.

Suárez-Orozco, C. (2015). Transitional statement from the new Journal of Adolescent Research team. *Journal of Adolescent Research, 30*(1), 3-6.

Some essays may provide a thoughtful critique of a research area while making constructive suggestions for new ways of approaching it. Other essays could analyze a recent event, commenting on the developmental context when adolescents or emerging adults are in the news for involvement in something widely discussed. Policy discussions and advocacy also are welcome in the essays. Scholars interested in writing and submitting an Editorial Essay should query the editor first to confirm the appropriateness of the proposed topic.

The journal accepts **ELECTRONIC SUBMISSIONS ONLY**. Manuscripts should be submitted online at http://mc.manuscriptcentral.com/jar. The editor (or associate editor) will review all manuscripts within 1 month and then inform the lead author whether or not the paper has met the *JOURNAL OF ADOLESCENT RESEARCH* criteria. The manuscript then will be sent out for peer review.

Submission of a manuscript implies commitment to publish in the journal. Authors submitting manuscripts to the journal should not simultaneously submit them to another journal, nor should manuscripts have been published elsewhere in substantially similar form or with substantially similar content. Authors in doubt about what constitutes prior publication should consult the editor.

In general, manuscripts should not exceed 30-35 typed, double-spaced pages, including references, tables, and figures. Figures and tables should be included as part of the manuscript, not as separate files. If your study uses multiple methods and you feel you need additional space beyond 35 pages to describe each set of methods and integrated findings in-depth, please indicate that in your cover letter. Five to six keywords, to be used in archival retrieval systems, should be indicated on the title page. The title page should also include contact information for the lead author, including affiliation, mailing address, e-mail address, and phone and fax numbers. Manuscripts should include three- to four-sentence biographical paragraphs of each author at the bottom of the title page. Following the title page, an abstract of no more than 200 words should be included. Text and references must conform to American Psychological Association style, as stated in the *Publication Manual of the American Psychological Association, Seventh Edition*. Permission for use of the copyrighted material is the responsibility of the author. All artwork must be camera ready.

Orcid

As part of our commitment to ensuring an ethical, transparent and fair peer review process SAGE is a supporting member of ORCID, the Open Researcher and Contributor ID. ORCID provides a unique and persistent digital identifier that distinguishes researchers from every other researcher, even those who share the same name, and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities, ensuring that their work is recognized.

The collection of ORCID iDs from corresponding authors is now part of the submission process of this journal. If you already have an ORCID iD you will be asked to associate that to your submission during the online submission process. We also strongly encourage all co-authors to link their ORCID ID to their accounts in our online peer review platforms. It takes seconds to do: click the link when prompted, sign into your ORCID account and our systems are automatically updated. Your ORCID iD will become part of your accepted publication's metadata, making your work attributable to you and only you. Your ORCID iD is published with your article so that fellow researchers reading your work can link to your ORCID profile and from there link to your other publications.

If you do not already have an ORCID iD please follow this link to create one or visit our ORCID homepage to learn more.

SAGE Choice

If you or your funder wish your article to be freely available online to nonsubscribers immediately upon publication (gold open access), you can opt for it to be included in SAGE Choice, subject to the payment of a publication fee. The manuscript submission and peer review procedure is unchanged. On acceptance of your article, you will be asked to let SAGE know directly if you are choosing SAGE Choice. To check journal eligibility and the publication fee, please visit SAGE Choice. For more information on open access options and compliance at SAGE, including self/author archiving deposits (green open access) visit SAGE Publishing Policies on our Journal Author Gateway.

Authors who want to refine the use of English in their manuscripts might consider utilizing the services of SPi, a non-affiliated company that offers Professional Editing

Services to authors of journal articles in the areas of science, technology, medicine or the social sciences. SPi specializes in editing and correcting English-language manuscripts written by authors with a primary language other than English. Visit http://www.prof-editing.com for more information about SPi's Professional Editing Services, pricing, and turn-around times, or to obtain a free quote or submit a manuscript for language polishing.

Please be aware that SAGE has no affiliation with SPi and makes no endorsement of the company. An author's use of SPi's services in no way guarantees that his or her submission will ultimately be accepted. Any arrangement an author enters into will be exclusively between the author and SPi, and any costs incurred are the sole responsibility of the author.

Appendix 1-B

Data Synthesis: Initial Emerging Themes

Emerging Theme	Theme Title
1	Social stigma
2	Self-stigma
3	Lack of privacy and anonymity
4	Close-knit communities
5	Pressure to conform and not be seen as "different"
6	Rural culture of self-reliance
7	Identity
8	Social support
9	Sources of stress and triggers for mental health difficulties
10	Lack of local services and mental health professionals
11	Characteristics of person to seek help from
12	Who/Which professionals to seek help from
13	Distance and travel to services
14	Service design issues
15	Coping behaviours
16	Rural futures and finances

Appendix 1-C

Data Synthesis: An Example of How Original Author and Participant Interpretations Contributed Towards Final Meta-Themes

Overarching Theme One: Stigma from others and the self

Theme Title	Study	Original Author Theme Titles	Key Author Interpretations	Representative Participant Quotation(s)
Sub-theme: Social stigma	Aisbett et al. (2007)	• Stigma and exclusion • Fear of social stigma	• Descriptions of negative attitudes of members of their community regarding mental illness • Experiences of social stigma • 'Bulk classification' of people with mental disorders • Reports of being the victim of exclusionary practices • Fear of implications of disclosing a mental health problem • Fear of social stigma was a barrier to utilizing mental health services	*"They probably do think I'm a nutcase cos I come to psych services[...]It's not depression, you're a nutcase."* *"Because I told some of them* [about experiencing depression] *because I trusted them as my friends and when they found out they sorta told the whole group and yeah they sorta just excluded me from everything"* *"Some people sorta think its like really bad and you shouldn't be walking the streets if you've got a mental illness[...]Yeah they think it's sorta catchy and contagious"* *"I feel that if they knew about[...]my depression, their opinions of me would drop[...]they'd be like 'Get away from me! You're a head case'."*
	Boyd et al. (2007)	• Barriers to seeking psychological help	• Talking about emotional problems was construed as a weakness in character and an inability to deal with problems on your own	*"It's harder for people to explain what they're feeling because it's a sign of weakness"* *"You can't be weak in the country you know…you know you can't be weak, you*

		• Discussion of mental health problems not acceptable • The perceived stigma attached to help seeking for mental health problems was an influencing factor on the decision to seek help	*can't have mental illness, that's what fairy tales are made of"* *"They probably have the same kinda perceptions of a psychologist as I did like crazy people go and see them"*
Dolan et al., (2020)	• Barriers to accessing care • Client barriers	• Stigma highlighted as a barrier to accessing care • Young people were afraid of gossip, feeling intimidated, and restricted by friend's parents being the waiting room	*"...friends have found it awkward"* *"I'm not going to go and grab it while my friend's mum is just sitting there"*
Francis et al. (2006)	• Barriers to seeking help for mental health problems in rural communities	• Participants believed exclusionary social practices and fear of social stigma would affect character's decision to seek help • Participants' responses indicated an expectation that their rural communities would react with teasing, ignoring and actively excluding • Gossip was perceived to be a negative consequence of living with a mental health problem in a rural town • Participants indicated that people in their rural towns would typically label an individual as crazy if they were identified as having a mental health problem	*"...yeah, people finding out and then making fun of her"* *"...they get shunned by everyone, no-one talks to them"* *"...like the whole school would talk about oh something's wrong with her, you know, something's wrong with her"* *"but no matter what, because you're in a small town it's gonna be talked about anyway"* *"Ah well, being a small town you get a reputation and it's pretty much stuck with ya...there's no getting out of it"* *"they'll think he's crazy"*

		• The perception that seeking help for mental health problems was a sign of weakness	*"...and then if they see her going to the counsellor, well then they'll think oh yeah, she's not as strong as she sort of looks"*
Hannor-Walker et al. (2020)	• Seeking Treatment • Types of Emotional Support	• A significant barrier to therapeutic treatment was negative connotation of mental illness grounded in external perceptions • A lack of support from peers or refusal of support	*"I don't tell them. I don't want them to know"* *"They didn't believe me at first, but later they just seem like they don't care"*
Hernández-Nava et al. (2020)	• Forms of care among peers	• Easier for males to open up to girls rather than male peers, because when living in a small community, mockery and indolence by male adolescents become a constant danger	*"small town, big hell"*
Newnham et al. (2008)	• How rural adolescents' mental health and well-being might be influenced by perceptions of place	• Disadvantages of social proximity for mental health and well-being • Accessing help for personal issues and mental health concerns was difficult • Choosing to 'bottle up' a problem was reported as a viable choice • Participants reported that they would keep being 'emotionally' unwell to themselves and they expected others would do the same in order to avoid stigma. • Ignorance about psychological problems was demonstrated	[Talking about school welfare teacher] *"I spose, they'd just have to go to her, or just bottle it up…coz they'd just keep it to themselves, I know I probably would"* *"I think that if you spoke about it* (a mental health problem) *people would think that you're very brave…I think that that's what it would be, coz everybody else would keep it hush hush."*

		with the attitude that a depressed person might be told to just get over it	
Scott & Chur-Hansen (2008)	• *N/A*	• Pressure to conform and not be seen as 'different' as a barrier to seeking help • Fear of social judgement (perceived weakness) as a barrier to seeking help	No direct quotes presented

SECTION TWO

RESEARCH PAPER

Experiences of mental health in sheep and hill farmers: a qualitative study

Fiona Boyd

Doctorate in Clinical Psychology

Division of Health Research, Lancaster University

Word Count: 8000

(excluding reference lists, tables, figures, and appendices)

Correspondence to:
Fiona Boyd,
Doctorate in Clinical Psychology
B31 Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster
LA1 4AT
f.boyd@lancaster.ac.uk

Abstract

Objectives Psychological ill-health and suicide are significant problems for famers globally. Research suggests that farmers experience higher levels of psychological distress and suicidal ideation than the general population. The aims of this research were to explore the experiences of mental health in hill and sheep farmers, with a focus on the challenges that they face to their psychological wellbeing, how these challenges are viewed and managed, and what mental health services need to learn to support the farming community appropriately.

Methods Six farmers took part in individual semi-structured interviews. These interviews were recorded, transcribed, and analysed using phenomenologically informed thematic analysis.

Results The analysis generated four themes: (1) Self-reliance as necessary for farming but a barrier to help-seeking; (2) Needing to be understood as a farmer to speak about mental health difficulties; (3) Working with the uncontrollable and unpredictable: attempting to tolerate frustration and uncertainty; and (4) Feeling bashed by the press and social media yet seeing the potential for support and connection online.

Conclusions This research demonstrated distinct psychological stressors and experiences pertaining to farmers. Clinical implications include psychological first-aid training for professionals who work with farmers, the development of culturally competent mental health services, and mental health support co-located in agricultural spaces.

Keywords: *Farmer mental health, rural mental health, qualitative, sheep farmers, thematic analysis*

Introduction

Poor psychological wellbeing and suicide are significant problems for famers globally (Hagen et al., 2019; Roy et al., 2013). They have been identified as being at a higher risk of suicide than other occupations (Alston & Kent, 2008; Klingleschmidt et al., 2018; Milner et al., 2013) and experience higher levels of psychological distress and suicidal ideation than the general population (Hounsome et al., 2012; Syson-Nibbs et al., 2006; Thomas et al., 2003). In the United Kingdom (UK), male agricultural workers are twice as likely to have died by suicide than males from the general population (Office of National Statistics [ONS], 2018). Farmers have been identified as a key high-risk occupational group for suicide (Department of Health [DOH], 2012) and it has been widely reported in farming media that at least one farmer a week dies by suicide in the UK (Evans, 2019; Royal Agricultural Benevolent Institution [RABI], 2021; Swire, 2018). Various farming organisations, mental health professionals, and government bodies across the world have emphasised the need for farmer mental health research and action to be prioritised (Davies et al., 2019; McIntyre et al., 2009; RABI, 2021).

There are unique stressors in farming which can contribute to mental health difficulties (Booth et al., 2000; Fraser et al., 2005; Hounsome et al., 2006). A recent study found 88% of farmers had experienced an adverse event on the farm in the previous 12 months, including livestock issues and financial concerns, with a relationship found between experiencing adverse events and suicidal ideation (Phalp et al., 2021). A review found that the four most common risk factors affecting farmers' mental health were pesticide exposure, financial difficulties, climate variabilities and physical health (Yazd et al., 2019). Other stressors identified include long working hours, co-location of home and work, and seasonal variation of labour demand (Gregoire, 2002), unpredictable and extreme weather, (Fennell et al, 2016; Perceval et al., 2019) and media criticism (Booth & Lloyd, 1999; Raine, 1999; Simkin et al., 1998). The bureaucratic aspect of farming is a source of stress; navigating government

legislation and regulations; the administrative tasks of paperwork, and concerns about finances (Booth & Lloyd, 1999; Deary et al., 1997; Pollock et al., 2002; Simkin et al., 1998).

An additional stressor for farmers, which they have limited control over, is the loss of livestock to disease. This has been found to have a negative psychological impact on farmers in the context of the bovine spongiform encephalopathy ([BSE]; Raine, 1999), foot and mouth (Olff et al., 2005; Peck, 2005), and Schmallenberg virus (Harris et al., 2014) disease crises. In addition to the financial loss from the death of livestock, the mental health impacts include trauma, sense of personal failure, loss of identity, diminished self-esteem, and family disruption (Hood & Seedsman, 2004).

The geographical, cultural, and somewhat gendered contexts of farming are influential factors when considering farmer mental health. A culture of traditional masculinity that values stoicism (Alston, 2010) may contribute to male farmers being concerned with a reduction in respect from their peers (Hiebert et al., 2018; Kunde et al., 2018; Perceval et al., 2019) if they disclose mental health difficulties. Mental health stigma, pride, and a lack of knowledge about mental health and support services are barriers to help-seeking in farmers (Roy et al., 2014). Farming continues to be a male-dominated occupation with 84% of UK farmers male (Department of Environment, Food & Rural Affairs [DEFRA], 2016).

Seeking health care is viewed by some as indicative of reduced independence and self-sustainability (Hiebert et al., 2018), traits which are valued in a traditional masculine culture. The expectations on men to be tough, self-reliant, and successful may be reinforced by the multi-generational nature of farming (Naik, 2017). Sixty percent of farm workers work with members of their family (DEFRA, 2016) and young farmers may feel pressure and obligation to maintain the family business even if they are struggling (Ní Laoire, 2001). An additional

barrier is that the range of mental health services available in rural, less populated areas can be limited and often not located close by (Gregoire, 2001).

There are indications that farmers are more likely to seek emotional support within their community rather than from health or social care services (Mort et al., 2005). Peck et al. (2002) found that during the foot and mouth disease crisis, farmers turned to their vet for emotional support. It appears that there are cultural and contextual factors in how farmers manage their mental health that are not fully understood in the research and these warrant further exploration (Bryant & Garnham, 2015).

Research on mental health in farming has tended to focus on prevalence and means of suicide, depression and identifying stressors (Hagen et al., 2019). Although many farmers seem to develop strength and resilience in the context of a stressful occupation, the specifics of these strategies need further research (Fraser et al., 2005; Roy et al., 2013). A scoping review of research trends in farmers' mental health worldwide (Hagen et al., 2019) highlighted that there is limited research on positive mental health outcomes in farmers. They argue that expanding research in this area could increase understanding of how to enhance farmers' wellbeing, despite the significant stressors they face.

What is also unclear is how farmers manage psychological distress within their community, how they seek and use support systems, and how farmers believe mental health services can support their community appropriately. In 2019 the Mental Health Foundation partnered with Public Health Wales to produce an action framework for supporting the mental health of farmers and farming families (Davies et al., 2019). They recommended that farmers need to be protected from the impact of uncertainty in their field and that mental health interventions should be farmer-led in design and production, advocating for community-informed approaches. A qualitative approach would allow for a more in-depth exploration of

how farmers experience, present, and manage, mental health difficulties, in their unique geographical, cultural, and occupational contexts.

Farming is a broad and varied occupation with many different sub-types with a need for localised studies (Griffiths & Evans, 2015; Hagen et al., 2019). For example, previous research has found differences in stress factors in different types of farming. Following the BSE crisis, Deary et al. (1997) found livestock farmers reported higher financial stress than in other farming sectors, which may have been due to the fluctuating livestock market prices at the time. Time pressure was found to be a bigger stress factor for dairy farmers than cereal farmers and certain times of year are more stressful for some farmers than others (Raine, 1999). Another difference is legislation or changes in grants for farming can benefit some farmers more than others (Simkin et al 1998). Research by RABI (2021) found farmers from the Less Favoured Areas (LFA) and lowland grazing livestock sectors were amongst the most likely to report poor mental health. As these findings demonstrate, it is important to consider the type of farming when carrying out research on farmers mental health as although there may be overlap in issues, knowing which farming sub-group is being researched will give increased specificity to the findings and bring clearer understanding of the processes of mental health in farming (Hagen et al., 2019). Therefore, the present study will focus on sheep and hill farmers (who are under the sectors of LFA and lowland grazing livestock); to allow for a deeper and clear exploration of this sub-group within the broader occupation of farming.

In summary, farmers are subject to unique occupational stressors and are at higher risk of suicide than the general population. The cultural and geographical context of farming needs to be considered when exploring farmer mental health, as well as the type of farming under study. What is lacking or poorly understood in the literature are qualitative accounts of both the challenges to mental health and the processes of support and resilience in mental health in farming.

The aims of this study are to explore hill and sheep farmers' experiences of mental health, with a focus on the challenges that they face to their psychological wellbeing, how these challenges are viewed and managed, and what mental health services need to learn to support the farming community appropriately. It is hoped that insights gained from these interviews will help professionals to better understand the systems and resources that exist within this community to support their wellbeing, and how mental health services can offer more appropriate support.

Method

Design

The study was concerned with exploring farmers' experiences, therefore a qualitative research design was appropriate. A semi-structured interview was designed and used to enable flexibility and the elicitation of novel information which was subsequently analysed using thematic analysis (Braun & Clarke, 2006; Braun et al., 2014). This study takes a phenomenologically informed perspective. Phenomenology is concerned with understanding lived experiences; how experiences are made sense of and what they mean to individuals (Murray & Wilde, 2020). Thematic analysis is suitable for use within different theoretical frameworks (Braun & Clarke, 2006) and therefore was an appropriate analytic method within which to structure this study. Before commencement, formal ethical approval for this study was granted by the Lancaster University Faculty of Health and Medicine Research Ethics Committee, REF: FHMREC21032 (Section 4).

Recruitment and participants

Participants were eligible to take part in the study if they were aged over 18 years and their main occupation was hill or sheep farming. Participants were recruited through targeted advertising on social media and snowballing. The study was advertised on social

media and several farming organisations including The Farming Community Network (FCN), National Farmers Union (NFU), The Farmer Network and The National Sheep Association (NSA) were contacted via social media, their websites, or via email, requesting that they share the advertisement. The advertisement contained basic information about the study and requested interested individuals contact the researcher for further information. The researcher then sent an information sheet and consent form and arranged an interview at a date and time convenient to the participant. Participants were offered a choice between telephone or video call for the interview. Face-to-face interviews were not possible as the research took place during COVID restrictions. On the day of the interview the researcher read the consent form aloud to the participant, recorded the participant's consent and gave them time to ask any questions before proceeding. See Section 4 for participant information, consent, and debrief sheets.

Recruitment took place over a period of eleven months, resulting in six participants taking part in the study. Four participants identified as being male and two as female. The age range of participants was from 47 to 67 years. Farmers were asked how long they had been a farmer, answers to which ranged from 8 years to all their life. Participant characteristics are summarised in Table One.

[INSERT TABLE 1 HERE]

Data collection

Data were collected via individual semi-structured interviews carried out over the telephone. The interviews ranged in length from 49 to 98 minutes (Mean = 60 minutes). Interviews were audio-recorded and transcribed verbatim by the researcher, with pseudonyms created to protect confidentiality. The interview schedule (see Section 4) was semi-structured to allow the discussions to evolve from the individual participant's input. Prior to designing

the interview guide, the researcher consulted with a hill farmer to explore what would be important topics to discuss and to receive feedback on whether questions were appropriate, respecting the sensitivity of the topic under discussion.

Data analysis

Data was analysed using phenomenologically informed thematic analysis, following the framework established by Braun and Clarke (2006; Braun et al., 2014) and guidance on the coding process from Murray and Wilde (2020). The researcher established familiarity with the data through transcription, reading and re-reading each interview and generating codes by moving line-by-line through the transcription, noting codes in the right-hand margin of the text. Codes were collated into potential themes and narrative summaries of themes in each individual interview were created. Once this was completed for all interviews, codes and themes were reviewed and a thematic table (Table Two) was generated in which themes were defined and named.

[INSERT TABLE TWO HERE]

Steps were taken to ensure rigour in the data analysis in line with Yardley's (2000) recommendations to encourage high quality qualitative research. Throughout the analytic process, supervision from an academic supervisor helped ensure methodological rigour through the reading and discussion of the transcripts, emerging codes, and theme development. An audit trail pertaining to the analysis of each participant was created and maintained (see Appendix 2-B). The final analytic stage was producing a coherent and cohesive report of the final themes, presented in the Results section.

Results

The analysis generated four themes: (1) Self-reliance as necessary for farming but a barrier to help-seeking; (2) Needing to be understood as a farmer to speak about mental health

difficulties; (3) Working with the uncontrollable and unpredictable: attempting to tolerate frustration and uncertainty; and (4) Feeling bashed by the press and social media yet seeing the potential for support and connection online.

Theme 1: Self-reliance as necessary for farming but a barrier to help-seeking

Farmers recounted how self-reliance was essential for their roles and embedded in the tradition of farming yet could also make farmers reluctant to seek help for mental health difficulties. Dave described how self-reliance is a necessity when he said; *"it's like you've got to be there every day and still do the job because you know so much depends on it, you can't just say 'Oh well, I'll take a break' because it's impossible."*.

This culture of self-reliance and independence served as a source of energy and resilience in coping with the challenges of being a farmer. Elaine describes this as a need to be tenacious when sharing how she instils this message in her daughter;

> *I said you have to be tenacious as anything to keep going in this job because when you're on your knees and lambing for 24 hours straight with no break and they're coming out and you're losing some and you're winning others and then there's some on the rocks[…]you've got to keep going, there's just no energy in the tin and there's no one to back you, there's no one else coming to help, em, you're on your own and you've got to keep going.*

However, this necessary tenacious and self-reliant spirit also instilled a sense of needing to cope on your own and that to struggle is to fail. Participants gave insight into where pressure to be self-reliant and successful can come from. Inheriting a farm that has been in your family for generations could lead to a feeling of great responsibility to be successful. Elaine spoke of how she felt when she inherited her father's farm; *"he had big shoes to fill, and I didn't really*

feel like I could fill them". Not only is the responsibility felt from the past, but also to the future of the farm; that one must leave it in good condition for the next generation:

> *Your whole identity is around your farm and your livestock so you're very emotionally tied into it and if things don't go well [...] You can't just go and get a different job somewhere else. You struggle [...] you really don't want to be the one to mess it up.* (Zoe).

Dave gave further insight into this pressure from others, naming peer pressure as another issue that farmers feel, in addition to the generational pressures:

> *Eh, well, because farming is such a close-knit community there is the pressure that, you know, everybody's watching you to make a mistake so that's, and especially, like, when a lot of farming families have been around for a long time in the same area then you feel like you've got to, you know, carry on for your ancestors and the next generation. So, you've got all that sort of peer pressure as well as, you know, which you don't get in a lot of other occupations.*

Self-reliance appeared to influence farmers' access to health services. Three of the participants (Zoe, Robert, and Chris) specifically spoke about how farmers only use health services as a last resort and that farmers are well known for this: *"Plenty of farmers will tell you that, if you turn up at A&E, they tend to get a pretty rapid response because the staff there realise that they wouldn't be there unless there was something seriously wrong with them."* (Robert).

There was a gendered element to participants' experiences of the traditional, self-sufficient culture in farming. When Frances spoke about his experiences accessing mental health support through his GP, he described the role of traditional masculine stereotypes:

> *I just went to GP, I couldn't […] it's like ought else in farming; "Oh, we're big hard men" […] you don't, you don't tell everybody your feelings, you don't say ought, you just bray on and get on with it sort of thing.*

Just as Frances recounted the gender stereotypes that prevented male farmers from seeking help for mental health difficulties, Elaine shared her experiences of working in the traditional, male-dominated culture of farming, and the added difficulties this placed on female farmers. For example, when selling her sheep at the livestock markets:

> *The whole market scene is really stressful for women. It's a very male dominated scene and, em, I've had a lot of struggle kind of getting used to it and working out how to fit in […]and then some of them do try and pull a fast one on you because they think that you won't understand and you don't know what you're doing and they see you as a weaker person because you're female […] it's been hard going, you know, that people would look at me and, cos they were always looking for my husband, you know; "Where's your husband at?", […] you know, "My husband doesn't do the sheep, it's me, you, you talk to me, I'm the one on the ground here."*

Participants gave insight into how some of the traits needed to be a farmer such as self-sufficiency, resilience, problem-solving, can play a role in a reluctance to ask for help or share problems with others; *"We are, like, quite self-sufficient, resilient people […] it wouldn't even have crossed my mind to go to an external person and talk about that"* (Zoe). In summary, as Robert put it when discussing speaking to mental health professionals; *"I don't think there's anything wrong with professional people, it's just a certain mindset that's in farming, everyone's so doggedly independent and self-reliant that, they would have to be pretty fed up to even consider doing that.".*

Theme 2: Needing to be understood as a farmer to speak about mental health difficulties

Under consideration here is how farmers felt more comfortable speaking to someone about their mental health if that person understood farming. Participants described these experiences and shared suggestions for how farmers could be helped to feel more comfortable to access mental health support.

Participants described their experiences with professionals who did not understand farming, illustrating how feeling misunderstood as a farmer created a barrier to forming trust in the professional's abilities to help the farmer.

And then they said, "Oh you know, you need to do 20 minutes a day of vigorous exercise" and I'm thinking; "Crikey, when I'm forking up silage I'm doing more than 20 minutes a day of vigorous exercise". But there was that disconnect in that they didn't really get what I was talking about. (Zoe)

Frances also shared an experience from talking therapy:

Eh, so I've just found with the counselling it was good, but they maybe didn't have a grasp on what farming was actually like, [...] it was just, you had to, yeah, explain everything. Not that they weren't trying to be helpful either.

Alongside these experiences of feeling a disconnect or not understood by professionals, farmers shared that they felt more comfortable speaking to people who work with, and therefore understand farmers;

People will talk to me because they know that I'm a farmer, so they have this preconception that I will understand [...] whereas if they went to somebody else, a doctor, and said; "Oh this person's feeling bad cos they can't go to the auction and meet everybody", well they'd think, well, would that doctor actually realise what it's like to live on a farm and not see anybody, you know? (Zoe)

Agricultural chaplains are Christian professionals who focus on giving support to farming and rural communities, attending spaces where there is a farmer presence. Dave shared his experiences of speaking to the agricultural chaplains who came to the livestock markets, he explained how although they are not farmers, he believed they are more helpful than a generic mental health organisation; *"If you rang the Samaritans as a farmer you might struggle to, whereas, you know, actually ringing someone who's in the community that actually understands a little bit is much easier"*. Elaine shared who she felt most comfortable sharing issues with, demonstrating the breadth of professionals and peers who understand the life of a farmer:

> *No, I tend to speak to people, either like the scanner came, we had a blether. He's obviously a farmer as well and, em, you know, the shearer will come, we'll have a chat, [...] I've got farming neighbours and, you know, we don't see each other a lot but when you do, if you can make time, you can have a good chat.*

Despite a strong theme of farmers preferring to seek support from people who understand farming, this was still within a context of farmers generally not feeling comfortable talking about mental health. Elaine described being cautious about who she would confide in:

> *If you do reach out and lean on somebody and then it gets thrown back at you and you get bitten, you're in a worse situation because then you've leaned on someone and it's not been supported or used in a supportive way and that makes it even worse and so it's trust isn't it really?*

Alongside an understanding of farming reducing barriers to accessing support, participants shared that farming organisations or less formal mental health support would encourage farmers to seek help for mental health issues. The livestock market was suggested as a good location for farmers to access mental health support; *"I think, the farmer who is*

having problems would be more likely to speak to someone at the auction mart than he would

to go to a mental health seminar or anything like that" (Robert). Elaine describes how she feels

that mental health support embedded in the farmyard is what is needed:

> *"There's a couple of guys who come who've lost their wives and I've ended up*
>
> *practically counselling them when I've been doing sheep's feet and I think, if you could*
>
> *link in somehow, just getting out into their workplace and into their world, that's where*
>
> *the link is missing […] I'm talking to them but I'm here with a real purpose and that is*
>
> *to really see how they're doing and maybe kind of signpost them."*.

Theme 3: Working with the uncontrollable and unpredictable: attempting to tolerate frustration and uncertainty

Participants recounted several factors that they had little or no control or influence over,

leading to increased stress and psychological toll. These stressors included the weather, disease

and loss of livestock, government schemes and the associated paperwork, financial uncertainty

and pressure. Although these represented a range of factors, in contrast to participants' earlier

accounts of the self-sufficient, independent nature of farmers, what these range of factors

illustrated was the level of uncertainty and lack of control that farmers must attempt to tolerate.

Participants described the frustration of feeling beholden to the rules of government

schemes and laws:

> *It's at the least often frustrating because some of the things that we're required to do*
>
> *don't necessarily fit well with our particular farming systems […] they're so inflexible,*
>
> *so rigid in their delivery process, that many of us find it really ridiculous that we're not*
>
> *allowed to deviate from the prescribed delivery process in order to make the outcomes*
>
> (Robert)

Alongside the rules is a huge amount of paperwork which can make you feel *"inundated"* (Frances) and is *"too onerous and it's too stressful and if you perhaps put the wrong thing on the wrong piece of paper, they come down on you like a ton of bricks"* (Elaine).

The emotional impacts of losing livestock included internal blame for the death and psychological trauma after a significant disease crisis. Dave described the relationship he had with his animals:

> *Yeah, so animals can be the best can't they because they don't, as long as you go and feed them and look after them, they don't question your motives or how you are feeling, you know whatever, so in a lot of ways they can be very nurturing.*

Elaine shared that losing animals is the hardest part of being a farmer for her;

> *I think that's possibly one of the hardest things I had to cope with, because I don't like to lose things. If I lose things there's always just a little chip in my armour that just thinks; "Now was this my fault, am I to blame?", and I think that's quite a hard thing to cope with.*

Frances spoke about the significant impact that loss of livestock had on him, particularly after the Foot and Mouth disease crisis:

> *If you've had a few heavy losses, stock wise or you just feel like "Well, I'm trying my hardest and everything seems to be going wrong like". Yeah, eh, yeah, I'd my first bout of depression, eh, after Foot and Mouth and I'd always been one of these people that deaths of livestock, it never bothered me, cos it was part and parcel of farming and then all of a sudden I did a fortnight at [PLACENAME] where they were culling all the cows and sheep and that just knocked me for six, it just put a different perspective.*

He described how he was greatly affected by this as additionally he was found to be a dangerous contact from being on a farm with Foot and Mouth and spreading it to other farms: *"Basically I set a chain reaction off of wiping out about half of the village with one fell swoop"*.

The theme of financial pressure and uncertainty ran through the interviews, and in many ways connected to the other uncontrollable stressors. As Chris said when describing the impact of a long winter on extra costs for animal feed; *"It just, it all comes back to money doesn't it?"*. Chris spoke about a farmer that he knew who attempted suicide due to financial issues; *"She was going really stressed, aye, and she just went, she just started ignoring things like all the bills coming through and she wasn't paying them. They all built up and built up and it just got too much"*. Chris and Elaine shared that financial pressure is significantly coming from the rise in fertiliser costs, linked to a shortage of gas; *"This year we've got a massive pressure from the fertilizer costs which are going up 70%. So, we've got 50% going on our electric bill which obviously we need for lambing because we need the lights on and stuff and you may have got a warming box to run and then you've got 70% extra going on our fertiliser costs so what might cost us nearly 4000 last year could now cost me up in, to the 10-12,000 mark just to make hay bales. And we can't control any of that."*. The financial impact of COVID was also mentioned by participants due to the livestock markets being closed and many sales not going ahead, even with online options available.

Theme 4: Feeling bashed by the press and social media yet seeing the potential for support and connection online

Farmers conveyed the extent and impact on them of criticism of them in the press, television, and on social media; *"Media coverage generally nowadays is mostly about farmer-bashing isn't it? I think that's all we would feel about it now."* (Robert). However, farmers also

shared the value and potential of social media for connection, access to support and promotion of their work, on both an individual level and by farming organisations.

Zoe describes the impact of negative press around red meat on farmers she knows:

I have known people who have said to me that they've specifically stopped watching the television and not having the radio on because they found it really difficult to cope with all of the media coverage around 'red meat is bad for you'. So the way that they've coped with that is to retreat into themselves more which isn't great for an insular occupation.

A common theme in the criticism that farmers faced was around the environment, climate change and a feeling that they are easy targets with Chris describing it as; *"Constant, constant attacks, well especially environmental stuff about cutting down meat eating and things"*. Dave also shared how prolonged and unrelenting it felt:

It's just been a constant sort of thing for, I don't know, the last five years, where, you know, it just seems that farmer-bashing is just dead easy [...] farmers are easy to hit over the head rather than telling people they can't go on holiday, or they can't drive their car.

Elaine shared that the amount of criticism can make one question continuing farming:

You kind of think, well why am I being beaten up here, em, so that can affect you negatively cos you kind of think well, you know, "Why are we doing this?", 'cos people just see us as the baddies.

This view of being seen as a "baddie" was echoed by Frances who shared that he felt the public believe that farmers squander public money:

You're trying your damned hardest to produce something that's good, quality, good quality meat, eh, and you think you're trying your hardest, looking after your stock and you just think you're getting pushed back at every turn, everybody thinks we're trying to kill them, like, which we aren't.

Although all the participants shared experiences of criticism from the press and social media, there were also positive experiences and the potential of social media to offer farmers social connection and access to mental health resources. Chris shared that he found social media a source of information to support farmer mental health; *"social media is pretty good for, there's a lot of good farming, especially on Twitter, for mental health"* and he manages the criticism he sees there with; *"As long as you can block everybody it's fine"*. Dave had found social connection through Twitter:

I've met farmers from all over the country, that I wouldn't normally meet, through social media, so, you know, made good friends from the top of Scotland to the south of England, you know, so, through social media and sharing photos and points of view and stuff like that.

Robert shared that inequity in access or broadband in rural areas was particularly detrimental to younger farmers' wellbeing:

It can be very frustrating for them that they haven't got broadband, therefore they can't engage in the Facebook stuff and all there is to, that other people are using to, you know, communicate, and socialise with people. So, the fact that rural broadband is in many places incredibly poor, is one of the contributing stimulants to mental health issues that there is around, I would say.

The data supporting social media as a means of connection is considered in light that it is not a replacement for in-person connection; *"Well it's a nice community where you can chat*

to people, it's not like somebody can put their arm round your shoulder cos it's not, it's one step removed if you know what I mean" (Dave).

This theme highlighted the emotional impact of criticism that farmers face. However, farmers also spoke about support and connection with other peers through social media and identified its potential for use in accessing mental health resources.

Discussion

The aims of the present study were to explore the experiences of mental health for hill and sheep farmers with a focus on the challenges they face to their psychological wellbeing, how these challenges are viewed and managed, and what mental health services need to learn to support the farming community appropriately. Thematic analysis produced four themes which will be discussed in relation to existing research, clinical implications, limitations of the present study, and recommendations for future research.

The results described under theme one, concerning self-reliance, offer a major contribution to understanding the role of self-reliance and its relationship to help-seeking in farmers. Participants gave insight into how some of the traits needed to be a farmer - self-sufficiency, resilience, and problem-solving - can result in reluctance to ask for help or share problems with others. This dual framing of resilience (Cole & Bondy, 2020), as serving two opposing functions, aids our understanding of how character traits that are sources of strength, and necessary in farming, can also be barriers to seeking help. Personal characteristics of being independent and self-reliant are connected to help-seeking and this study demonstrates that factors cannot be labelled as either entirely positive or negative in farming mental health but must be considered in the context of and functionality in their unique lives.

The present study also highlights that self-reliance is partly maintained by cultural and generational pressures to be successful that also plays a role in a reluctance to seek support for

mental health difficulties. The participants in the present study indicated that farmers are so accustomed to being independent in their problem-solving that they may not consider seeking help from external sources. They also spoke about a culture of traditional masculinity in farming, whereby men are expected to be tough and not talk about their feelings. The present study highlighted some of the ways in which this male-dominated traditional culture in farming can lead to stress for both male and female farmers. Previous research has highlighted that suppression of emotions and a reluctance to ask for help due to concerns about damage to their identity or a reduction in respect from peers are issues in farming (Alston, 2010; Hiebert et al., 2018; Kunde et al., 2018; Perceval et al., 2019). There can also be pressure from family expectations to maintain a generational farm (Kunde et al., 2018) leading to feelings of entrapment (Ní Laoire, 2001), an issue also raised by participants in the current study who expressed a sense of responsibility and pressure to be successful from previous and future generations.

A further barrier, highlighted and explained under the second theme, concerning the need to be understood as a farmer to speak about mental health difficulties, is that farmers in the present study were more comfortable seeking mental health support from individuals who had knowledge of farming. Farmers shared experiences of disconnect, not feeling understood by health professionals or an assumption that they will not be understood. Similarly, Peck et al. (2002) found that during the foot and mouth disease crisis, farmers were more likely to turn to their own communities or vets for emotional support rather than health or social care systems while clinicians who are also farmers were perceived to understand farmers and their unique context better than non-farmer clinicians (Cole & Bondy, 2020). Farmers have also been found to experience stress from "outsiders" not understanding them or their work (Kearney et al., 2014; Sturgeon & Morrisette, 2010). In a quantitative study, social support was found to protect against the negative impacts of stress on psychological wellbeing in farmers (Deegan & Dunne,

2022), in line with the stress-buffering model of social support (Cohen & Willis, 1985), demonstrating the importance of peer relationships and support in farming. These and the current study's findings indicate the importance of longstanding relationships and farming knowledge, for farmers to feel comfortable, understood, and able to share their difficulties.

Within the present study, theme three, concerning working with the uncontrollable and unpredictable: attempting to tolerate frustration and uncertainty, highlighted the wide range of issues that farmers must manage in their work, the emotional impact of these stressors, and why they are stressful. Factors outside of farmers' control include unpredictability of weather, long working hours, seasonal variation, disease, government policies and administrative paperwork, and financial insecurity. These are issues well established in the research literature (Deary et al., 1997; Simkin et al., 1998; Booth and Lloyd, 1999; Pollock et al., 2002; Gregoire, 2002; Peck, 2005; Raine, 1999). However, the current study gives a deeper understanding to how some of these factors impact on farmers' wellbeing. Booth and Lloyd (1999) found that the more stressors a farmer experiences, the more symptoms of depression and anxiety they experience. Significant correlations were found between stressors of finance, paperwork, and legislation and symptoms of depression. Participants in the present study spoke about the stress of finding time and understanding government scheme paperwork, and a feeling that the schemes often do not fit with their farm system, but they have no other option but to abide or else they will face punishments including heavy fines.

The results of the current study also contribute to the understanding of why the loss of livestock is a stress factor for farmers. Participants spoke of the emotional impact of losing livestock, highlighting that the impact is not solely financial but takes a psychological toll on farmers' wellbeing, leading to feelings of grief, self-blame, and depression, which can have long-term impacts. Previous research has found evidence of psychological distress after foot and mouth disease crisis (Peck et al., 2002; Mort et al., 2005; Hannay & Jones, 2002; Olff et

al., 2005), BSE crisis (Eisner et al., 1999) and the Schmallenberg virus (Harris et al., 2014). However, the participants in the present study spoke about the emotional challenges of losing livestock both in the context of disease crises, and as part of the typical lambing and farming year. This highlights that the loss of livestock takes a considerable toll on farmers' wellbeing and may at times be brushed aside as "part of the job", highlighted under theme one – an aspect of self-reliance and emotional resilience.

Feeling under attack by the press and on social media was the fourth theme that emerged strongly from the participants. It is acknowledged that this theme can be viewed as an extension of the factors depicted under theme three, as out of a farmer's control. However, it warranted its own theme due to the depth of participants' experiences, and how it was spoken about as a source of support despite the negative experiences. Recent quantitative research found 30% of farmers surveyed reported stress from not feeling valued by the public (RABI, 2021) while media criticism was rated as one of the top three sources of stress in a survey by Booth and Lloyd (1999). Two other studies (Raine, 1999; Simkin et al., 1998) also found that many farmers raised media criticism as a source of stress. These studies are now quite old and pre-social media, demonstrating the longevity of this issue and its pernicious extension into the digital age. The qualitative interview study by Raine (1999) revealed that media criticism was felt to be leading the public to believe that farmers are cruel to animals and poisoning the environment with chemicals which connects to theme two of farmers not being understood, demonstrated to a significant extent within this fourth theme. Simkin et al. (1998) used a quantitative survey method to identify stress factors in farming, but they included a space for farmers to contribute "other" source of stress, where a theme of media criticism was found. Other quantitative surveys of stress factors in farming did not include media criticism in their questions (Deary et al., 1997; Pollock et al., 2002). The use of qualitative methodology in the present study allowed for themes to emerge naturally from the participants. The value of this

method is highlighted in particular by theme four, which indicates the negative impact of social media, which although anecdotally known about, is evidenced here as a significant issue for farmers.

Despite the criticism experienced on social media, participants also spoke about using social media as a source of social connection with other farmers and a resource of mental health information, particularly from farming organisations. This indicates the potential for social media to be utilised more broadly for farmer mental health support.

Clinical Implications

The results of the present study highlight that the cultural context of self-reliance in farming must be taken into consideration when working with farmers. Clinical psychologists, and other health professionals, working in rural areas should receive training on the cultural, emotional, and practical aspects of farming, to ensure culturally competent services for farming people. Highlighted in this study are challenges including significant levels of uncertainty, feeling misunderstood and criticised by others, and the trauma of losing livestock; all issues which clinical psychologists should know and ask about when working with farmers. Jameson and Blank (2006) recommend training modules for psychologists focused on rural practice, rurally located clinical placements and a research component relevant to rural issues. Improved awareness of the unique stressors faced by farmers may help them feel understood and reduce this barrier to seeking help for psychological distress (Cole & Bondy, 2020). The findings of the present study also highlighted the resilience and strengths of farmers; assets which clinical psychologists should build on in supporting them (RABI, 2021).

There is the potential of intervention for farmers through those who work with them; vets (Peck et al., 2005), agents (Hossain et al., 2010) and financial advisors (Gunn & Hughes-Barton, 2022) could be trained in psychological first aid, which can lead to increased

confidence in speaking about mental health and perceived as beneficial to both farmers and professionals working with them. This would also address the need for both practical and psychological support at times of crisis (Peck et al., 2005). Other professionals named by participants in the current study included shearers and national park staff.

Additionally, opportunities should be created for clinical psychologists to work with established farming organisations to support farmer mental health indirectly (Cole & Bondy, 2020) and to ensure farmer-led design and production of interventions (Davies et al., 2019; RABI, 2021). Organisations that offer support to UK farmers include FCN, The Farming Help, RABI, Farming Connect, NFU, and the Farm Safety Foundation which launched an annual farmers' mental health campaign called 'Mind Your Head' in 2018.

The findings in the present study re-enforce the evidence that mental health support that is located conveniently, in familiar settings and delivered by professionals who understand farming may be key in supporting farmers with their mental health. Co-locating health and social services is advised by Syson-Nibbs et al. (2006), who recommend health services coincide drop-in clinics with Citizen's Advice clinics on livestock market days. In a study interviewing rural clinicians (Cole & Bondy, 2020), it was also recommended to meet farmers where they are by increasing house calls and going directly into the community to the agricultural fairs and credit unions to facilitate accessibility of their services. A health intervention specifically for a farming community was The Nurse Practitioner-led Farmer's Health Project (Walsh, 2000). It was set up in the Lake District with the aim of improving physical and psychological health support for farmers. The nurse practitioners (NPs) were from farming backgrounds. The NPs attended livestock markets and branch meetings of farming organisations to raise awareness of their service. The project employed a van as a mobile clinic and made farm visits. It appeared to be well designed and have the potential to make a positive

difference to the health of a rural community and fits with the results of the present study, which indicate that mental health support should be located conveniently for farmers.

Limitations and future research

A potential limitation of the present study is that participants were self-selecting and their willingness and openness in talking about mental health should not be interpreted as representative of all farmers. Nonetheless, they spoke candidly about the reluctance of farmers, including themselves, to speak about and access help for mental health difficulties, suggesting that the sample and the experiences shared in the interviews were not overly biased.

The transferability of qualitative research findings to other contexts and groups (Myers, 2000) is a potential limitation of this present study. This is important to consider in farming research where variation between different types of farming has been found, for example, higher levels of stress in livestock farming than arable farming, time pressure a bigger stress factor for dairy farmers than for cereal farmers (Deary et al., 1997), and variation in risk factors across sub-groups in farming (Arnautovska et al., 2015). Certain times of year were perceived to be more stressful for different types of farming, for example, lambing season in spring for sheep farmers, and harvest/planting periods for arable farmers (Raine, 1999). Therefore, future research of a similar nature focused on different types of farming may give further insights into these different groups and indeed, over time, allow for transferable findings (Smith et al., 1995).

The recruitment method of using social media could also present a limitation in that it may fail to represent farmers who do not use social media. Alternative methods of recruitment which may have attracted a more diverse participant group, some of which were not possible due to COVID restrictions, include posters or leaflets at livestock markets or promotion of the study at meetings of farming organisations. Further ideas for future research include

implementation and evaluation of psychological first aid training to farmers and professionals who work with farmers in rural areas. Another possible area of future research could aim to expand on the current study's findings on the mental health impact of criticism, trolling and bullying on social media on farmers.

Conclusion

The results of the present study indicate that mental health issues in farming are not due to a single issue but are likely to be triggered and maintained by a range of interacting factors. These factors include a culture of self-reliance, being poorly understood by professionals, working under uncontrollable and unpredictable conditions, and facing high levels of criticism through the press and social media. The results also indicate factors that support better mental health outcomes for farmers, including the same self-reliance that can be a barrier, speaking to people who understand farming, access to mental health support in convenient and familiar locations, being able to plan, and finding support, connection and sharing of work with other farmers online and being able to access mental health resources from farming organisations.

References

Alston, M. & Kent, J. (2008). The big dry: the link between rural masculinities and poor health outcomes for farming men. *Journal of Sociology (Melbourne, Vic.)*, *44*(2), 133–147. https://doi.org/10.1177/1440783308089166

Alston, M. (2010). Rural male suicide in Australia. *Social Science & Medicine, 74*(4)*,* 515-522. https://doi.org/10.1016/j.socscimed.2010.04.036

Arnautovska, U., McPhedran, S., & De Leo, D. (2015). Differences in characteristics between suicide cases of farm managers compared comparted to those of farm labourers in Queensland, Australia. *Rural & Remote Health, 15*(3), 1-11.

Booth, N., & Lloyd, K. (1999). Stress in Farmers. *International Journal of Social Psychiatry,46*(1), 67-73. https://doi.org/10.1177/002076400004600108

Booth, N., Briscoe, M., & Powell, R. (2000). Suicide in the farming community: Methods used and contact with health services. *Occupational and Environmental Medicine, 57*(9), 642-644. https://doi.org/10.1136/oem.57.9.642

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2)*,* 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., Clarke, V., & Rance, N. (2014). How to use thematic analysis with interview data. In A. Vossler, & N. Moller (Eds.), *The counselling & psychotherapy research handbook* (pp. 183–197). Sage.

Bryant, L., & Garnham, B. (2015). The fallen hero: masculinity, shame and farmer suicide in Australia. *Gender Place and Culture, 22*(1)*,* 67-82. https://doi.org/10.1080/0966369X.2013.855628

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310

Cole, D. C., & Bondy, M. C. (2020). Meeting Farmers Where They Are - Rural Clinicians' Views on Farmers' Mental Health. *Journal of Agromedicine*, *25*(1), 126–134. https://doi.org/10.1080/1059924X.2019.1659201

Davies, A. R., Homolova, L., Grey, C. N. B., Fisher, J., Burchett, N., & Kousoulis, A. (2019). *Supporting farming communities at times of uncertainty: an action framework to support the mental health and well-being of farmers and their families.* Cardiff: Public Health Wales NHS Trust & Mental Health Foundation. https://www.mentalhealth.org.uk/publications/supporting-farming-communities-times-uncertainty

Deary, I., Willock, J., & McGregor, M. (1997). Stress in farming. *Stress Medicine, 13*(2), 131-136.https://doi.org/10.1002/(SICI)1099-1700(199704)13:2<131::AID-SMI727>3.0.CO;2-T

Deegan, A., & Dunne, S. (2022). An investigation into the relationship between social support, stress, and psychological well-being in farmers. *Journal of Community Psychology*. https://doi.org/10.1002/jcop.22814

Department for Environment, Food & Rural Affairs [DEFRA]. (2016). *Agricultural labour in England and the UK. Farm Structure Survey 2016.* https://www.gov.uk/government/statistics/farm-labour-profiles-from-the-england-and-uk-farm-structure-survey

Department of Health [DOH]. (2012). *Preventing Suicide in England: September 2012. A cross government outcome strategy to save lives.*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

Eisner, C. S., Neal, R. D., & Scaife, B. (1999). The effect of the 1996 beef crisis on depression and anxiety in farmers and non-farming controls. *British Journal of General Practice*, *49*(442), 385–386.

Evans, W. (2019, January 11) Opinion: The shock and sadness at rural suicide. *Farmer's Weekly*. https://www.fwi.co.uk/news/opinion-the-shock-and-sadness-atrural-suicides

Fennell, K. M., Jarrett, C. E., Kettler, L. J., Dollman, J., & Turnbull, D. A. (2016) "Watching the bank balance build up then blow away and the rain clouds do the same": A thematic analysis of South Australian farmers' sources of stress during drought. *Journal of Rural Studies. 46*, 102-110. https://doi.org/10.1016/j.jrurstud.2016.05.005

Fraser, C. E., Smith, K. B., Judd, F., Humphreys, L., Frager, A., & Henderson, A. (2005). Farming and mental health problems and mental illness. *International Journal of Social Psychiatry, 51*(4), 340-349. https://doi.org/10.1177%2F0020764005060844

Gregoire, A. (2001). Needs assessment for rural mental health services. In G. Thornicroft (Ed.) *Measuring mental health needs* (2nd ed.). Gaskell.

Gregoire, A. (2002). The mental health of farmers. *Occupational Medicine, 52,* 471-476. https://doi.org/10.1093/occmed/52.8.471

Griffiths, R., & Evans, N. (2015). The Welsh Marches: Resilient farmers? Exploring farmers' resilience to extreme weather events in the recent past. *Ager (Zaragoza, Spain), 18*, 161-189. https://doi.org/10.4422/ager.2015.05

Gunn, K. M. & Hughes-Barton, D. (2022). Understanding and addressing psychological distress experienced by farmers, from the perspective of rural financial counsellors. *The Australian Journal of Rural Health*, *30*(1), 34–43. https://doi.org/10.1111/ajr.12815

Hagen, B. N. M., Albright, A., Sargeant, J., Winder, C. B., Harper, S. L., O'Sullivan, T. L., & Jones-Bitton, A. (2019). Research trends in farmers' mental health: A scoping review of mental health outcomes and interventions among farming populations worldwide. *PLoS One, 14*(12), e0225661–e0225661. https://doi.org/10.1371/journal.pone.0225661

Hannay, D., & Jones, R. (2002). The effects of foot-and-mouth on the health of those involved in farming and tourism in Dumfries and Galloway. *The European Journal of General Practice*, *8*(3), 83–89. https://doi.org/10.3109/13814780209160845

Harris, K. A., Eglin, R. D., Hayward, S., Milnes, A., Davies, I., Cook, A. J. C., & Downs, S. H. (2014). Impact of Schmallenberg virus on British sheep farms during the 2011/2012 lambing season. *Veterinary Record*, *175*(7), 172–172. https://doi.org/10.1136/vr.102295

Hiebert, B., Leipert, B., Regan, S. & Burkell, J. (2018). Rural men's health, health information seeking, and gender identities: A conceptual theoretical review of the literature. *American Journal of Men's Health, 12*(4), 863-876. https://doi.org/10.1177/1557988316649177

Hood, B., & Seedsman, T. (2004) Psychosocial investigation of individual and community responses to the experience of Ovine Johne's Disease in rural Victoria. *The Australian Journal of Rural Health, 12*(2), 54-60. https://doi.org/10.1111/j.1038-5282.2004.00560.x

Hossain, D., Gorman, D., Eley, R., & Coutts, J. (2010). Value of mental health first aid training of advisory and extension agents in supporting farmers in rural Queensland. *Rural and Remote Health*, *10*(4), 1593–1593.

Hounsome, B., Edwards, R., & Edwards-Jones, G. (2006). A note on the effect of farmer mental health on adoption: The case of agri-environment schemes. *Agricultural Systems, 91*(3), 229-241. https://doi.org/10.1016/j.agsy.2006.09.001

Hounsome, B., Edwards, R., Hounsome, N., & Edwards-Jones, G. (2012). Psychological morbidity of farmers and non-farming population: Results from a UK survey. *Community Mental Health Journal, 48*(4), 503-510. https://doi.org/10.1007/s10597-011-9415-8

Jameson, J. P., & Blank, M. B. (2007). The Role of Clinical Psychology in Rural Mental Health Services: Defining Problems and Developing Solutions. *Clinical Psychology (New York, N.Y.)*, *14*(3), 283–298. https://doi.org/10.1111/j.1468-2850.2007.00089.x

Kearney, G. D., Rafferty, A. P., Hendricks, L. R., Allen, D. L., & Tutor-Marcom, R. (2014). A cross-sectional study of stressors among farmers in Eastern North Carolina. *North Carolina Medical Journal (Durham, N.C.)*, *75*(6), 384–392. https://doi.org/10.18043/ncm.75.6.384

Klingelschmidt, J., Milner, A., Khireddine-Medouni, I., Witt, K., Alexopoulos, E. C., Toivanen, S., LaMontagne, A. D., Chastang, J.-F., & Niedhammer, I. (2018). Suicide among agricultural, forestry, and fishery workers: a systematic literature review and meta-analysis. *Scandinavian Journal of Work, Environment & Health*, *44*(1), 3–15. https://doi.org/10.5271/sjweh.3682

Kunde, L., Kõlves, K., Kelly, B., Reddy, P., & Leo, D. (2018). "The masks we wear": a qualitative study of suicide in Australian farmers. *The Journal of Rural Health*, *34*(3), 254–262. https://doi.org/10.1111/jrh.12290

McIntyre, B., Herren, H., Wakhungu, J., & Watson, R. (2009). *Agriculture at a crossroads: International Assessment of Agricultural Knowledge, Science and Technology for Development.* http://www.agassessment-watch.org/report/Global%20Report%20(English).pdf

Milner, A., Spittal M. J., Pirkis, K., & La Montagne, A. D. (2013) Suicide by occupation: Systematic review and meta-analysis. *British Journal of Psychiatry*. *203*(6), 409-416. https://doi.org/10.1192/bjp.bp.113.128405

Mort, M., Convery, I., Baxter, J., & Bailey, C. (2005). Psychosocial effects of the 2001 UK foot and mouth disease epidemic in a rural population: qualitative diary based study. *BMJ, 331*(7527), 1234-1237. https://doi.org/10.1136/bmj.38603.375856.68

Murray, C. D., & Wilde, D. J. (2020) Thinking about, doing and writing up research using Interpretative Phenomenological Analysis. In C. Douglas & S. Brearley (Eds.). *Handbook of Theory and Methods in Applied Health Research: Questions, methods and choices* (pp.140-166). Edward Elgar Publishing Limited.

Myers, M. (2000). Qualitative Research and the Generalizability Question: Standing Firm with Proteus. *The Qualitative Report*, *4*(3), -. https://doi.org/10.46743/2160-3715/2000.2925

Naik, A. (2017). In search of farmer wellbeing. *International Journal of Agricultural Management, 6*(1), 220-236. DOI: 10.5836/ijam/2017-06-01

Ní Laoire, C. (2001). A matter of life and death? Men, masculinities, and staying "behind" in rural Ireland. *Sociologia Ruralis, 41*(2), 220-236. https://doi.org/10.1111/1467-9523.00179

Office of National Statistics. (2018). *Farmer suicides in England and Wales.* https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/farmersuicidesinenglandandwales

Olff, M., Koeter, M. W. J., Van Haaften, E. H., Kersten, P. H., & Gersons, B. P. R. (2005). Impact of a foot and mouth disease crisis on post-traumatic stress symptoms in farmers. *British Journal of Psychiatry*, *186*(2), 165–166. https://doi.org/10.1192/bjp.186.2.165

Peck, D., Grant, S., McArthur, W., & Godden, D. (2002). Psychological impact of foot-and-mouth disease on farmers. *Journal of Mental Health, 11*(5), 523-531. https://doi.org/10.1080/09638230020023877

Peck, D. F. (2005). Foot and mouth outbreak: lessons for mental health services. *Advances in Psychiatric Treatment: The Royal College of Psychiatrists' Journal of Continuing Professional Development, 11*(4), 270–276. https://doi.org/10.1192/apt.11.4.270

Perceval, M., Kõlves, K., Ross, V., Reddy, P., & De Leo, D. (2019). Environmental factors and suicide in Australian farmers: A qualitative study. *Archives of Environmental & Occupational Health, 74*(5), 279–286. https://doi.org/10.1080/19338244.2018.1453774

Phalp, L., Corcoran, R., Eames, C., & Naik, A. (2021). An exploration of the relationship between adverse events on the farm and suicidal ideation in farmers. *International*

Journal   of   Social   Psychiatry,   207640211057712–207640211057712.
https://doi.org/10.1177/00207640211057712

Pollock, L., Deaville, J., Gilman, A., & Willock, J. (2002). A preliminary study into stress in
Welsh   farmers.   *Journal   of   Mental   Health,   11*(2),   213-221.
https://doi.org/10.1080/09638230020023598

Raine, G. (1999). Causes and effects of stress on farmers: A qualitative study. *Health
Education Journal, 58*(3), 259-270. https://doi.org/10.1177/001789699905800307

Roy, P., Tremblay, G., Oliffe, J., Jbilou, J., & Robertson, S. (2013). Male farmers with mental
health disorders: A scoping review. *Australian Journal of Rural Health, 21*(1), 3-7.
https://doi.org/10.1111/ajr.12008

Roy, P., Tremblay, G. and Roberston, S. (2014). Help-seeking among male farmers: connecting
masculinities   and   mental   health.   *Sociologia   Ruralis,   54*(4),   460-476.
https://doi.org/10.1111/soru.12045

Royal Agricultural Benevolent Institution [RABI]. (2021). *The Big Farming Survey. The health
and wellbeing of the farming community in England and Wales in the 2020s.*
https://rabi.org.uk/wp-content/uploads/2021/10/RABI-Big-Farming-Survey-FINAL-
single-pages-No-embargo-APP-min.pdf

Simkin, S., Hawton, K., Fagg, J., & Malmberg, A. (1998). Stress in farmers: a survey of farmers
in England and Wales. *Occupational and Environmental Medicine, 55*(11), 729-734.
https://doi.org/10.1136/oem.55.11.729

Smith, J. A., Harré, R., Van Langenhove, L. (1995) Idiography. In: Smith, J. A., Harré, R., Van
Langenhove, L., (Eds.), *Rethinking Psychology* (pp56-69). Sage.

Sturgeon, R., & Morrissette, P. J. (2010). A qualitative analysis of suicide ideation among Manitoban farmers. *Canadian Journal of Counselling and Psychotherapy*, *44*(2). 191-207.

Swire, J. (2018, February 15). More than one farmer a week in the UK dies by suicide. *Farm Business*. https://www.farmbusiness.co.uk/news/more-then-one-farmer-a-week-in-the-uk-dies-by-suicide-2.html

Syson-Nibbs, L., Saul, C., & Cox, P. (2006). Tideswell health survey: A population survey of the health needs and service utilization of a farming community. *Public Health, 120*(3), 221-228. https://doi.org/10.1016/j.puhe.2005.09.005

Thomas, H. V., Lewis, G., Thomas, D, Rh., Salmon, R. L., Chalmers, R. M., Coleman, T. J., Kench, S. M., Morgan-Capner, P., Meadows, D., Sillis, M., & Softley, P. (2003). Mental health of British farmers. *Occupational Environmental Medicine, 60*(3), 181-186. https://doi.org/10.1136/oem.60.3.181

Walsh. M. (2000). A Nurse Practitioner-Led Farmers' Health Service: Setting Up and Evaluating a UK Project. *The Australian Journal of Rural Health*, *8*(4), 214–217. https://doi.org/10.1046/j.1440-1584.2000.00288.x

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, *15*(2), 215-228. https://doi.org/10.1080/08870440008400302

Yazd, S. D., Wheeler, S. A., & Zuo, A. (2019). Key risk factors affecting farmers' mental health; a systematic review. *International Journal of Environmental Research and Public Health, 16*(23), 4849. https://doi.org/10.3390/ijerph16234849

Table Legends

Table 1: Participant Characteristics

Table 2: Final Themes and Individual Participant Themes

Table 1

Participant Characteristics

Participant Pseudonym	Age	Gender	Type of farming	How long been a farmer
Zoe	50	Female	Beef and sheep	13 years
Robert	67	Male	Sheep and suckler cows	All his life
Chris	47	Male	Beef and sheep	Since he left school, 30 years ago
Dave	61	Male	Beef and sheep	All his life
Elaine	52	Female	Sheep	8 years
Frances	51	Male	Sheep	All his life

Table 2

Final Themes and Individual Participant Themes

Participant	Theme 1: Self-reliance as necessary for farming but a barrier to help-seeking	Theme 2: Needing to be understood as a farmer to speak about mental health difficulties	Theme 3: Working with the uncontrollable and unpredictable; attempting to tolerate frustration and uncertainty	Theme 4: Feeling bashed by the press and social media yet seeing the potential for support and connection online.
Zoe	Being self-reliant and battling on The pressure of an inherited identity	You need to know a farmer to support a farmer Farmers help each other, an explanation is not needed		Avoid listening to the news about farmers
Robert	Farmers are self-reliant Lone working	Go where farmers are to support mental health Farmers would rather talk to other farmers about mental health	Farmers can't influence policies or the weather	Farmers can't trust the media Rural broadband issues impact wellbeing
Chris	Farmers are reluctant to seek help Own boss, get on with it, but with pressure	Don't plan too far ahead and socialise when you can	Policies & Brexit; living in uncertainty Financial pressures & unpredictable weather	Social media & the press; the good, the potential, and the ugly
Dave	A pressure to succeed from ancestors and peers	Being misunderstood and are blamed for the wrongs in the world	Paperwork and following policies	News & social media; farmer bashing and a place for connection

	Solitude and low population impact mental health Lack of infrastructure and services in rural areas are barriers	Livestock markets for social connection & a place to reach farmers	The unpredictable and uncontrollable; natural forces in farming Tourists get farmers down	
Elaine	Self-reliant and busy; barriers to accessing mental health support Responsibility to develop ways of coping and to stay healthy A traditional, male dominated community	Speaking to those who understanding farming helps my mental health but need to be cautious of rural gossip	Loss of locus of control: weather, animals, government rules and finances	Negative press, social media, and being blamed for climate change
Frances	Just get on with it; farmers are supposed to be hard men Lone working, long hours, no breaks Only self to blame when things go wrong	Counsellor didn't understand farming Sources of support; connecting socially at livestock markets	The stress of dealing with computers and paperwork Blaming self, low mood triggered by foot and mouth disease Financial stress due to uneven cashflow and need to expand	Farmers presented as bad people in press and social media Connecting socially online

Section Two Appendices

Appendix 2-A: *Journal of Rural Mental Health* Manuscript Preparation Instructions

Appendix 2-B: Audit Trail Examples of Theme Generation

Appendix 2-A

Journal of Rural Mental Health **Manuscript Preparation Instructions**

Submission

To submit to the editorial office of Timothy G. Heckman, PhD, please submit manuscripts electronically through the Manuscript Submission portal Microsoft Word (.docx) or LaTex (.tex) as a zip file with an accompanied Portable Document Format (.pdf) of the manuscript file. Manuscripts that exceed the 25-page limit will be sent back to authors without review.

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* using the 7th edition. Manuscripts may be copyedited for bias-free language (see Chapter 5 of the *Publication Manual*). APA Style and Grammar Guidelines for the 7th edition are available.

SUBMIT MANUSCRIPT

Timothy G. Heckman, PhD
College of Public Health
University of Georgia
104B Rhodes Hall
105 Spear Road
Athens, GA 30602
Email

Peer review policy

Submissions are first evaluated by the editor-in-chief. A submitted manuscript may be rejected without detailed comments after this initial review if the manuscript is considered inappropriate or of insufficient scientific priority for publication in the *Journal of Rural Mental Health*®.

After initial review by the editor, the manuscript may be assigned to an associate editor. It is either the editor or one of the associate editors who selects and sends the manuscript to three or more reviewers for critical evaluation.

The *Journal of Rural Mental Health*® uses a double-blind peer review system. Manuscripts are blinded such that authors are unknown to the assigned reviewers and, in turn, all reviewers remain unknown to the authors. The title page should include all authors' names and institutional affiliations. The manuscript should omit this information but should include the title of the manuscript.

Make every effort to ensure that the manuscript itself contains no clues to the authors' identity. Every manuscript is treated by the Editors and reviewers as privileged information and they are instructed to exclude themselves from review of any manuscript that might involve a conflict of interest or the appearance thereof. Comments from reviewers are examined by the editor or associate editor assigned, who then corresponds with the author and makes the final decision on acceptance or rejection of the manuscript. Rebuttals should be addressed to the editor-in-chief.

Types of manuscripts

The *Journal of Rural Mental Health*® publishes articles on rural mental health research, practice, and policy within the United States and internationally.
The journal accepts the following types of manuscripts:

- original research articles
- brief reports
- review articles
- program descriptions
- letters to the editor
- commentaries

Original research

Original research articles report on data-driven (quantitative or qualitative data), hypothesis-testing research. For original research articles, the abstract, text, references, and tables may total no more than 25 manuscript pages. Manuscripts should be submitted with 1-inch margins and a 12-point type size. Type font should be clear and readable; unusual typefaces are discouraged. For randomized clinical trials (RCTs), the CONSORT Checklist should be followed.

Brief reports

The journal accepts Brief Reports that report on rigorous studies of highly specific topics or whose findings are preliminary in nature. An author who submits a Brief Report must not submit the full report to a different journal. Brief Reports should not exceed 14 pages in length and should use 1" margins all around and a font size of 12 point. The abstract should be no more than 100 words. References should be limited to no more than 15 and there should be no more than one table or one figure.

Review articles

The journal will consider a review article that summarizes the current state of understanding of a topic related to rural mental health. A review article surveys, summarizes, and synthesizes previously published studies; it does not report findings from new analyses. Among other things, review articles might discuss policy implications, evolving community-level issues, and how multidisciplinary approaches might best address rural mental health challenges. Explorations of integrated care, evidence-based practices, cultural factors, and ethical and regulatory considerations in rural areas are also welcomed.

Program descriptions

Articles that describe a current program developed to prevent or treat conditions that create or perpetuate dilemmas related to rural mental health are welcomed by the journal. One goal of this article type is to facilitate the development of identical or similar programs for use in other geographic areas. Program descriptions should primarily describe the program of interest, such as how the need for the program was identified, how the program developed over time, ways in which the program interfaces with the community, staffing needs, etc. A manuscript that describes the efficacy or effectiveness of the program may be more suitable for an original research article. Program descriptions should be 10 to 20 pages in length, inclusive of all sections.

Letters to the editor

Letters to the editor can (i) comment on a recently published *JRMH* article, or (ii) serve as a platform in which a non-data-driven idea or concern can be articulated. Letters cannot be used to present preliminary results. An author who submits a letter to the editor should not duplicate material being published or submitted elsewhere. The editor may seek out and publish letters that respond to the original letter to the

editor. Text is limited to 750 words and 10 references. A single table, figure, or image is permissible (but not required).

Commentaries

Commentaries are sought out by the editor and are intended to respond to (or complement) a concurrently published article. Commentaries will only be solicited for articles likely to have significant impacts on the field. In general, commentaries will not exceed 2,000 words, include no more than 2 tables or figures (combined), and include no more than 15 references.

Manuscript preparation: General instructions

Review APA's Journal Manuscript Preparation Guidelines before submitting your article.

Clinical relevance of the research should be specifically and thoughtfully addressed in submitted manuscripts. A special section on clinical implications can be included, but is not required; instead, authors should integrate implications for practice, as appropriate, into all relevant areas of manuscripts to be submitted.

Authors should review the updated APA Style Journal Article Reporting Standards (JARS) for quantitative, qualitative, and mixed methods research. These standards offer ways to improve transparency in reporting to ensure that readers have the information necessary to evaluate the quality of the research and to facilitate collaboration and replication.

The new JARS:

- recommend the division of hypotheses, analyses, and conclusions into primary, secondary, and exploratory groupings to allow for a full understanding of quantitative analyses presented in a manuscript and to enhance reproducibility;
- offer modules for authors reporting on N-of-1 designs, replications, clinical trials, longitudinal studies, and observational studies, as well as the analytic methods of structural equation modeling and Bayesian analysis; and
- include guidelines on reporting on registration (including making protocols public); participant characteristics, including demographic characteristics; inclusion and exclusion criteria; psychometric characteristics of outcome measures and other variables; and planned data diagnostics and analytic strategy.

For further resources, including flowcharts, see Journal Article Reporting Standards (JARS) website.

Manuscript formatting

Please note the references and tables should be double-spaced, in addition to the manuscript itself. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Publication Manual*. Additional guidance on APA Style is available on the APA Style website.

Title page

The manuscript's title should be no more than 12 words and should not state an assertion or conclusion. If the paper reports a randomized clinical trial or a meta-analysis, this should be indicated in the title.

The title page should list the names of all authors and their institutional affiliations at the time the research was conducted. If an author's institution has changed since then, provide the current affiliation in an author note on the title page.

The author note should also include, when applicable:
- school- or department-level affiliations
- funding sources, financial disclosures, and disclaimers (please indicate if no outside funding was received)
- acknowledgments
- related presentations
- corresponding author's contact information

Abstract and keywords

All manuscripts must include a structured abstract containing a maximum of 250 words typed on a separate page.

The abstract generally should include the following parts:
- Objective (brief statement of the purpose/rationale of the study)
- Methods (summary of the participants, design, measures, and procedure)
- Results (the primary findings of this work)
- Conclusions (statement of clinical implications of these data)

After the abstract, but on the same page, please supply:
- Up to five keywords or brief phrases that will help to identify your manuscript during relevant searches
- If applicable, provide trial or protocol registration information on the line following the keywords; for example:
  - TRIAL REGISTRATION: ClinicalTrials.gov identifier: NCT987654321

Public health significance statement

As part of article revisions, authors will be asked to submit a short statement of 1–3 sentences written in plain English for the educated public. This text should summarize the article's findings and why they are important to the intended audience and should appear after the abstract.

For a mental health care practice journal such as *Journal of Rural Mental Health*, a critical factor is ensuring that information reaches all psychologists, health care professionals, administrators, policy makers, and legislators who could use it.

The public significance statement packages research findings for easier distribution. It also allows authors greater control over how their work will be interpreted by and impact key audiences globally and locally who are interested in the physical health and psychological well-being of rural communities—practitioners, policy makers, news media, and members of the public.

Please refer to the [Guidance for Translational Abstracts and Public Significance Statements](#) to help you write this text.

Institutional review board statement and informed consent

Reports of research involving human participants must provide information about Institutional Review Board oversight, including the name(s) of the approving

institution(s), or an explanation of why the study was exempt. Informed consent and assent procedures should also be described.

Display equations

We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.

To construct your equations with MathType or Equation Editor 3.0:

- go to the Text section of the Insert tab and select Object
- select MathType or Equation Editor 3.0 in the drop-down menu

If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.

Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

Computer code

Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.

In online supplemental material

We request that runnable source code be included as supplemental material to the article. For more information, visit supplementing your article with online material.

In the text of the article

If you would like to include code in the text of your published manuscript, please submit a separate file with your code exactly as you want it to appear, using Courier New font with a type size of 8 points. We will make an image of each segment of code in your article that exceeds 40 characters in length. (Shorter snippets of code that appear in text will be typeset in Courier New and run in with the rest of the text.) If an appendix contains a mix of code and explanatory text, please submit a file that contains the entire appendix, with the code keyed in 8-point Courier New.

Tables

Use Word's insert table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

Academic writing and English language editing services

Authors who feel that their manuscript may benefit from additional academic writing or language editing support prior to submission are encouraged to seek out such

services at their host institutions, engage with colleagues and subject matter experts, and/or consider several vendors that offer discounts to APA authors.
Please note that APA does not endorse or take responsibility for the service providers listed. It is strictly a referral service.
Use of such service is not mandatory for publication in an APA journal. Use of one or more of these services does not guarantee selection for peer review, manuscript acceptance, or preference for publication in any APA journal.

Submitting supplemental materials

APA can place supplemental materials online, available via the published article in the APA PsycArticles® database. Please see Supplementing Your Article With Online Material for more details.

Abstract and keywords

All manuscripts must include an abstract containing a maximum of 250 words typed on a separate page. After the abstract, please supply up to five keywords or brief phrases.

References

List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the references section.
Examples of basic reference formats:

Journal article

McCauley, S. M., & Christiansen, M. H. (2019). Language learning as language use: A cross-linguistic model of child language development. *Psychological Review*, *126*(1), 1–51. https://doi.org/10.1037/rev0000126

Authored book

Brown, L. S. (2018). *Feminist therapy* (2nd ed.). American Psychological Association. https://doi.org/10.1037/0000092-000

Chapter in an edited book

Balsam, K. F., Martell, C. R., Jones. K. P., & Safren, S. A. (2019). Affirmative cognitive behavior therapy with sexual and gender minority people. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive behavior therapy: Practice and supervision* (2nd ed., pp. 287–314). American Psychological Association. https://doi.org/10.1037/0000119-012

Figures

Graphics files are welcome if supplied as Tiff or EPS files. Multipanel figures (i.e., figures with parts labeled a, b, c, d, etc.) should be assembled into one file.
The minimum line weight for line art is 0.5 point for optimal printing.
For more information about acceptable resolutions, fonts, sizing, and other figure issues, please see the general guidelines.
When possible, please place symbol legends below the figure instead of to the side.
APA offers authors the option to publish their figures online in color without the costs associated with print publication of color figures.

The same caption will appear on both the online (color) and print (black and white) versions. To ensure that the figure can be understood in both formats, authors should add alternative wording (e.g., "the red (dark gray) bars represent") as needed.

For authors who prefer their figures to be published in color both in print and online, original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay:
- $900 for one figure
- an additional $600 for the second figure
- an additional $450 for each subsequent figure

Permissions

Authors of accepted papers must obtain and provide to the editor on final acceptance all necessary permissions to reproduce in print and electronic form any copyrighted work, including test materials (or portions thereof), photographs, and other graphic images (including those used as stimuli in experiments).

On advice of counsel, APA may decline to publish any image whose copyright status is unknown.
- Download Permissions Alert Form (PDF, 13KB)

Publication policies

APA policy prohibits an author from submitting the same manuscript for concurrent consideration by two or more publications.

See also APA Journals® Internet Posting Guidelines.

APA requires authors to reveal any possible conflict of interest in the conduct and reporting of research (e.g., financial interests in a test or procedure, funding by pharmaceutical companies for drug research).
- Download Disclosure of Interests Form (PDF, 38KB)

Authors of accepted manuscripts are required to transfer the copyright to APA.
- For manuscripts **not** funded by the Wellcome Trust or the Research Councils UK
  Publication Rights (Copyright Transfer) Form (PDF, 83KB)
- For manuscripts funded by the Wellcome Trust or the Research Councils UK
  Wellcome Trust or Research Councils UK Publication Rights Form (PDF, 34KB)

Ethical principles

It is a violation of APA Ethical Principles to publish "as original data, data that have been previously published" (Standard 8.13).

In addition, APA Ethical Principles specify that "after research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release" (Standard 8.14).

APA expects authors to adhere to these standards. Specifically, APA expects authors to have their data available throughout the editorial review process and for at least 5 years after the date of publication.

Authors are required to state in writing that they have complied with APA ethical standards in the treatment of their sample, human or animal, or to describe the details of treatment.

- Download Certification of Compliance With APA Ethical Principles Form (PDF, 26KB)

The APA Ethics Office provides the full Ethical Principles of Psychologists and Code of Conduct electronically on its website in HTML, PDF, and Word format. You may also request a copy by emailing or calling the APA Ethics Office (202-336-5930). You may also read "Ethical Principles," December 1992, *American Psychologist*, Vol. 47, pp. 1597–1611.

Other information

Visit the Journals Publishing Resource Center for more resources for writing, reviewing, and editing articles for publishing in APA journals.

Appendix 2-B

Audit Trail Examples of Theme Generation

Contribution to Final Theme 1*: Self-reliance as necessary for farming but a barrier to help-seeking

Robert's Theme: Farmers are self-reliant

Initial Codes	Narrative Summary	Participant Quotes
- Most farmers are self-resilient and self-reliant - An independent and self-reliant mindset in farming is a barrier to seeking help for mental health difficulties - When self-reliance turns into self-dependency people won't ask for help - Most farmers dwell on things - Farmers only go to the GP if they are really unwell - In A&E farmers are seen quickly as they only come in if seriously hurt - Most farmers don't do anything about their mental health until it reaches a point where they have to. - Farmers sometimes deal with mental health issues through suicide - Most farmers would not face mental health problems	This theme reflects Robert's belief that farmers are self-reliant and independent, and that this mindset can lead to reluctance in seeking help for mental health issues. The work of farming requires farmers to be self-reliant to survive but, as Robert highlights, if this self-reliance turns into complete self-dependency, farmers can really struggle to ask for and access help. If they do ask for help, it will be as a last resort and when they feel they have no other choice. Robert shared that some farmers would die by suicide as a way of dealing with their mental health issues. This statement reflects how difficult it can be for a farmer to access support. Robert explained how this reluctance to seek help is not unique to mental health difficulties, there is also a reluctance to seek treatment for physical health unless essential, a trait that, according to Robert, is well-known in the local hospitals who will take a farmer very seriously if they present at A&E. In Robert's opinion, the reluctance to seek help is reinforced by a sense of stigma around accessing support for mental health and a stigma around not being able to cope with things. These issues can be viewed as interlinked; farmers should be tough, resilient, able to manage their farmers independently and also their mental health.	"How do farmers deal with mental health issues? Most of them just dwell on things and don't really do anything about mental health issues until it's got to a point where its obvious that they need to do something eh" "I don't think there's anything wrong with professional people, it's just a certain mindset that's in farming, everyone's so doggedly independent and self-reliant that, they would have to be pretty fed up to even consider doing that." "I would imagine covid has had an effect on farmers' wellbeing and mental health, just like, just as it has in most other parts of the community. Farming has the massive advantage of, farmers had the massive advantage of not being, we could self-isolate and still have a thousand acres to walk around in, you know what I mean?" "It's when self-reliance turns in to, in to, em, a mindset of self-dependency, you aren't prepared to go and speak

- Farmers tend to be very low before they'd consider getting help from anyone
- Farmers are reluctant to talk about mental health
- A lot of farmers are uncomfortable accepting they need help
- There' stigma to not being able to cope with things
- Stigma about being seen accessing mental health support

- to somebody else eh… It's when you go over that point of balance I think"
- "You only go to the GP if you can't move usually."
- "As long as you can still get about doing your job you, particularly if you're younger, you tend just to bash on and nine times out of ten you get better."
- "Plenty of farmers will tell you that, if you turn up at A&E, they tend to get a pretty rapid response because the staff there realise that they wouldn't be there unless there was something seriously wrong with them."
- "I'm a farmer. I know it's a little bit of a, a lot of people feel uncomfortable with accepting that they need help yeah."
- "I don't think its necessarily totally restricted to the farming community, but some people have a bit of a, feel there's a bit of a stigma to not being able to cope with things eh"

Contribution to Final Theme 2: Needing to be understood as a farmer to speak about mental health difficulties

Zoe's Theme: You need to know a farmer to support a farmer

Initial Codes	Narrative Summaries	Participant Quotes
- Wouldn't think of talking to an external person for support - Another farmer will understand better than an external person - Easier to talk about mental health if you already have a working relationship with someone - GPs don't understand the day-to-day life of farming - GPs don't understand what it's like to live on a farm - Wouldn't tell GP about concerns about someone as worried they might escalate to social services - Would go to the doctor for something serious - Farmers have limited time to take off for health appointments - A known community figure is more approachable than GP - Helpful if people who visit farms as part of their job have mental health first aid training - Mental health services should be based at auctions, where farmers are	This theme explores the topic of barriers and facilitators for farmers in seeking support for mental health difficulties. Zoe speak about her beliefs about why farmers may be reluctant to access support from their GP, alongside her own unhelpful experiences of seeking support from the GP for physical health issues. At the core of this issue was that, in her experience, GPs do not understand the experience of being a farmer, and that this understanding is fundamental to farmers feeling comfortable in seeking support. There is a value in feeling seen and understood, not just as an individual, but the context in which you live and work being understood, which in Zoe's experiences has not always been shown by her GP. This lack of understanding might reinforce a feeling that a farmer needs to look after himself and solve his own problems, as discussed in Theme 1. Zoe reported that farmers are more comfortable speaking to someone they already know and have a working relationship with; someone who understanding their job and therefore the pressures they are under. She suggested that Mental Health First Aid training for professionals who visit farms could help farmers receive support for their mental health. She also suggested that locating mental health services in spaces	"Em, well perhaps if there was, perhaps if there was somebody available, based at a place where farmers went, like an auction for example, if they go to the auction mart on a regular basis." "If I was worried about one of my neighbours, I think I would go and ask them directly and then if I couldn't do that because of coronavirus or whatever then I would ask somebody else in the community but I probably wouldn't ask the GP because that's almost like making it official and a medical thing isn't it?" "And people will talk to me because they know that I'm a farmer, so they have this preconception that I will understand, you know what I mean, whereas if they went to somebody else, a doctor, and said "oh this persons feeling bad cos they can't go to the auction and meet everybody" well they'd think, well, would that doctor actually realise what it's like to live on a farm and not see anybody, you know. So I guess that's part of it yeah" "Actually, once I went to my GP about something else, about my thyroid or something, and they asked me how much exercise I was taking. So I said, oh I do loads of exercise, you know, I never stop and they were like "well how much actual exercise are you doing, like running for example?" and I said "well I don't run, I just walk" "what you

• Mental health promotion at agricultural shows • Using Zoom to promote mental health • Online group during COVID helped with isolation	where farmers already are might make them more accessible and normalised, adding that farmers have limited time to be away from their farms for health appointments. Locating services or drop-ins at livestock auctions may improve their accessibility and acceptability to farmers. Zoe also shared her experiences of using online resources during COVID and found these helped reduce isolation.	go hiking?" I was trying to explain that I actually physically do a lot of exercise in the day and they just didn't get it. And then they said "oh you know, you need to do 20 minutes a day of vigorous exercise" and I'm thinking "crikey when I'm forking up silage I'm doing more than 20 minutes a day of vigorous exercise". But there was that disconnect in that they didn't really get what I was talking about and I guess if you talk to somebody else from the farming community they'd be like "well of course you're doing loads of exercise! how silly to say that you didn't""

Contribution to Final Theme 3: Working with the uncontrollable and unpredictable; attempting to tolerate frustration and uncertainty

Elaine's Theme: Locus of control: weather, animals, government rules, finances

Initial Codes	Narrative Summary	Participant Quotes
• Things out of your control is a major stressor • Can choose when you want to do things like letting sheep out or not • Can't control storms and climate change which causes damage and stress • A winter of terrible flooding led to panic and loss of haybales • Livestock dying is out of your control	This theme reflects the significant amount of factors that Elaine has to deal with that are largely out of her control. She acknowledges the day to day freedom that farmers have in choosing their schedule and decisions around when to let the sheep out or not. However, farmers are largely subject to forces out of their control and Elaine reflects on this lack of a "locus of control". Weather is a significant stressor, with severe weather conditions causing damage to buildings, the land, and animals, leading to significant amounts of stress for Elaine. Elaine speaks with great feeling about the impact of the death of her animals. She describes this as one	• "I would say that's a major stressor. Em you know so we've got things out of control. Like you say, you've got a locus of control that you can choose when you want to do so like if I want to let my sheep out, its sunny and dry today so I can let them out and I have and its great, and then if its wet and pouring with rain and you know, really horrible, they're in the shed, bedded up, got hay, dry, sorted. That's lovely, makes a massive difference to my stress levels. But then if we have a storm, you've got all the sorts of climatic change and the weather turns and then the storm brews up so badly that it starts to rip the roof off the shed you start to get quite

- Losing animals is one of the hardest things to cope with
- To lose an animal is devastating
- Have to learn to roll with the things you can't control
- Can't control politics
- Plan to stop receiving payments from government to increase independence
- Not nice when you get an inspection from DEFRA
- Heavy penalties for mistakes
- Stress of penalties from putting wrong thing on paperwork
- Managing a business where you aren't sure what the future holds
- DEFRA tend to treat farmers like they're trying to do things wrong
- Hard to keep on top of all the paperwork on your own
- The amount of paperwork is onerous and stupid
- Criminal damage and theft is out of a farmers control
- Pulled in different directions with lots of stressors
- Impossible to reduce workload
- You have to deal with issues, you can't not deal with them
- Loss of rural payment scheme increases financial pressures
- Spend all your time working, wondering if it will be worth it

of the hardest things she has to cope with and it can lead to questioning herself on whether it is her fault and if she did something wrong. She has received reassurance from the vet that she isn't dong anything wrong but it is still upsetting for her.

Politics, government policies and paperwork demands is another domain in which Elaine feels she has little to no control. She describes onerous paperwork and heavy penalties for mistakes that are easily made, given the perfect adherence that organisations like DEFRA expect. Elaine describes the stress of this and her experiences of farmers being treated like they are trying to make mistakes on purpose. There is clear frustration here and she talks about how she is planning to move away from government schemes as much as she can in the next few years, to increase her independence and regain some of that feeling of control over the farm.

The potential penalties alongside ethe increase in costs from fertilisers, electricity and a water bill after criminal damage to her water pipes are all further stressors that are outside of Elaine's control.

She speaks about how there have been times when she feels that she is spending all her time working and wonders if it will all be worth it.

stressed And its all panic. Then your workload is completely changed"
- "And we flooded. So cHristmas Eve, my first Christmas without dad, with two little children, em, was basically trying to get a load of haybales out of the hay barn, out of the water, and I lost so many hay bales and it caused such a lot of work so like that sort of situation like you say, that is not my control and I have to deal with it, you can't not deal with it So there's kind of that angle of it that is out of your control"
- "and then the other stressors out of your control is just like dealing with livestock so they'll just die or they'll just become ill"
- "And the year after my dad died I lost three like that in like the space of a month and I said to the vet, I was in pieces, saying what am I doing wrong, you know, and he said you're not doing anything wrong its just what happens sometimes and unfortunately you've had a bad run and he said, you know, don't blame yourself cos there's nothing you can do, it's just the way it is and I think mentally that is one of the hardest things I have to cope with, I'm quite a touchy feely farmer"
- "I think that's possibly one of the hardest things I had to cope with, because I don't like to lose things. If I lose things there's always just a little chip in my armour that just thinks now was this my fault, am I to blame? And I think that's quite a hard thing to cope with"
- "this year we've got a massive pressure from the fertilizer costs which are going up 70%. So we've got 50% going on our electric bill which obviously we need for lambing because we need

- Margins are low and getting narrower
- Some farmers will have to sell up due to financial pressures
- Financial worries can lead to massive stress
- Pressure from massive increase in fertiliser costs
- Increase in electric bill
- More farming children not taking up farming as too hard
- Covid took all business away
- Some sales didn't go ahead due to lockdown
- Livestock auction going online didn't work very well

the lights on and stuff And you may have got a warming box to run and then you've got 70% extra going on our fertiliser costs so what might cost us nearly 4000 last year could not cost me up in to the 10,12 thousand mark just to make hay bales And we can't control any of that. So yeah like you say yeah it is, its ironic that I say about the locus of control, but it is, if you can try and control it it does make for a lot better mental health I think But em I don't know what you do when you can't control it, you just have to learn to roll with it a bit more I think I suppose what doesn't kill you makes you harder"

- "Covid came and took all our business away"(tourism part of business)
- "some of the sales weren't going ahead which should have gone ahead and some of the trade swapped on to being online And we didn't have a very good experience with that, that wasn't very good. That sort of trade doesn't work so well online in my opinion. Eh you've got a much better trade where you've got people who can you know if you're buying something like a dog or an animal you, people really want to be looking and seeing and feeling and listening to it and checking it out"
- "obviously the other problem we don't, the other thing we can't control is politics and COP 26 has been very damaging to farming"
- "I'm not sure where it will end up for us but then you know equally when we come out of the payment system, if we choose to come out completely then the government won't have any hold over us anymore"

- "So at the moment if I decide that I'll move the fence line or if I decide to make, you know, do something else with my land, if its anything other than the grazing that they pay me for, I have to adjust it, so I get an adjusted payment"
- "its not nice when you get a visit from DEFRA And they appear on your, on your farm, and go round and measure every field, every boundary And then tell you that you've been two foot out for ten years so they're going to take two grand off you"
- "Em its too onerous and its too stressful and if you perhaps put the wrong thing on the wrong piece of paper they come down on you like a ton of bricks"
- "it's stressful because you've got to manage a business and you're never sure what's going to happen with your business"
- "worrying about you know you're going to get DEFRA walking in tomorrow and pulling the kaibosh over you, Because they do, there is a tendency that they've always treated farmers like they're trying to pull a fast one they're trying to do things wrong"
- "But when you do miss something, they automatically say well you've got a discrepancy, so you've got a failure on here and I just think why, you know, with people who are, like you say there, self-employed, they're on their own, they're working long long hours in stressful conditions and then the government, or Red Tractor, whoever it is, decides that this is the way forward, to come in and just really hit them heavy as though they're trying to do it wrong on purpose because they're bad people, and it is not

| | | like that at all They just don't have an army of people, like I don't have a receptionist, I don't have anybody" |
| | | • "living in small communities, people know you and they know what you do and know where you've been and they know if you've been to market and bought two fancy sheep And they know where you live and they know where your fields are and where you are so people are unscrupulous sadly. We had our water pipes cut so we ended up with a £2000 water bill and obviously water spewing all over the fields" |

Contribution to Final Theme 4: Feeling bashed by the press and social media yet seeing the potential for support and connection online.

Dave's Theme: News & social media; farmer bashing and place for connection

Initial Codes	Narrative Summaries	Quotes
• Issues with the press • Farmers are getting a rough time in the press at the moment • Farmers being implicated in the press for climate change • The vegan movement is negative towards farmers • Last five years constant negative press blaming farmers for climate change • Easier to blame farmers for climate change than ask people to reduce flying or driving	Dave shared his experiences with how farmers are treated by the press and on social media. He felt that farmers are treated unfairly and are used as a scapegoat to blame for climate change. He asserted that it is easier to blame farmers for climate change than to ask people to reduce things that they enjoy like taking flights or driving their cars. He also felt that social media can be a source of support for farmers, where they can connect with other farmers to share work they are proud of and make friends with farmers from all over the country. This may be especially helpful given the rural, sometimes isolated element of farming that can lead farmers to feeling very lonely.	• "And you get lots of lots of sort of, you know, press problems…it's that constant pressure of people who have no idea of what you do or why you do it" • "like farmers are getting a rough time at the moment" • "Like a lot of the sort of stuff about climate change and you know the vegan movement and it's just like seems like everybody is sort of you know against you sort of thing"

- Farmers can use social media to show the work they are proud of
- Social media enables farmers to make friends with farmers from all over the country
- On social media sharing phots and viewpoints
- Social media allows farmers to link up and support each other
- Have to be careful what you share online
- Can get bashed online
- Online support is nice but not the same as someone putting their arm around you

- "It's its just been a constant sort of thing for, I don't know, the last five years, where, you know, it just seems that farmer bashing is just dead easy and like, the science all round it is pretty mixed up anyway isn't it" (farmers being blamed in press for climate change)
- But you know its just people just seem to, cows and farmers are easy to hit over the head rather than telling people they can't go on holiday or they can't drive their car,
- "a lot of farmers now and especially the younger ones using Instagram and twitter and stuff to show their workcase they're really proud of it…and you know there's so many on Instagram that you know they I think that's sort of one good thing about social media is that you know you can show the good side as well as the bad side"
- "I've met farmers from all over the country that I wouldn't normally meet through social media so you know made good friends from the top of Scotland to the south of England, you know so through social media and sharing photos and points of view and stuff like that"
- "but I think you know that's one way that the farming community has linked together a little bit (coughs)

and there is that there is a bit of support there"

- "you have to be really careful what you say because sometimes you get absolutely bashed"
- "the other thing is right so if you're not , well it's a nice community where you can chat to people, it's not like somebody can put their arm round your shoulder cos its not, its one step removed if you know what I mean"

SECTION THREE

CRITICAL APPRAISAL

Reflections on the exploration of mental health in rural adolescents and UK sheep farmers

Fiona Boyd

Doctorate in Clinical Psychology

Division of Health Research, Lancaster University

Word Count: 3884

(excluding tables and figures, reference lists and appendices)

Correspondence to:
Fiona Boyd
Doctorate in Clinical Psychology
B31 Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster
LA1 4AT
f.boyd@lancaster.ac.uk

Introduction

Through the process of planning and conducting the research, much has been learned and reflected on. Accordingly, in this critical appraisal I will summarise the main research findings and expand upon and review key elements of carrying out this research. I will discuss my rationale for selecting the methodological approach, reflect upon my experiences in the reflexive process, discuss challenges I encountered and the impact of the COVID pandemic on the research process.

The purpose of the research presented in section two of this thesis was to explore hill and sheep farmers' experiences of mental health, with a focus on the challenges that they face to their psychological wellbeing, how challenges are viewed and managed, and what mental health services need to learn to support the farming community appropriately. Findings from the research indicated that mental health issues in farming are not due to a single issue or factor but are likely to be triggered and maintained by a range of interacting factors. Participants reported a culture of self-reliance, feeling poorly understood by professionals, working under uncontrollable and unpredictable conditions, and facing significant criticism through the press and social media. Facilitators for help-seeking and aspects that supported farmer mental health included having access to peers or professionals who understood farming, being able to draw on self-reliance in a positive way, access to mental health support in convenient locations, being able to plan ahead, and connecting with other farmers and farming organisations online.

In addition to a research paper, a systematic literature review was carried out, presented in section one. The aim of this meta-synthesis was to explore and better understand rural adolescents' perceptions and experiences of mental health, including experiences of mental health difficulties and seeking support, and perceptions of and attitudes towards mental health. The meta-synthesis highlighted rural adolescents have distinct experiences and needs that must

be recognised to support mental health in this group. Four key areas were highlighted through synthesis of the literature; the experience and impact of mental health stigma, the supportive and oppressive aspects of small rural communities, salient characteristics of helpers, and factors to consider in designing services.

Together, the research paper and the meta-synthesis contribute to understanding of rural mental health more broadly by bringing new insights into aspects of living, working and developing in rural communities. They can be read as separate pieces of work or chapters from the same over-arching field of enquiry. They help us understand the themes, the salient issues, the experiences and culture around mental health and distress. More importantly, they aid researchers and clinicians to focus on where they need to up-skill in their work to better support rural mental health.

Choosing the Methodology

Thematic analysis was ultimately chosen to analyse participants' interview data for the empirical study. However, alternative qualitative approaches such as grounded theory and interpretative phenomenological analysis (IPA) were also considered. Grounded theory as a methodological approach aims to develop new theories from data related to the actions people take and what these actions mean (Thornberg & Charmaz, 2014). It typically requires a larger number of participants to ground these theories in sufficient data (Creswell, 2012). Given the aims of my research and interest in people's experiences and beliefs, rather than construction of a theory, it was ultimately decided that grounded theory was not an appropriate methodological approach for my research.

Thorough consideration was given on whether to utilise thematic analysis or IPA. Criteria for employing IPA are a study grounded in phenomenology, whereby there is a focus on personal experiences and meaning-making of these experiences in a particular context; the

use of small, homogenous samples; and commonly use interviews to collect the accounts of participants' experiences (Smith et al., 2009). The current research was phenomenologically informed and interested in the meaning of participants' experiences, in their unique occupation and rural context, which aligns with IPA. However, thematic analysis can be considered to belong to the tradition of phenomenological qualitative research (Morrow, 2007) and is suitable for use within different theoretical frameworks (Braun & Clarke, 2006), so this was not a strong reason to choose IPA. Secondly, it was not a requirement for participants to share their personal experiences of mental health difficulties, though some did. The research aims were broader, and open to participants sharing their perceptions, attitudes and beliefs about mental health in farming. This decision was made, in part, because barriers to recruitment were somewhat anticipated, one being reluctance to disclose mental health difficulties. This open inclusion criterion to participate in the study meant that homogeneity could also not be guaranteed, and indeed participants varied in demographics including age and gender. For these reasons, IPA was not a wholly suitable approach to the study. Additionally, Braun and Clarke (2021a) recommend that thematic analysis is chosen over IPA when the research question is focused on something other than solely personal experiences and meaning-making, as this study was.

Braun and Clarke's (2006) established framework for conducting thematic analysis, an approach they later relabelled reflexive thematic analysis (Braun & Clarke, 2021a), involves six phases; familiarisation with the data; generating codes; generating initial themes; reviewing and developing themes; refining, defining themes; and writing up the results. This framework gave a structure to the process but is not prescriptive on how you carry out each phase, in fact the creators advocate that the approach should not be followed like a recipe, but requires fluidity (Braun et al., 2022). With this in mind, I followed procedural steps for coding using Murray and Wilde's (2020) chapter on using IPA. They provided a clear structure which aided in organising the data, coding systematically and generating themes, which align with the steps

of thematic analysis. I found these steps very helpful in giving clarity and structure to my analytic process. The steps borrowed some of the ideographic nature of IPA, where I took time to focus on the particular and unique details of each interview before considering the data as a whole body. However, this immersion in the data can be considered as "familiarisation"; one of Braun and Clarke's (2006) phases of thematic analysis. My approach to thematic analysis was inductive, capturing both semantic and latent meanings in the data. I was interested and, captured, both the meaning of the information participants shared with me and interpreted beyond "themes" at a surface level to reach the significance, value and culture behind the stories shared with me.

The issue of sample size and saturation was also considered throughout the research process. Saturation in qualitative research has been defined as the point of "information redundancy" (Lincoln & Guba, 1985), whereby the analysis of data is no longer producing new information. Although it is important, as a conscientious researcher, to reflect on whether data analysis has ceased to elicit novel discoveries or connections, the concept of saturation can be considered a logical fallacy (Low, 2019), as it is impossible to know when all discoveries have been made. More important than quantity of data, is the quality of data (Smith et al., 2009), and the concept of "information power" may be more important to consider; that the more relevant information in the data, then the fewer participants are needed (Malterud et al., 2016). Additionally, the concept of data saturation is not considered to align with the values of reflexive thematic analysis (Braun & Clarke, 2021b) where knowledge is not considered a fixed destination that can be achieved. Consequently, after analysis of the six interviews in the current research paper, the data and resultant codes and themes provided novel and rich contributions to the understanding of farmer mental health, but there is scope for future research to contribute further to knowledge of this topic.

Ultimately, it can be argued that identifying the ideal qualitative methodology for analysing your data is unhelpful and unachievable (Braun & Clarke, 2021a). It may be that the current research could have been approached using a different method and a valuable outcome still achieved. Braun and Clarke (2021a, p38) liken the selection of a qualitative method to "more like deciding between which type of fruit you will choose to eat (apple, orange or banana?), than deciding whether to have fruit, a slice of cake, or a burger.". I have outlined my reasons for approaching the analysis with a phenomenologically informed reflexive thematic analytic method, as this is what I felt best served the research aims. What is most important is that the research design and procedure fit the research goals, the researcher's epistemological assumptions, and is tailored to the salient features of the matter under investigation (Levitt et al., 2017).

Reflexivity

From the beginning of the research process, it has been important to consider my own motivations, thoughts, and feelings towards the research. My interest in this area of research developed from several factors. From a personal motivation, my family background is in farming, and I grew up in a small rural community on the north-west coast of Ireland. This meant that I have personal experiences of seeing members of my family manage the challenges of farming and have some understanding of the culture of rural communities including from the perspective of a rural adolescent.

Although we are given a level of autonomy in the research topic we pursue on the Doctorate in Clinical Psychology programme, we must carry out research that aligns with our ethical and social responsibility to generate knowledge that will support beneficial psychological outcomes (British Psychological Society, 2021). I was keen to ensure that my research would address a gap in the literature and serve a clinical need. Eager to understand

more, beyond my personal and anecdotal knowledge, I explored the literature and found several factors that indicated further research was needed. Noted at this stage was that there was a strong body of literature from Australia and the US, with a peak in research in the early 2000s in the UK, coinciding with the BSE and foot & mouth disease crises (e.g. Eisner et al., 1999; Hannay & Jones, 2002; Mort et al., 2005; Peck et al., 2002). There was a strong foundation of quantitative research examining suicide rates, post-mortem studies, and identifying stress factors in farming (e.g. Booth et al., 2000; Hounsome et al., 2012; Milner et al., 2013; Simkin et al., 1998; Syson-Nibbs et al., 2006; Thomas et al., 2003). There was research identifying rural and farming cultures of stoicism and traditional masculinity (Alston, 2010). What was missing was qualitative research exploring the relationships between these identified issues and exploring positive mental health factors (Hagen et al., 2019). The need for my research area was therefore apparent.

In qualitative research it is important to engage in a reflexive approach, developing insight into one's active role throughout the research conduction (Willig, 2010), acknowledging the role of subjectivity inherent in qualitative research (Tufford & Newman, 2012). Along with developing an awareness of my own assumptions and feelings through-out the research, I attempted to set aside these suppositions and pre-existing knowledge of theories while planning, interviewing, and analysing the data, a method called "bracketing" (Gearing, 2004). This perspective acknowledges that there may be a limit to what can be bracketed, given the level of conscious thought control that would be required to escape any influence of our previous experiences and knowledge of the world. A reflexive diary is one method of attempting to maintain a reasonable sense of self-awareness throughout the research process. Another method was the use of a semi-structured interview schedule which meant that the questions were quite open, allowing the farmers to share their unique perspectives without my biases being imposed on them. To support bracketing of former knowledge, both research and

personal knowledge, I tried to keep initial coding close to the wording in the data and to check in with myself on whether interpretations could be justified and reasonable given the data. In each stage of writing, this was checked, and supervisors would give feedback on where it was not clear or "backed up" by data, for example quotes from participants, or in the case of the meta-synthesis, quotes from the studies under review.

Insider-Outsider

Connected to reflexivity and the role of "me" in the research process were the attempts I made to establish rapport and trust with participants. I took time at the start of each interview to build rapport by demonstrating warmth and friendliness in my tone and avoiding jargon in my language. I did not start the interview immediately but took time to establish the participant had read the information sheet, consented to take part and to check if they had any questions before commencing. Another decision I made was to share information about myself to each participant, focused on my relevant personal and professional backgrounds. Without a comparison group, it is difficult to know with certainly what impact my disclosure of being from a rural and farming background had on my participants and what they shared with me. There were, however, some indications that this disclosure shifted me from the sole position of "researcher" to also embody the position of "insider". This is significant given that one of the main themes that emerged from the research was that farmers benefit from seeking support from someone who understands farming. This was demonstrated when participant Elaine commented on how she believed my personal background would enhance my acceptability by farmers to support their mental health;

> *"I think if you could get healthcare workers who are kind of, like yourself, from a rural family, you know the craic, you're really easy to talk to; 'Come on, come for a cup of tea, what's going on? Do you want me to help sweep this yard?'[…]It has to be*

> *something that's more organic and not threatening and someone who, there seems to be a real value of; 'Oh this is someone who understands, not just mental health, this is someone who understands my job, my life and is alongside me here'."*

Other participants also made comments about me understanding farming terms or commenting on Irish farming when talking about their work, my understanding of which may have meant that I asked fewer questions to clarify farming terms and allowed the conversation to flow better. This interruption to explain aspects of farming was mentioned by participant Francis when talking about the time taken up in therapy sessions helping his counsellor understand his job.

Although I come from a farming background, I am not a farmer and should not consider myself an expert in this field. To support the planning of the study, I consulted with a counsellor who works with farmers in the initial stages of the research planning, who was able to share some resources and grey literature on farmer mental health with me. My field supervisor put me in contact with a hill farmer, who I consulted in the initial planning stages and on the interview schedule. This supported the appropriateness of the questions being asked and meant I could proceed with greater confidence that the questions I planned to ask participants were appropriate and acceptable to the farming community.

Two of my research supervisors were not from a farming background and this was beneficial as they could highlight any terms that were not common knowledge to readers unfamiliar with farming. This demonstrates how future research could benefit from having both researchers who have knowledge of farming and researchers who do not, to ensure there is a balance between the insight brought and the biases that may influence any stage of the research process.

Challenges to recruitment

From my personal experience and evidence in the research on cultures of stoicism and a reluctance to speak about mental health difficulties in farming (e.g. Alston, 2010; Bryant & Garnham, 2015), I anticipated there may be some challenges to recruitment. This partly informed my decision to utilise a relatively broad research question, in that I did not require participants to disclose lived, personal experiences of mental health difficulties, so that farmers could participate without the expectation of sharing information that could lead to feeling over-exposed or vulnerable. I launched the advertisement for the study on social media in February 2021 and initially experienced significant engagement with the advertisement post on Twitter, leading to the first post being seen 16,502 times. This engagement incorrectly boosted my confidence that I was going to recruit participants swiftly, as demonstrated by this excerpt from my reflective diary:

> *"It's really lovely to see so many people liking and sharing the post already. I'm wondering if I should set an out-of-office on my uni email, I don't want anyone to be waiting for a reply over the weekend and then I miss having them take part."* (February 2021)

I did not receive interest to participate for a significant period and after interviewing two people I had no further participants for approximately six months. One potential barrier to recruitment was that the advertisement was first shared at the beginning of the lambing season. Therefore, potential participants were entering the busiest time of year for sheep farmers and were unlikely to have capacity to take part in time-consuming research which asked for them to give an hour of their time. Additionally, the advertisement originally read that the project was looking for "hill farmers" which was changed to "sheep and hill farmers" after a potential participant got in touch to say she did not identify as a "hill farmer" as she did not use common

grazing land on the fells. Consequently, after changing the wording, paying two farming organisations to promote the advert, and relaunching the advert in the autumn, four more participants were recruited. I noticed the importance of being flexible in my availability to meet farmers, as they work long hours and it is not a 9-5 job like my own. I was open to holding the interview in the late evenings or weekends, outside of my usual working hours. I recommend that future researchers with this group, offer a flexible approach like this which also aligns with the research paper's finding of the value of meeting farmers at times and locations convenient to them. In retrospect, I would have considered pushing to launch the recruitment a few months earlier and were there not COVID restrictions, to attend livestock markets to promote the research in person to farmers.

Another challenge in the promotion of, and recruitment to, the research study was the difficulty in gaining responses or support from some farming organisations. A representative of one farming charity which supports farmer wellbeing, responded to my initial contact, however unfortunately told me I would not be able to recruit farmers to speak to me about mental health as they "don't talk about it". I did have a positive response from other organisations who, although not able to assist with recruitment or consultation, were happy to share the advert on their social media channels and wish me luck. Future researchers might benefit from having more time and resources to follow up with farming organisations or be able to offer monetary benefits to contribute to the planning and delivery of the research.

Interviewing remotely

As the planning stages of the research study began in 2020 during covid restrictions, interviews were planned to be offered remotely. Participants were offered a choice between telephone interviews or using a video call platform. All participants opted to hold the interview over the phone. Telephone interviewing was appropriate for the research, in accordance with

guidance provided by Farooq and De Villiers (2017) as spoken-word data was being collected, the participants were expected to be experienced in using a telephone, I was capable of carrying out a telephone interview, and participants were offered a choice between telephone or video interview. Although, traditionally qualitative interviews are held in person where possible, there is evidence that telephone interviews are an efficient data collection mode and that there is little negative impact on data loss or the interpretation and quality of the findings (Novick, 2008).

Through my clinical psychology training and previous job role, I have developed considerable skills in conducting clinical work over the telephone. While there are differences between clinical work and research interviews, there were many transferable skills that I brought to the research interviews. When interviewing over the telephone, I found it helpful to demonstrate active listening through verbal signals, for example, more "mmm"s and "ahh"s to show the interviewee that I was attentive to what they were saying and encourage them to continue (Holt, 2010). In the absence of visual communication queues, for example facial expressions and body language, I was able to attend to non-verbal cues such as pauses, volume and tone of voice (Lechuga, 2012). The removal of visual cues may allow the researcher to focus on the spoken-word data and avoid being influenced or distracted by environmental or contextual information (Holt, 2010). The average length of the interviews was 60 minutes which indicates that participants felt able to share information and were reasonably comfortable to speak on the phone about sensitive topics. This research demonstrates that telephone interviewing is appropriate and accessible mode for farmers, though they should, where possible, be offered choice in mode and setting of the interview.

There was an interesting point of tension between being a clinician and researcher while conducting this research. In my clinical work, I am skilled in working collaboratively and therapeutically with clients and usually have multiple sessions in which to build a therapeutic

relationship. In the researcher role, I had to quickly establish rapport and interview participants on potentially emotive issues but without the role of supporting them therapeutically, while maintaining a focus on the aims of the interview. I believe I managed this tension through establishing clear boundaries and expectations for the interview in advance, via the information sheet and explaining the plan and aims of the research before beginning the interview. When participants were sharing particularly personal or emotive experiences of mental health difficulties, I transferred skills of warmth, empathy and asking permission to ask further questions, from my clinical role. I also used supervision to regularly reflect on the interviews, to ensure I was open to considering and processing the impact they were having on me and whether I needed to change my approach or structure of the interview. I recommend that future researchers consider the impact their training and professional background may have on their approach to interviews, and how they plan to manage their own wellbeing and facilitate a positive experience for participants.

Conclusion

This critical appraisal reflects and expands upon some of the methodological, reflexive, and practical challenges and successes I experienced during the research process. For me personally, the process of planning, conducting, writing up, and reflecting on this research has increased my confidence in researching and working with rural communities. It has led me to consider the importance of clinical psychology programmes providing teaching on the mental health of different communities and a focus on culturally competent care, particularly, for rural communities in courses that are in, or near, rural areas. In conclusion, it is feasible and valuable to carry out qualitative research with farmers. Additionally, it can generate findings that are useful for farmers, clinicians, policy-makers, and researchers aiming to support this community more effectively. Those conducting research with similar groups may find this critical appraisal useful when planning their work.

References

Alston, M. (2010). Rural male suicide in Australia. *Social Science & Medicine, 74*(4)*,* 515-

522. https://doi.org/10.1016/j.socscimed.2010.04.036

Booth, N., Briscoe, M., & Powell, R. (2000). Suicide in the farming community: Methods used

and contact with health services. *Occupational and Environmental Medicine,57*(9),

642-644. https://doi.org/10.1136/oem.57.9.642

Braun, V., & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative*

Research in Psychology. 3(77). https://doi.org/10.1191/1478088706qp063oa

Braun, V., Clarke, V., & Rance, N. (2014). How to use thematic analysis with interview data.

In A. Vossler, & N. Moller (Eds.), *The counselling & psychotherapy research*

handbook (pp. 183–197). Sage.

Braun, V. & Clarke, V. (2021a). Can I use TA? Should I use TA? Should I not use TA?

Comparing reflexive thematic analysis and other pattern-based qualitative analytic

approaches. *Counselling and Psychotherapy Research*, *21*(1), 37–47.

https://doi.org/10.1002/capr.12360

Braun, V., & Clarke, V. (2021b). To saturate or not to saturate? Questioning data saturation

as a useful concept for thematic analysis and sample-size rationales. *Qualitative*

Research in Sport, Exercise and Health, *13*(2), 201–216.

https://doi.org/10.1080/2159676X.2019.1704846

Braun, V., Clarke, V., & Hayfield, N. (2022). 'A starting point for your journey, not a map':

Nikki Hayfield in conversation with Virginia Braun and Victoria Clarke about

thematic analysis. *Qualitative Research in Psychology*, *19*(2), 424–445.

https://doi.org/10.1080/14780887.2019.1670765

British Psychological Society. (2021). *Code of research ethics*. BPS Code of Human

    Research Ethics.pdf

Bryant, L., & Garnham, B. (2015). The fallen hero: masculinity, shame and farmer suicide in

    Australia. *Gender Place and Culture, 22*(1)*,* 67-82.

    https://doi.org/10.1080/0966369X.2013.855628

Creswell, J.W. (2012) *Qualitative Inquiry and Research Design: Choosing Among Five*

    Approaches. Sage.

Eisner, C. S., Neal, R. D., & Scaife, B. (1999). The effect of the 1996 beef crisis on

    depression and anxiety in farmers and non-farming controls. *British Journal of*

    General Practice, *49*(442), 385–386.

Farooq, M. B., & De Villiers, C. (2017). Telephonic qualitative research interviews: When to

    consider them and how to do them. *Meditari Accountancy Research*, 25(2), 291 –

    316. https://doi.org/10.1108/MEDAR-10-2016-0083

Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative health research*,

    14(10), 1429-1452. https://doi/10.1177/1049732304270394

Hagen, B. N. M., Albright, A., Sargeant, J., Winder, C. B., Harper, S. L., O'Sullivan, T. L., &

    Jones-Bitton, A. (2019). Research trends in farmers' mental health: A scoping review

    of mental health outcomes and interventions among farming populations worldwide.

    PLoS One, 14(12), e0225661–e0225661. https://doi.org/10.1371/journal.pone.0225661

Hannay, D., & Jones, R. (2002). The effects of foot-and-mouth on the health of those

    involved in farming and tourism in Dumfries and Galloway. *The European Journal of*

    General Practice, *8*(3), 83–89. https://doi.org/10.3109/13814780209160845

Holt, A. (2010). Using the telephone for narrative interviewing: a research note. *Qualitative*

   Research : QR, *10*(1), 113–121. https://doi.org/10.1177/1468794109348686

Hounsome, B., Edwards, R., Hounsome, N., & Edwards-Jones, G. (2012). Psychological

   morbidity of farmers and non-farming population: Results from a UK survey.

   Community Mental Health Journal, 48(4), 503-510. https://doi.org/10.1007/s10597-

   011-9415-8

Lechuga, V. M. (2012). Exploring culture from a distance: the utility of telephone interviews

   in qualitative research. *International Journal of Qualitative Studies in*

   Education, *25*(3), 251–268. https://doi.org/10.1080/09518398.2010.529853

Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017).

   Recommendations for designing and reviewing qualitative research in psychology:

   Promoting methodological integrity. *Qualitative Psychology*, *4*(1), 2–22.

   https://doi.org/10.1037/qup0000082

Lincoln, Y. S., & E. G. Guba, E. G. (1985). *Naturalistic Inquiry*. Sage.

Low, J. (2019). A pragmatic definition of the concept of theoretical saturation. *Sociological*

   Focus, 52(2), 131–139. https://doi.org/10.1080/00380237.2018.1544514

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample Size in Qualitative

   Interview Studies: Guided by Information Power. *Qualitative Health*

   Research, *26*(13), 1753–1760. https://doi.org/10.1177/1049732315617444

Milner, A., Spittal M. J., Pirkis, K., & La Montagne, A. D. (2013) Suicide by occupation:

   Systematic review and meta-analysis. *British Journal of Psychiatry*. *203*(6), 409-416.

   https://doi.org/10.1192/bjp.bp.113.128405

Morrow, S. (2007). Qualitative research in counseling psychology: Conceptual foundations.

    The Counseling Psychologist, 35(2), 209–235.

    https://doi.org/10.1177/0011000006286990

Mort, M., Convery, I., Baxter, J., & Bailey, C. (2005). Psychosocial effects of the 2001 UK

    foot and mouth disease epidemic in a rural population: qualitative diary based study.

    BMJ, 331(7527), 1234-1237. https://doi.org/10.1136/bmj.38603.375856.68

Murray, C. D., & Wilde, D. J. (2020) Thinking about, doing and writing up research using

    Interpretative Phenomenological Analysis. In C. Douglas & S. Brearley (Eds.).

    *Handbook of Theory and Methods in Applied Health Research: Questions, methods

    and choices* (pp.140-166). Edward Elgar Publishing Limited.

Novick, G. (2008). Is there a bias against telephone interviews in qualitative research?.

    Research in Nursing & Health, 31(4), 391-398. https://doi.org/10.1002/nur.20259

Peck, D., Grant, S., McArthur, W., & Godden, D. (2002). Psychological impact of foot-and

    mouth disease on farmers. *Journal of Mental Health, 11*(5), 523-531.

    https://doi.org/10.1080/09638230020023877

Simkin, S., Hawton, K., Fagg, J., & Malmberg, A. (1998). Stress in farmers: a survey of farmers

    in England and Wales. *Occupational and Environmental Medicine, 55*(11), 729-734.

    https://doi.org/10.1136/oem.55.11.729

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis:

    Theory, method and research.* Sage.

Syson-Nibbs, L., Saul, C., & Cox, P. (2006). Tideswell health survey: A population survey of

    the health needs and service utilization of a farming community. *Public Health,

    120*(3), 221-228. https://doi.org/10.1016/j.puhe.2005.09.005

Thomas, H. V., Lewis, G., Thomas, D, Rh., Salmon, R. L., Chalmers, R. M., Coleman, T. J.,

    Kench, S. M., Morgan-Capner, P., Meadows, D., Sillis, M., & Softley, P. (2003).

    Mental health of British farmers. *Occupational Environmental Medicine, 60*(3)*,* 181-

    186. https://doi.org/10.1136/oem.60.3.181

Thornberg, R., & Charmaz, K. (2014). Grounded Theory. In S. D. Lapan, M. T. Quartaroli &

    F. J. Riemer (Eds.), *Qualitative Research: An Introduction to Methods and Designs*

    (pp. 41-68). Jossey-Bass.

Tufford, L., & Newman, P. (2012). Bracketing in Qualitative Research. *Qualitative Social*

    Work, 11(1), 80-96. https://doi.org/10.1177/1473325010368316

Willig, C. (2010). *Introducing Qualitative Research in Psychology: Adventures in theory and*

    method (2nd edition). Open University Press.

SECTION FOUR

ETHICS SECTION

Experiences of mental health in sheep and hill farmers: a qualitative study

Fiona Boyd

Doctorate in Clinical Psychology

Division of Health Research, Lancaster University

Word Count: 5200

(excluding tables, reference lists, and appendices)

Correspondence to:
Fiona Boyd
Doctorate in Clinical Psychology
B31 Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster
LA1 4AT
f.boyd@lancaster.ac.uk

Health & Medicine | Lancaster University

Faculty of Health and Medicine Research Ethics Committee (FHMREC)
Lancaster University

Application for Ethical Approval for Research

<mark>*for additional advice on completing this form, hover cursor over 'guidance'*</mark>**.**

Guidance on completing this form is also available as a word document

---

Title of Project: Exploring Farmers' Mental Health

Name of applicant/researcher: Fiona Boyd

ACP ID number (if applicable)*: n/a   **Funding source (if applicable)** n/a

Grant code (if applicable): n/a

*If your project has *not* been costed on ACP, you will also need to complete the Governance Checklist [[link]**].**

Type of study

☐ Involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants. **Complete sections one, *two* and four of this form**

☒ Includes *direct* involvement by human subjects. **Complete sections one, *three* and four of this form**

SECTION ONE

1. Appointment/position held by applicant and Division within FHM   Trainee Clinical Psychologist

2. Contact information for applicant:
E-mail: f.boyd@lancaster.ac.uk   **Telephone**: 074 5474 6127 (please give a number on which you can be contacted at short notice)

Address: B31
Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster

LA1 4AT

3. **Names and appointments of all members of the research team (including degree where applicable)**

Fiona Boyd, BA, MSc, PG-Cert,
Dr Fiona Eccles, Lecturer, PhD
Dr Craig Murray, Senior Lecturer, PhD

---

3. If this is a student project, please indicate what type of project by marking the relevant box/deleting as appropriate: (please note that UG and taught masters projects should complete **FHMREC form UG-tPG**, following the procedures set out on the [FHMREC website](#)

PG Diploma ☐   Masters by research ☐   PhD Thesis ☐   PhD Pall. Care ☐

PhD Pub. Health ☐   PhD Org. Health & Well Being ☐   PhD Mental Health ☐   MD ☐

DClinPsy SRP ☐   [if SRP Service Evaluation, please also indicate here: ☐]   DClinPsy Thesis ☒

4. Project supervisor(s), if different from applicant: Dr Fiona Eccles, Dr Craig Murray

5. **Appointment held by supervisor(s) and institution(s) where based (if applicable)**:
Dr Fiona Eccles, Lecturer, Department of Clinical Psychology, Lancaster University.
Dr Craig Murray, Senior Lecturer, Department of Clinical Psychology, Lancaster University.

SECTION TWO
Complete this section if your project involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants

---

1. Anticipated project dates (month and year)
Start date: End date:

2. Please state the aims and objectives of the project (no more than 150 words, in lay-person's language):

Data Management
For additional guidance on data management, please go to [Research Data Management](#) *webpage, or email the RDM support email:* rdm@lancaster.ac.uk
3. Please describe briefly the data or records to be studied, or the evaluation to be undertaken.

4a. How will any data or records be obtained?

4b. Will you be gathering data from websites, discussion forums and on-line 'chat-rooms' no
4c. If yes, where relevant has permission / agreement been secured from the website moderator?
no

4d. If you are only using those sites that are open access and do not require registration, have you made your intentions clear to other site users? $\boxed{\text{n o}}$

4e. If no, please give your reasons

5. What plans are in place for the storage, back-up, security and documentation of data (electronic, digital, paper, etc)? Note who will be responsible for deleting the data at the end of the storage period. Please ensure that your plans comply with General Data Protection Regulation (GDPR) and the (UK) Data Protection Act 2018.

6a. Is the secondary data you will be using in the public domain? $\boxed{\text{n o}}$
6b. If NO, please indicate the original purpose for which the data was collected, and comment on whether consent was gathered for additional later use of the data.

Please answer the following question *only* if you have not completed a Data Management Plan for an external funder
7a. How will you share and preserve the data underpinning your publications for at least 10 years e.g. PURE?

7b. Are there any restrictions on sharing your data?

8. Confidentiality and Anonymity
a. Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications? $\boxed{\text{yes}}$
b. How will the confidentiality and anonymity of participants who provided the original data be maintained?

9. What are the plans for dissemination of findings from the research?

10. What other ethical considerations (if any), not previously noted on this application, do you think there are in the proposed study? How will these issues be addressed?

SECTION THREE
Complete this section if your project includes *direct* involvement by human subjects

1. Summary of research protocol in lay terms (indicative maximum length 150 words):

This qualitative study aims to explore the experiences of mental health in UK sheep and hill farmers, with a focus on the challenges that they face to their psychological wellbeing, how these challenges are managed, and what mental health services need to learn to support the hill farming community appropriately. Individual semi-structured interviews will be carried out with farmers and the researcher will identify themes from the experiences that farmers share. These themes will be examined in the written thesis. The aim is that insight gained from these interviews will help professionals to better understand the systems and resources that exist within this community to support their wellbeing and how mental health services can better support them.

2. **Anticipated project dates (month and year only**)

Start date: February 2021   End date March 2022

Data Collection and Management
For additional guidance on data management, please go to Research Data Management *webpage, or email the RDM support email:* rdm@lancaster.ac.uk

3. Please describe the sample of participants to be studied (including maximum & minimum number, age, gender):

Inclusion criteria: individuals over the age of 18 years, of any gender, whose first or main occupation and source of income is from hill <mark>or sheep</mark> farming.

Exclusion criteria: Farm owners who do not work on their farm.

The study will be restricted to English-speaking participants due to limited funding for interpreters and time limits on collecting and analysing data. This restriction should not be an issue in this study as it is anticipated that the majority of farmers in the UK speak English.

How many: 10-20 participants. The aim is to interview as many participants that will provide insight into the issues explored and provide emergent themes, aiming for saturation, whilst also bearing in mind the scope of the study in terms of time and resources available in line with the requirements from the DClinPsy programme.

4. How will participants be recruited and from where? Be as specific as possible. Ensure that you provide the *full versions* of all recruitment materials you intend to use with this application (eg adverts, flyers, posters).

The Farming Community Network Cumbria has agreed to publicise this research through their social media profiles (Facebook), pending ethical approval. Other farming support organisations have and will be contacted requesting that they share a poster advertising the study once ethical approval has been granted. If individuals are interested in taking part in the study, they should email the researcher as indicated on the poster. The researcher will respond, arranging an interview time at the participant's convenience. The researcher will at this point also send an information sheet and consent form to the participant.

Due to current and anticipated COVID-19 relate restrictions, the recruitment and interviews are planned to take place remotely. If these restrictions are relaxed, it is possible that recruitment could be boosted by physically visiting marts (livestock markets) and distributing leaflets to farmers there and approaching attendees about the research.

5. Briefly describe your data collection and analysis methods, and the rationale for their use.

Data will be collected through individual, semi-structured interviews. Due to COVID-19 restrictions. these interviews will take place remotely with participants offered the choice between telephone or video call. As Microsoft Teams is the university's preferred approach for video calls but if participants prefer to use a different platform they will be informed that other platforms are not considered as secure as Microsoft Teams. It is anticipated that the interviews will last for approximately one hour. An interview schedule will be used to semi-structure the interview, but further questions will be guided by the responses of the individual participant. This is in line with the

exploratory and qualitative nature of the study whereby the researcher is open to collecting data that would not have been anticipated. At the end of the interview, participants will be given a debrief sheet, encouraged to bring any further questions to the researcher and will be provided with a list of resources related to support for farmers.

The data analysis method will be thematic analysis guided by the steps described by Braun and Clarke (2006); transcribing the interviews, generating initial codes systematically, collating codes into potential themes, reviewing themes and generating a thematic 'map' of the analysis, defining and naming themes, and producing the report.

6. What plan is in place for the storage, back-up, security and documentation of data (electronic, digital, paper, etc.)? Note who will be responsible for deleting the data at the end of the storage period. Please ensure that your plans comply with General Data Protection Regulation (GDPR) and the (UK) Data Protection Act 2018.

Interviews carried out via Microsoft Teams will be audio-recorded via Teams. Interviews carried out via telephone or Zoom will be audio-recorded on a digital recorder. As all the interviews will be taking place remotely, the recordings on the digital recorder will be immediately transferred to the University Approved secure cloud storage and deleted from the digital recorder. The researcher and her supervisors will have access to the data. The interviews will then be transcribed by the researcher. The transcriptions will be stored on the University approved secure cloud storage. Pseudonyms will replace all participant names and any other identifiable details removed.

The recordings will be deleted after the researcher passes the viva voce examination. After the study, interview transcripts, coded data, and consent forms will be stored electronically for ten years on the Lancaster University Network.

7. Will audio or video recording take place?   ☐ no   ☒ audio   ☐ video
a. Please confirm that portable devices (laptop, USB drive etc) will be encrypted where they are used for identifiable data. If it is not possible to encrypt your portable devices, please comment on the steps you will take to protect the data.

Portable devices will not be used to store identifiable data.

b What arrangements have been made for audio/video data storage? At what point in the research will tapes/digital recordings/files be destroyed?

As the interviews are taking place remotely, the researcher will be at home and will immediately transfer any recordings on the digital recorder to the University secure cloud storage. Recordings from Teams are stored on the University secure cloud system. Once the viva voce has taken place, the audio files will be deleted.

Please answer the following questions *only* if you have not completed a Data Management Plan for an external funder
8a. How will you share and preserve the data underpinning your publications for at least 10 years e.g. PURE?
The audio files from the study will be deleted after the viva voce. The anonymised transcripts of the interviews, coded data and consent forms will be stored electronically on a University approved secure storage for 10 years where they will be the responsibility of the DClinPsy Research

Coordinator after the study ends. The Research Co-ordinator will be responsible for deleting the transcripts after 10 years.

8b. Are there any restrictions on sharing your data ?
After the study ends, the anonymised data analysed and the results published, the data may be shared with researchers on request. This will be granted on a case-by-case basis by the research team.

9. Consent
a. Will you take all necessary steps to obtain the voluntary and informed consent of the prospective participant(s) or, in the case of individual(s) not capable of giving informed consent, the permission of a legally authorised representative in accordance with applicable law? yes

b. Detail the procedure you will use for obtaining consent?

When an individual responds to an advertisement of the project via email, indicating their interest in taking part, the researcher will email them the participant information sheet and consent form. On the day of the interview, the researcher will read over the consent form and verbally confirm that the consent form emailed to the researcher has been received and ask the participant to confirm they are still happy to go ahead with the interview. This verbal consent will be audio-recorded and stored separately from the audio recordings of the interview to maintain anonymity.

10. What discomfort (including psychological eg distressing or sensitive topics), inconvenience or danger could be caused by participation in the project? Please indicate plans to address these potential risks. State the timescales within which participants may withdraw from the study, noting your reasons.

Before the interview begins, participants will be reminded of the limits of confidentiality by the researcher to ensure they are informed that if the researcher is concerned for the welfare or safety, their confidentiality may be broken. If a participant becomes distressed during the interview the researcher will draw on their clinical skills to manage the situation. This may include offering to pause or stop the interview, checking if the participant has someone they can talk to after the interview ends and offering a follow up call to check how they are.
All participants will be provided with a debrief sheet and with information about sources of support on the participant information sheet.

Participants will be advised on the information sheet that they can withdraw from the study up to two weeks after the date of the interview. After this, it may be difficult to withdraw the participant's information as the data analysis process may have begun and the data anonymised.

11. What potential risks may exist for the researcher(s)? Please indicate plans to address such risks (for example, noting the support available to you; counselling considerations arising from the sensitive or distressing nature of the research/topic; details of the lone worker plan you will follow, and the steps you will take).

The investigator will be carrying out the research working from home therefore minimal potential risks are anticipated. In terms of emotional support/debriefing after interviews, the field supervisor is available for ad-hoc support.

12. Whilst we do not generally expect direct benefits to participants as a result of this research, please state here any that result from completion of the study.

The study is not expected to directly benefit the participants, but it is hoped that participants find it a positive experience to contribute to research aimed at understanding people who share their occupation. The study will increase understanding of the psychological wellbeing of hill farmers which will hopefully inform services and organisations on how to better support hill farmers.

13. Details of any incentives/payments (including out-of-pocket expenses) made to participants:

As there will be no travel involved, there should not be any out-of-pocket expenses for the participants. No incentives will be made to participants.

14. Confidentiality and Anonymity
a. Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications? yes
b. Please include details of how the confidentiality and anonymity of participants will be ensured, and the limits to confidentiality.

As described above, all recordings will be uploaded to the University secure cloud storage immediately after the interview. Only the researcher and supervisors will have access to the data. The interviewer will explain the limits of confidentiality to the participants and this will be detailed on the participant information sheet. If a participant disclosed information regarding risk to themselves or others, the researcher will share this information with their supervisors to determine an appropriate course of action. The researcher will inform the participant if they have to do this. The participant must consent to this limit of confidentiality before the interview will go ahead.

To establish anonymity, interviews will be transcribed by the researcher and transcriptions anonymised and pseudonyms used. Direct quotes from the interviews may be included in the reports and publications from the research and it will be ensured that these do not include identifiable information.

15. If relevant, describe the involvement of your target participant group in the *design and conduct* of your research.

The researcher spoke to two farmers who volunteer at farming organisations regarding advice on how to carry out the project, advice on the information sheet and the types of questions to include in the interview schedule.

16. What are the plans for dissemination of findings from the research? If you are a student, include here your thesis.

Regarding dissemination, the findings of the research will be written up into a thesis as part of the doctorate in clinical psychology. A summary report will be distributed to all participants if they opt to receive one, and to the organisations who assisted with feedback on the study materials and who shared advertisements of the study. It is intended that the study will be submitted for publication in a peer-reviewed journal. The findings will also be presented to the course and, if published, they may be presented at academic conferences.

17. What particular ethical considerations, not previously noted on this application, do you think there are in the proposed study? Are there any matters about which you wish to seek guidance from the FHMREC?

None.

SECTION FOUR: signature

Applicant electronic signature: *Fiona Boyd*   Date 17/11/20

Student applicants: please tick to confirm that your supervisor has reviewed your application, and that they are happy for the application to proceed to ethical review   ☒

Project Supervisor name (if applicable): Dr Craig Murray and Dr Fiona Eccles   Date application discussed 05/11/20

Submission Guidance

1. **Submit your FHMREC application by email to Becky Case (**fhmresearchsupport@lancaster.ac.uk) as two separate documents:

   i. **FHMREC application form.**
      Before submitting, ensure all guidance comments are hidden by going into 'Review' in the menu above then choosing *show markup>balloons>show all revisions in line.*

   ii. **Supporting materials.**
       Collate the **following materials for your study, if relevant, into a single word document:**

       a. **Your full research proposal (background, literature review, methodology/methods, ethical considerations).**
       b. Advertising materials (posters, e-mails)
       c. Letters/emails of invitation to participate
       d. Participant information sheets
       e. Consent forms
       f. Questionnaires, surveys, demographic sheets
       g. Interview schedules, interview question guides, focus group scripts
       h. Debriefing sheets, resource lists

   Please note that you DO NOT need to submit pre-existing measures or handbooks which support your work, but which cannot be amended following ethical review. These should simply be referred to in your application form.

2. Submission deadlines:

   i. Projects including direct involvement of human subjects **[section 3 of the form was completed]**. The *electronic* version of your application should be submitted to Becky Case **by the committee deadline date.** Committee meeting dates and application submission dates are listed on the FHMREC website. Prior to the FHMREC meeting you may be contacted by the lead reviewer for further clarification of your application. Please ensure you are available to attend the committee meeting (either in person or via telephone) on the day that your application is considered, if required to do so.

   ii. The following projects will normally be dealt with via chair's action, and may be submitted at any time. **[Section 3 of the form has *not* been completed, and is not required].** Those involving:

       a. existing documents/data only;

        b.   the evaluation of an existing project with no direct contact with human participants;

        c.   service evaluations.

3. **You must submit this application from your Lancaster University email address, and copy your supervisor in to the email in which you submit this application**

Research Proposal

Exploring Farmer Mental Health

Name of Applicant: Fiona Boyd

Supervisors: Dr Fiona Eccles and Dr Craig Murray

Introduction

In the United Kingdom, farmers and agricultural workers have been identified as a key high-risk occupational group for suicide (Department of Health, 2012). Male agricultural workers were found to be twice as likely to have died by suicide than males from the general population between 2011 and 2015 (Office of National Statistics, 2018) and the farming media frequently report that one farmer a week dies by suicide in the UK (Swire, 2018; Evans, 2019). A review (Roy et al., 2013) found that mental ill-health and suicide are significant problems for male farmers globally.

Farming as an occupation contains unique stressors, many of which farmers have little to no control over. These include unpredictable weather, long working hours, seasonal variation of labour, and co-location of home and work (Gregoire, 2002). Weather and disease, which farmers have little control over, can negatively impact financial income along with the emotional impact of losing crops or livestock. The psychological impact of loss of livestock to disease was found in the contexts of bovine spongiform encephalopathy (BSE; Raine, 1999) and foot and mouth disease crises (Peck, 2005). In the UK in early 2020 severe floods damaged many crops and there is current uncertainty around the impact of Brexit and the covid-19 pandemic on farming.

Regarding mental health, farmers have been found to be concerned about confidentiality in the context of small rural communities (Naik, 2017) with stigma, pride and a

lack of knowledge found to be key barriers to help-seeking (Roy et al., 2014). In the rural social context, males may be concerned with a reduction in respect from their peers (Mróz et al., 2013) with expectations on men to be tough, self-reliant and successful reinforced by the multi-generational nature of farming (Naik, 2017). This has left some young farmers feeling trapped in their role (Ní Laoire, 2001) with a pressure to keep the family business going. Although farming as a family business may be seen as changing, sixty percent of farm workers work with members of their family, the median age for a farm holder is 60 years old and eighty-four percent are male (Department of Environment, Food & Rural Affairs [DEFRA], 2016).

Living and working in rural areas means that farmers tend to find the range of services available for mental health support is limited and a distance to travel (Gregoire, 2001). There are preliminary indications in the literature that farmers tend to turn to their own communities for emotional support (Mort et al., 2005); Peck (2002) found that during the foot and mouth crisis farmers were more likely to turn to their vet for support than seek help from health or social care services. It appears that there are cultural aspects to farming that apply to mental health in this community. Taking an individualised approach to treatment of mental distress in farmers is too narrow; structural and cultural considerations must be explored and understood (Bryant & Garnham, 2015).

It is well established in the research that farmers face significant stressors and suffer from significant mental health problems. A recent scoping review of research trends in farmers' mental health worldwide (Hagen et al., 2019) highlighted that there is limited research on positive mental health outcomes in farmers. They argue that expanding research in this area could increase understanding of how to enhance farmers' wellbeing, despite the significant stresses they face. Roy et al (2013) argue that although many farmers seem to develop strength and resilience in the context of a stressful occupation, the specifics of these strategies need further research. Community psychology is concerned with understanding and promoting

factors that affect wellness by studying the relationship between social systems and individual wellbeing in the community context (Willig & Stainton Rogers, 2017). This approach will inform the current study.

Farmers have been identified as a vulnerable group with significant mental health needs and are subject to unique occupational stressors. In the UK, most research on farmers has focused on identifying stress factors, the prevalence of mental health issues, suicide rates and means of suicide. What is unclear is how farmers manage psychological distress within their community; how they seek and use support systems, and how farmers would like mental health services to support them more appropriately. The rural social context of farming and its uniqueness as a lifestyle not just an occupation may interact with how farmers manage mental health. Clinical psychologists must draw on psychological theory and research when assessing, formulating, and delivering interventions to clients (British Psychological Society, 2017). It is important that clinical psychologists better understand how farmers can manage psychological distress and use this information in supporting this community appropriately, and this data should come from the farmers themselves.

The aim of this study is to explore the challenges that farmers face to their psychological wellbeing, how farmers manage these challenges, and what mental health services need to learn to support them appropriately. As farming is a broad occupation with many different sub-types and a need for localised studies (Griffiths & Evans, 2015) this study will focus on the community of hill and sheep farmers, with the hope that future researchers can learn from the findings.

Method

Participants

The aim is to interview as many participants that will provide insight into the topic and provide themes, aiming for saturation. The scope of the study in terms of time and resources available also indicate that a small sample will be appropriate. The inclusion criteria are individuals over the age of 18 years whose first or main occupation and source of income is from hill farming. The study will be restricted to English-speaking people due to constraints on funding and on time but it is not anticipated that this will be a drawback to the study as the majority of farmers in the UK speak English. Individuals will be excluded if they own a farm but do not work on it.

Participants will be asked demographic questions to acquire information about gender, age, relationship status, and how long they have been a hill farmer.

Design

The study will be qualitative and will use individual semi-structured interviews to collect data which will be analysed for themes. Semi-structured interviews are appropriate for this study as they allow space for detailed data to emerge from the individual on themes that the researcher may not have known to ask about.

Thematic analysis will be used to identify themes in the data related to challenges to and management of mental health in this community. The analysis will be guided by the steps described by Braun and Clarke (2006); transcribing the interviews, generating initial codes systematically, collating codes into potential themes, reviewing themes and generating a thematic 'map' of the analysis, defining and naming themes, and producing the report.

Recruitment

Purposive sampling will be used to recruit participants. The Farming Community Network Cumbria has agreed to publicise this research through their social media profiles (Facebook), pending ethical approval. The researcher is in the process of contacting other farming support organisations requesting that they share a poster advertising the study after the project has been granted ethical approval. If individuals are interested in taking part in the study, they should email the researcher as indicated on the poster. The researcher will respond, arranging an interview time at the participant's convenience. The researcher will at this point also send an information sheet and consent form to the participant.

Due to current and anticipated COVID-19 relate restrictions, the recruitment and interviews are planned to take place remotely. If these restrictions are relaxed, it is possible that recruitment could be boosted by physically visiting marts (livestock markets) and distributing leaflets to farmers there and approaching attendees about the research.

Procedure

Interviews will take place remotely with participants being offered a choice between telephone or video call. Prior to the interview, the information sheet and consent form will be sent to the participant. At the time of the interview, the researcher will read through the information sheet, there will be time for the participant to ask questions and the researcher will read through the consent form and gain verbal consent before starting the interview.

The interview will start with demographic questions before moving on to questions about mental health. It is expected that the interviews will be approximately one hour in duration. At the end of the interview all participants will be provided with a debrief sheet which will detail the researcher's contact details. They will be asked if they have any further questions

before ending the interview and reminded that they have two weeks in which they can contact the researcher to inform of their wish to withdraw from the study.

Proposed Analysis

Data from the interviews will be analysed through thematic analysis. The researcher will follow the steps outlined by Braun and Clarke (2006). The researcher will transcribe the interviews from the audio recordings exactly. Initial codes will be generated and noted next to the relevant parts of the interviews. These codes will then be organised into developing themes and reviewed. A thematic map will be created in order to define and name themes which are found across interviews.

Storage

Interviews via Teams will be recorded using Teams function. Interviews carried out via telephone or other video call platform will be audio-recorded on a digital recorder. As all the interviews will be taking place remotely, the recordings will be immediately transferred to the University approved secure cloud storage and deleted from the digital recorder. The researcher and supervisors will have access to the data. The interviews will be transcribed by the researcher and transcriptions will be stored on the University approved secure cloud storage. Pseudonyms will replace all participant names and any other identifiable details removed.

The recordings will be deleted after the researcher passes the viva voce examination. After the study, interview transcripts, coded data, and consent forms will be stored electronically for a maximum of ten years on the Lancaster University network.

Practical Issues

Participants will need a quiet space where they can attend the interview with either phone coverage or internet. The researcher has a private room in their home which they will

use. As there won't be any travel, it is anticipated that the only cost will be time as the participants will be giving up one hour of their time. The researcher will be as flexible as possible in carrying out the interview at a time that is most convenient to each participant.

Ethical concerns

Confidentiality will be maintained by ensuring audio recordings of the interviews are transferred to the university's secure cloud storage immediately after the interview. Only the researcher and supervisors will have access to the data. The interviewer will explain the limits of confidentiality to the participants and this will be detailed on the participant information sheet. If a participant disclosed information regarding risk to themselves or others, the researcher will share this information with their supervisors to determine an appropriate course of action. The researcher will inform the participant if they have to do this. The participant must consent to this limit of confidentiality before the interview will go ahead.

To establish anonymity, interviews will be transcribed by the researcher and transcriptions anonymised and pseudonyms used. Direct quotes from the interviews may be included in the reports and publications from the research and it will be ensured that these do not include identifiable information.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3,* 77-101.

British Psychological Society. (2017). Practice Guidelines (Third Edition). Retrieved from:https://www.bps.org.uk/news-and-policy/practice-guidelines

Bryant, L., & Garnham, B. (2015). The fallen hero: masculinity, shame and farmer suicide in Australia. *Gender Place and Culture, 22,* 67-82.

Griffiths, R., & Evans, N. (2015). The Welsh Marches: Resilient farmers? Exploring farmers' resilience to extreme weather events in the recent past. *Ager (Zaragoza, Spain),* (18), 161-189.

Department of Health (2012) Preventing Suicide in England: September 2012. A cross-government outcome strategy to save lives. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

Hagen, B. N. M., Albright, A., Sargeant, J., Winder, C. B., Harper, S. L., O'Sullivan, T. L., et al. (2019). Research trends in farmers' mental health: A scoping review of mental health outcomes and interventions among farming populations worldwide. *PLoS ONE, 14*(12), 1-20.

Gregoire, A. (2002). The mental health of farmers. *Occupational Medicine, 52,* 471-476.

Gregoire, A. (2001) Needs assessment for rural mental health services. In Thornicroft, G. (2001). *Measuring mental health needs* (2nd ed.). London: Gaskell.

Hiebert, B., Leipert, B., Regan, S. & Burkell, J. (2018). Rural men's health, health information

        seeking, and gender identities: A conceptual theoretical review of the literature.

                American Journal of Men's Health, 12(4), 863-   876.

Mort, M., Convery, I., Baxter, J., & Bailey, C. (2005). Psychosocial effects of the 2001 UK

        foot and mouth disease epidemic in a rural population: Qualitative diary based study.

        BMJ, 331(7527), 1234-1237.

Mroz, L. W., Oliffe, J. L., & Davison, B. J. (2013). Masculinities and patient perspectives of

        communication about active surveillance for prostate cancer. *Health Psychology, 32,*

        83-90.

Naik, A. (2017). In search of farmer wellbeing. *International Journal of Agricultural*

        Management, 6(1)*,* 1-3.

Ní Laoire, C. (2001). A Matter of Life and Death? Men, Masculinities, and Staying "Behind"

        in Rural Ireland. *Sociologia Ruralis, 41*(2), 220-236.

Office of National Statistics (2018). Farmer suicides in England and Wales. Retrieved from:

        https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfo

        i/farmersuicidesinenglandandwales

Peck, D., Grant, S., McArthur, W., & Godden, D. (2002). Psychological impact of foot-and

        mouth disease on farmers. *Journal of Mental Health, 11*(5), 523-531.

Peck, D. F. (2005). Foot and mouth outbreak: lessons for mental health services. *Advances in*

        Psychiatric Treatment, 11, 270-276.

Raine, G. (1999). Causes and effects of stress on farmers: A qualitative study. *Health*

        Education Journal, 58(3), 259-270.

Roy, P., Tremblay, G. and Robertson, S. (2014) Help-seeking among Male Farmers: Connecting Masculinities and Mental Health. *Sociologia Ruralis 54(4),* 460-476.

Roy, P., Tremblay, G., Oliffe, J., Jbilou, J., & Robertson, S. (2013). Male farmers with mental health disorders: A scoping review. *Australian Journal of Rural Health, 21*(1), 3-7.

Simkin, S., Hawton, K., Fagg, J., & Malmberg, A. (1998). Stress in farmers: a survey of farmers in England and Wales. *Occupational and Environmental Medicine, 55*(11), 729-734**.**

Swire, J. (2018, February 15). More than one farmer a week in the UK dies by suicide. *Farm Business*. https://www.farmbusiness.co.uk/news/more-then-one-farmer-a-week-in-the-uk-dies-by-suicide-2.html

Willig, C., & Stainton Rogers, Wendy. (2017). *The SAGE handbook of qualitative research in psychology* (Second ed.). London: Sage.

Section Four Appendices

4-A: Participant Information Sheet

4-B: Consent Form

4-C: Interview Schedule

4-D: Participant Debrief Sheet

4-E: Study Advertisement

4-F: FHMREC Amendment Form

4-G: Ethical Approval Statement

Appendix 4-A: Participant Information Sheet

Participant Information Sheet

Exploring Farmer Mental Health

For further information about how Lancaster University processes personal data for research purposes and your data rights please visit our webpage: www.lancaster.ac.uk/research/data-protection

My name is Fiona Boyd and I am doing this research as part of my doctorate in clinical psychology at Lancaster University, Lancaster, United Kingdom.

What is the study about?
The purpose of this study is to learn from farmers what challenges they face to their psychological wellbeing, how farmers manage these challenges, and what mental health services need to learn to support them appropriately.

Why have I been approached?
You have been approached because the study is interested in learning from the experiences of farmers so that we can really understand what are the issues that farmers face that affect their mental health and what helps farmers to manage challenges to their psychological wellbeing.

Do I have to take part?
No. It's completely up to you to decide whether or not you take part. If you choose not to take part this will not impact on any future access to any support services.

What will I be asked to do if I take part?
If you decide to take part, you will be asked to give about an hour of your time to take part in an interview with the researcher (Fiona Boyd). The interview can take place via telephone or a video calling platform approved by the university; Microsoft Teams. You will be sent a consent form with this information sheet and you will have the opportunity to ask any questions before the interview starts. The researcher will ask you to confirm your consent to taking part before the interview begins. The interview questions will be open-ended and you may be asked follow-up questions to things you say which are particularly informative. All interviews will be recorded so that the researcher can transcribe and analyse them afterwards.

Will my data be Identifiable?
The data collected for this study will be stored securely and only the researcher and her supervisors will have access to this data:
- o Audio recordings will be destroyed and/or deleted once the research has been examined.
- o The files will be stored in a password protected Lancaster University approved secure cloud storage.

- o After the study, interview transcripts, any coded data, consent forms, demographic questionnaires will be stored electronically for ten years on the Lancaster University network. They will then be destroyed.
- o The typed version of your interview will be made anonymous by removing any identifying information including your name. Anonymised direct quotations from your interview may be used in the reports or publications from the study, so your name will not be attached to them. All reasonable steps will be taken to protect the anonymity of the participants involved in this project.
- o All your personal data will be confidential and will be kept separately from your interview responses.

There are some limits to confidentiality: if what is said in the interview makes me think that you, or someone else, is at significant risk of harm, I will have to break confidentiality and speak to the supervisors of the research. I will tell you if I have to do this.

What will happen to the results of the study?
The researcher will transcribe each interview and analyse these for themes, before writing up the results in her doctoral thesis. A summary report will be sent to all participants if they wish to receive one. Data from this project may be submitted for publication to academic or professional journals and presented at conferences.

Are there any risks anticipated from taking part in the study?
There are no risks anticipated with participating in this study. However, due to the potentially sensitive nature of the topic, if you experience any distress following participation you are encouraged to inform the researcher (Fiona Boyd) and contact the resources provided at the end of this sheet.

Are there any benefits to taking part?
Although you may find participating interesting, there are no direct benefits in taking part. However, it is hoped that you may find it positive to contribute to research aimed at understanding farmers experiences of mental health and that it may inform future support services.

Who has reviewed the project?
This study has been reviewed and approved by the Faculty of Health and Medicine Research Ethics Committee at Lancaster University.

Can I withdraw from the study after my interview?
You can withdraw from the study up to two weeks after the date of your interview. After this, it will be difficult to retrieve your information from the research analysis process as it will be anonymised. You will not be asked a reason for your withdrawal.

Where can I obtain further information about the study if I need it?
If you have any questions about the study, please contact the main researcher: Fiona Boyd via email f.boyd@lancaster.ac.uk. You can also contact her supervisors; Dr Fiona Eccles and Dr Craig Murray. Please see the contact details below.

Fiona Boyd
Trainee Clinical Psychologist
Doctorate in Clinical Psychology
B31 Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster LA1 4AT
f.boyd@lancaster.ac.uk

Dr Fiona Eccles
Doctorate in Clinical Psychology
B31 Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster LA1 4AT
f.eccles@lancaster.ac.uk

Dr Craig Murray
Doctorate in Clinical Psychology
B31 Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster LA1 4AT
c.murray@lancaster.ac.uk

What if I wish to make a complaint?
If you wish to make a complaint or raise concerns about any aspect of this study and do not
want to speak to the researcher, you can contact:

Ian Smith, Research Director for Lancaster University Clinical Psychology Training
Programme.
Tel: 075 078 570 69

Email: i.smith@lancaster.ac.uk

Doctorate in Clinical Psychology
B31 Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster LA1 4AT

If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme,
you may also contact:

Dr Laura Machin Tel: +44 (0)1524 594973
Chair of FHM REC Email: l.machin@lancaster.ac.uk
Faculty of Health and Medicine

(Lancaster Medical School)
Lancaster University
Lancaster
LA1 4YG

Thank you for taking the time to read this information sheet.

Resources in the event of distress
Although it is not anticipated that participating in this study will lead to distress, in the event that this happens, the following resources may be of use:

- **The Farm Community Network** (FCN). We are a voluntary organisation & charity that supports farmers and families within the farming community. Whether the issue is personal or business-related, FCN is here for you. We run a confidential, national helpline and e-helpline which is open every day of the year from 7am to 11pm and our volunteers provide free, confidential, pastoral and practical support to anyone who seeks help. Over 6,000 people a year benefit from FCN's support and we can help with a variety of issues. https://fcn.org.uk/ and https://farmwell.org.uk/ Tel: 03000 111 999 or email help@fcn.org.uk
- A directory of national rural support organisations can be found here: https://www.yellowwellies.org/wp-content/uploads/2018/10/RURAL-SUPPORT-GROUPS-DIRECTORY.pdf
- GP: if you book an appointment with your GP to discuss how you are feeling, your GP will be able to suggest an appropriate, local, service (s) that you can access for support.

Thank you for taking the time to read this information sheet.

Fiona Boyd
Trainee Clinical Psychologist
Doctorate in Clinical Psychology
B31 Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster LA1 4AT
f.boyd@lancaster.ac.uk

Appendix 4-B: Consent Form

Consent Form for Farmer Mental Health Study

Participant Name: _____

Signature: _____

Date _____

Before the interview begins, the researcher will read each of the below statements and ask you to verbally confirm your consent to each one.

I have received and understood the Study Information about the project: "Exploring Farmer Mental Health**"**

I have been able to ask questions about the study and these were answered in a way that I understand and am happy with.

I understand that my participation is voluntary and whether or not I decide to take part for me to decide and my decision will be respected.

I understand that I am free to stop taking part in the project at any time, without giving any reason.

I understand that once my data have been anonymised and incorporated into themes it might not be possible for it to be withdrawn, though every attempt will be made to extract my data, up to the point of publication.

I understand that my interview will be audio recorded and then made into an anonymised written transcript stored securely at Lancaster University for up to 10 years.

I understand that audio recordings will be kept until the research project has been examined.

When interviewed, I can refuse to answer a question and ask to stop taking part at any time without having to give an explanation.

I understand any information I give will remain confidential and anonymous unless it is thought that there is a risk of harm to myself or others, in which case the researcher may need to share this information with their research supervisors.

I understand some anonymised quotes from the study may be used in reports, academic papers, conferences and training events but these will not be shared in other ways.

I agree to take part in the above study.

Name of researcher: _Fiona Boyd_____

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Signature of Researcher /person taking the consent_____ **Date** _____   Day/month/year

The participant will have a copy of this form and another kept in the files of the researcher at Lancaster University.

Appendix 4-C: Interview Schedule

Interview Schedule

This interview schedule provides a guide of the areas that will be discussed in the interview. The precise questions will depend on participants' responses. Where the interview will focus will be guided partly by what is important to the participant.

Introduction

The interview will start with introductions and basic demographic questions of participant's age, gender and relationship status. The researcher will also ask how long the participant has been a farmer and the type of farming they work in i.e. Can you tell me about your experience of being a hill farmer?

Main Research Questions

- As you know this study is about mental health in farmers - What sense do you think the farming community make of mental health issues among farmers?

--What particular issues do farmers face that impact their mental health?

-Do you think farmers experience different challenges to their mental wellbeing from non-farmers?

-How do you think farmers cope with mental health difficulties? What kinds of things do they do?

- Are there any aspects of farming or farming life which you think are good for farmers mental health/wellbeing? What has a positive impact?

- What helps you with your mental health and well being?

-Do you feel there are ways that being a farmer has enhanced your mental health?

- What do you think the services could learn from our conversation to help farmers with their mental health/ wellbeing? What do you think farmers could benefit from to improve their mental health?

Additional Information

-Is there anything else related to mental health in farming that you wish to talk about today?

-Any last reflections?

Appendix 4-D: Participant Debrief Sheet

Participant Debrief Sheet

Thank you for taking the time to participate in this research study.

If, following your interview, you feel worried or upset about something you have discussed and would like support regarding this, please speak with the researcher (Fiona Boyd). The resources on the participant information sheet may also be useful.

If you decide that you no longer want your data to be used in this research, you have the right to withdraw up to two weeks following the date of your interview. Your data will be removed from the study and permanently deleted. Please contact Fiona Boyd via email at f.boyd@lancaster.ac.uk if you wish to do this. You will not be asked for a reason for your withdrawal.

A final summary report of the study will be sent to participants who opted to receive this.

If you have any questions or concerns about any part of the study, please contact the researcher (Fiona Boyd) via email.

Please keep this debrief sheet for future reference.

Thank you again for your participation.

Fiona Boyd
Trainee Clinical Psychologist

Doctorate in Clinical Psychology
B31 Health Innovation One
Sir John Fisher Drive
Lancaster University
Lancaster LA1 4AT

f.boyd@lancaster.ac.uk

Appendix 4-E: Study Advertisement

ARE YOU A SHEEP OR HILL FARMER?

WOULD YOU TAKE PART IN AN INTERVIEW EXPLORING MENTAL HEALTH IN FARMING?

Research Study

The purpose of this study is to learn from farmers about the challenges to psychological wellbeing that farmers experience, how farmers manage these challenges, and what mental health services need to learn to support them appropriately.

Who should I contact for more information?

Fiona Boyd, Trainee Clinical Psychologist, Lancaster University
Email: f.boyd@lancaster.ac.uk

Please include information on the best way to contact you (email or telephone) and the times you are available to talk.

Who is eligible to take part?

—

We are interested in interviewing sheep or hill farmers over the age of 18.

—

An information pack will be sent to all those who are interested with further details about the study.

—

All information regarding participants will be confidential at all times. If you take part, your data will be anonymized.

Lancaster University

Appendix 4-F: FHMREC Amendment Form

**Faculty of Health and Medicine Research Ethics Committee (FHMREC) Lancaster
University Application for Amendment to Previously Approved Research**

1. Name of applicant:

    Fiona Boyd

2. E-mail address and phone number of applicant:

    f.boyd@lancaster.ac.uk

3. Title of project:

    Exploring Farmers; Mental Health

4. FHMREC project reference number:
5. Date of original project approval as indicated on the official approval letter(month/year):

    FHMREC20059

    14/01/2021

6. Please outline the requestedamendment(s)
    **Note that where the amendment relates to a change of researcher, and the new researcher
    is a student, a full application must be made to FHMREC**

    In b. Section 3.1. Section 3.2 and in c. Research materials: "sheep" added to the description of farmers
    In c. Research materials, advertisement on p. 17: "sheep" added to the poster advertising the study

    7. I have changed the wording on the description of the type of farmer I am aiming to recruit. From "hill farmer" to "sheep and hill farmer". This decision has been made after feedback from potential participants who felt the definition of "hill farmer" included only farmers who graze their sheep on common fell grazing land. In order to include farmers who define themselves as "sheep farmers" but not "hill farmers", we will include both terminology in the advertising materials. I have highlighted the changes in <mark>yellow</mark>.

7. Please explain your reason(s) for requesting the above amendment(s):

<u>Guidance</u>:

a) Resubmit your research ethics documents (**the entire version which received final approval, including all participant materials, your application form and research protocol**), with all additions highlighted in yellow, and any deletions simply 'struck through', so that it is possible to see what was there previously.

b) This should be submitted as **a single PDF** to Becky Case There is no need to resubmit the Governance Checklist

Applicant electronic signature: Date

Fiona Boyd   19/10/2021

Student applicants: please tick to confirm that you have discussed this amendment application with

your supervisor, and that they are happy for the application to proceed to ethical review ☒

Appendix 4-G: Ethical Approval Statement

Lancaster University

Applicant: Fiona Boyd
Supervisor: Craig Murray and Fiona Eccles
Department: DHR
FHMREC Reference: FHMREC21032 (Amendment to FHMREC20059)

26 October 2021

Re: FHMREC21032 (Amendment to FHMREC20059)
Exploring Farmers; Mental Health

Dear Fiona,

Thank you for submitting your research ethics application for the above project for review by the Faculty of Health and Medicine Research Ethics Committee (FHMREC). The application was recommended for approval by FHMREC, and on behalf of the Chair of the Committee, I can confirm that approval has been granted for this research project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;

- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer at the email address below (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress);

- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please contact me if you have any queries or require further information.

Email: fhmresearchsupport@lancaster.ac.uk

Yours sincerely,

Tom Morley,
Research Ethics Officer, Secretary to FHMREC.