



A farmer's mental health

By Mark Kirschbaum

Men in rural areas are at high risk of mental illness and suicide for many reasons.

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As a pharmacist working in a rural area you know your clientele very well and you have noticed that a regular client is not coming into the pharmacy as often as they once were. You meet this person shopping with his wife at a supermarket and on gentle questioning you find out that he is no longer taking his antidepressant medication and you feel he is becoming increasingly irritable. The next day his wife comes into the pharmacy and explains that she is worried about him.

Background

Men in rural areas are at high risk of mental illness and suicide for many reasons.

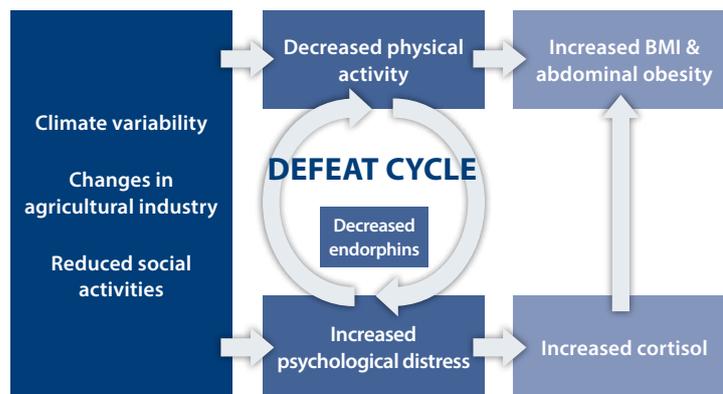
A common underlying cause is the stoic nature of males and the reluctance to seek help. Mental health services are known to be limited in rural and regional areas and this coupled with the increase in suicide

rates amongst particularly male farmers,¹ provides a strong rationale for pharmacists as front line healthcare professionals to deliver a more holistic care approach to their clients. A significant barrier to many healthcare providers is the lack of understanding of the unique problems experienced by rural males^{1,2} and the pressures of living and working in this

environment. There is a common belief amongst pharmacists that they are not adequately trained in areas of managing mental health.³ Consequently their support is usually limited to improving adherence and providing information but there is a growing trend for pharmacists to actively increase their role in becoming first line advisers in clinical areas like depression.⁴

The pharmacy profession is undergoing many changes and pharmacists have shown a desire to adopt new roles. The National Competency Standards support this notion and promote the idea that pharmacy should increase its responsibility in providing primary

Figure 1. Cycle of negative health outcomes



Rural and urban

It is well established that farmers in rural areas pose the highest risk of suicide in Australia. Many reasons for this have been suggested but the true nature is not yet fully understood.

It is believed that the main issues contributing to higher stress levels are the downturn in financial viability of many farms in Australia and a lack of employment opportunities. Farmers generally have poorer health and fewer health services to support them in their rural environment compared to urban areas.

There is a link between physical and mental health issues where changes in work practices have led to a more sedentary life contributing to obesity, diabetes and other chronic illness. This, coupled with the stoic nature of rural men promotes a cycle of negative health outcomes (Figure 1).¹

Tools to prompt a conversation

Pharmacists are trained to engage with their clients and often are seen as less threatening than other health care providers. To help open a dialogue, consider the following:

- Engaging in health promotion.
- Having conversations with your clients and understand their problems and health risk factors.
- Establish a rapport with them and their family (it is often the family members that will identify a problem).
- Foster a good relationship with the local GP so information passage is encouraged.
- Consider a mental health first aid course to improve your confidence and understanding of the issues.
- Encourage HMRS, which are useful in identifying undiagnosed or poorly treated mental illness.

In short

The rural male population is at risk of many chronic and acute illnesses. There is a clear link between their general health and mental health. This compounded with the stresses of an increasingly complex business model. Further, lack of services can lead to mental health problems greater than those experienced in the urban setting. The stoic nature of men working in a rural environment and a 'she'll be right' attitude provide a barrier to health care. The farmer in this case study would benefit from open dialogue and support from family and friends. He should be encouraged to see his GP and restart his medication, particularly as current privacy laws require consent from the client before you can approach the GP unless they are at risk of serious harm. Providing him with a better understanding of depression and information may encourage him to review his treatments options.

References

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healthcare and consequently increase the pharmacist's level of competence to meet those demands.⁵ Consumers have high expectations of the health advice pharmacy should provide and pharmacists have a positive attitude to delivering public health services but feel less confident in this role.⁶ Improved training and education can significantly reduce stigma, improve the health practitioner's attitudes and improve their ability to support clients with mental illness.⁷ Mental health clients perceive pharmacy positively and equally when compared to other health providers but the greatest value was the approachability and ease of access.⁸