Breaking the barriers of stigma to address suicide and mental health

AT A GLANCE
Suicide rates in rural Idaho are nearly twice the rate of urban areas. Stigma, the fear of appearing weak, and lack of social opportunities can magnify depression in rural populations.

The Situation
The national average for suicide is 14.1 individuals per 100,000. In Idaho, the suicide average is 20.5 individuals per 100,000. For individuals associated with the agriculture industry, the average suicide rate is significantly higher at 36.1 individuals per 100,000. Putting agriculture in the top four industries for suicide rates.

There is a lack of mental health professionals in Idaho with most of the existing services located in urban areas. Culturally, there is a stigma associated with mental health that can prevent people from seeking assistance. Farmers and ranchers work long hours and face overwhelming challenges they have no control over, such as uncertain weather and global markets, which impact their profitability.

The COVID-19 pandemic and restrictions on gathering in community groups amplified the isolation and depression felt by Idaho rural residents.

Our Response
The University of Idaho Extension Farm Stress Management Team met with 17 rural communities across Idaho. UI Extension educators coached interested residents through conversations about how their communities were dealing with mental health issues and suicide. Through this process, communities developed action teams and plans to address the stigma associated with mental health and to encourage open discussion of the topic in their home communities.

Each community meets a minimum of six times to discuss how to address the mental health concerns in their communities and decide how to address those concerns best. The volunteers from each community established a specific project and action plan. The farm stress management team provided $3,000 to each community to help them complete their projects.

Program Outcomes
Some communities planned events to distribute resource lists and emergency numbers to citizens. Other
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communities created new organizations to address current and future issues. Finally, some communities built or acquired physical assets to help future generations. For example, the communities of Hazelton and Eden came together to secure and renovate a donated building. The renovated building will serve as a community center where people can gather on common ground to actively deal with the isolation people were feeling.

The community of Rigby opted to build a mobile pizza oven to be moved among community parks in their county. Pizza for Producer Nights can then be held to allow farmers to gather and discuss the issues they are facing. Gathering, sharing a meal and visiting about shared struggles is one of the best ways to break down stigma and help lift individuals who are hurting.

We surveyed participants to learn what differences the program made. Results for two questions are provided in Charts 1 and 2.

Question #1 — “How comfortable do you feel discussing mental health with others?” Before the process, the average response score was 3.18, which puts the responses between moderately comfortable and comfortable. After the minimum six meetings the average response was 4.29 or an increase of 1.11 points. This places the post-activity response between comfortable and very comfortable.

Question #2 — “Rate your comfort level in interacting with others in your community to solve mental health issues.” The average before response was 3.14 or between moderately comfortable and comfortable. The average after response was 4.24 or a jump of 1.10 points. This places the post-activity response between comfortable and very comfortable.

The Future

Several of the communities have plans to continue their work. We have secured funding to help some communities advance their projects and programs. Other communities have completed additional fundrasing to grow their efforts (Charts: one - not at all, five - comfortable).

Chart 1: Comfort level discussing mental health issues with others.

Chart 2: Comfort level working with others to solve mental health issues.

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