

A thematic analysis of the personal factors influencing mental health help-seeking in farmers

Caitlin Vayro PhD^{1,2,3} | Charlotte Brownlow PhD^{2,4} | Michael Ireland PhD^{1,2} | Sonja March PhD^{2,4}

¹Institute for Resilient Regions, University of Southern Queensland, Springfield Central, Queensland, Australia

²School of Psychology and Counselling, University of Southern Queensland, Springfield Central, Queensland, Australia

³Faculty of Medicine, School of Public Health, University of Queensland, Brisbane, Queensland, Australia

⁴Centre for Health Research, University of Southern Queensland, Springfield Central, Queensland, Australia

Correspondence

Caitlin Vayro, c/o Centre for Health Research, PO box 4393, Raceview, QLD 4300, Australia.
Email: C.Vayro@uq.edu.au

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Abstract

Purpose: It is crucial to understand the micro-level personal factors that impact farmer mental health help-seeking, given that farmers are at increased risk of suicide yet show reduced mental health help-seeking behaviors.

Methods: Ten farmers, 10 farmers' partners, and 8 general practitioners (ie, family physicians) from Australia completed qualitative semi-structured interviews. Braun and Clarke's method of thematic analysis was used to analyze the data.

Findings: The analysis resulted in 4 themes: "mental health literacy," "stigma of mental illness and help-seeking," "support, the partners' role in help-seeking," and "the intersectionality between being a farmer, age, and gender." Farmers' knowledge and understanding of mental health and treatments was varied. Stigma was reported to be reducing, but still present toward both mental illness and mental health help-seeking. Support from a partner was reported to facilitate help-seeking if delivered tactfully. Lastly, being older and male were reported to negatively impact farmer mental health help-seeking.

Conclusion: The findings contribute to understanding farmer mental health help-seeking and could inform quantitative research and the development and implementation of interventions to promote mental health help-seeking in this group.

KEYWORDS

help-seeking, mental health, primary producers, stigma, support

INTRODUCTION

Farmers are at elevated risk of poor mental health and suicide compared to non-farmers,^{1,2} but only 9% seek help compared to 16% in general rural samples,³ despite timely help-seeking minimizing the adverse consequences of mental ill-health.⁴ It is concerning that among farmers, help-seeking often occurs as a last resort, if at all.⁵ Unfortunately, little is known about the personal factors underlying this lack of help-seeking among farmers.^{3,6–8} The purpose of this research is to

identify and understand the personal factors that act as barriers and facilitators to mental health help-seeking in farming populations.

Mental health help-seeking (hereon help-seeking) is conceptualized as the intentions and behavior of an individual aimed toward accessing professional support services for feelings of distress, suicide-related thoughts and behaviors, or mental health concerns.⁹ These professional support services include those provided by general practitioners or family physicians (hereon GPs), mental health professionals, such as psychologists, and other health professionals, such as nurses. The focus

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on seeking help from a professional recognizes that this often has the benefit of improving mental health and wellbeing.¹⁰

Minimal research has focused specifically on farmer help-seeking. Staniford and colleagues' qualitative research with citrus farmers from South Australia aimed to understand their psychological distress, with a secondary question focused on help-seeking.¹¹ The themes related to help-seeking indicated that a restrictive lifestyle, social image (ie, stigma), self-reliance, lack of knowledge, and perceptions of health professionals' efficacy impact farmers' help-seeking. There was a lack of detail specific to farmer help-seeking in this research because it was not the core aim. Another qualitative study, with male Canadian farmers by Roy and associates, reported that help-seeking was influenced by lack of knowledge of services, geographic isolation, acceptability of help, male gender roles, pride, self-reliance, stigma, and finances.⁶ Brew and associates examined the difference between farmers' and non-farming rural residents' endorsement of barriers to help-seeking.³ The strongest endorsement was for attitudinal barriers (eg, prefer self-management, afraid to ask for help or of what others might think), with lower endorsement of structural (eg, too far to travel, unaffordable, and a lengthy wait for an appointment) and time-related barriers. They also found that there is a lower likelihood of farmers visiting a GP than rural non-farmers. Hull and colleagues also compared farmers' and rural non-farmers' endorsement of perceived attitudinal barriers to help-seeking.¹² They found that farmers showed slightly elevated levels of self-reliance and need for control. It must be noted that neither Brew and associates nor Hull and associates developed an understanding of the complex factors at play in preventing farmer help-seeking as this was not their aim.^{3,12} A recent systematic review (that includes several of the aforementioned studies) on farmer mental health found that lack of knowledge, stoicism, lack of access to services, self-reliance, stigma, perceptions of health professional efficacy, treatment fees, and masculine norms were all factors that prevent help-seeking.¹³

Additionally, 2 qualitative investigations by Vayro and associates explored barriers and facilitators of help-seeking among farmers, although these focused on understanding factors associated with farming life and health services.^{7,8} Vayro and colleagues demonstrated that the lifestyles and cultures of farming, which emphasize stoicism and self-reliance, are integral to farmers' identity and thus, hard to overcome to seek help.⁷ Farmers highlighted that time management and prioritizing their health is imperative to help-seeking. These and other challenges inherent to farming both increase the need for, and reduce the likelihood of help-seeking. The interaction between a farmer and a health professional is important, with farmers wanting their health professionals to understand farming culture and lifestyles.⁸ Farmers' expectations about the care they will receive, access and availability of services, and continuity of care also reportedly impacted help-seeking.

The studies summarized above provide insights into farmer help-seeking; however, none have specifically focused on the personal level. Additionally, much of the focus is on barriers, neglecting the facilitators of help-seeking. Thus, this research aims to improve our understanding of the personal factors that influence help-seeking among farmers; including both barriers and facilitators.

METHODS

An exploratory qualitative approach was adopted. Given the scarcity of focused research in this area, such in-depth exploratory research is required as a first step.^{14–16} Triangulation is the inclusion of multiple types (eg, observations and diaries) or sources (eg, children and their parents) of data to enrich the understanding of a phenomenon,¹⁷ which was employed in this research. In this research, triangulation entailed interviewing partners of farmers and GPs who serve farmers, in addition to the primary source, farmers. Research has shown that farmers most often opt to visit a GP if they decide to seek help.¹⁴ Therefore, GPs are well positioned to provide unique insight into farmers' help-seeking behavior. Similarly, partners of farmers (especially wives) are also likely to offer valuable insights considering that male farmers reportedly rely on their partner for mental health support or to facilitate help-seeking when needed.^{18,19}

Participants

Three participant groups were recruited. They included (1) farmers (7 males and 3 females), where farming was their primary occupation, (2) partners of farmers (10 females), and (3) GPs who serve farmers (3 males and 5 females). Despite this hard-to-recruit population, the sample size obtained satisfies Morse's recommendations for qualitative samples.²⁰ All participants were over the age of 18 years with the farmers ranging in age from 43 to 70 ($M = 57.00$, $SD = 9.10$) while the partners were aged between 29 and 64 ($M = 45.00$, $SD = 10.70$). All, except 1, of the farmers had a family history of farming (up to 5 generations prior). Participants originated from Queensland, Australia. The farmers resided in inner regional ($n = 2$), outer regional ($n = 1$), remote ($n = 2$), and very remote ($n = 5$) areas as per the Accessibility/Remoteness Index of Australia [ARIA+] classifications.²¹ These 4 categories encompass rural Australia, with the fifth category focused on metropolitan areas, which are designated based on a score derived from the driving distance to 5 classes of "service centers" based on population size.²¹ Every effort was extended to ensure there were no relationships between participants to prevent unintended impacts from relationship dynamics.

Data collection

This study was approved by the University of Southern Queensland's Human Research Ethics Committee (H16REA004). Participants were recruited via email invitation (ie, snowballing) and advertising using social media (eg, Facebook posts) and key agencies' newsletters (eg, AgForce or Rural Doctors Association Queensland). Individuals who expressed interest were provided with an information package, informing them about the research and advising that participants would be reimbursed with a \$20 gift card. For those who consented, an interview was organized at a time, and location (if applicable), of their

TABLE 1 Themes developed across the 3 participant samples

Theme	Summary
Mental health literacy	Mental health awareness has improved but understanding and recognition of mental health issues is lacking. Farmers also lack knowledge of the efficacy of mental health treatments.
Stigma of mental illness and help-seeking	Help-seeking may be avoided to prevent a reduction in self-worth from being labeled as mentally ill or in need of help.
Support, the partners' role in help-seeking	Support, provided by a farmer's partner can facilitate help-seeking, but it is complex. If support is not tactfully delivered, it can be viewed negatively.
The intersectionality between being a farmer, age, and gender	Being of older age and male negatively impacts farmer help-seeking.

choosing. The interview was designed to gain insight into the barriers and facilitators of help-seeking in farmers and was conducted by the first author by phone ($n = 26$), video conference, or face-to-face ($n = 2$) at the participant's discretion. To ensure consistency in style, the first author, a PhD candidate, conducted all interviews and took the position of a nonexpert in agriculture and the participants' experiences. All of the participants gave their informed consent verbally at the beginning of the interview. Recruitment continued for each sample until no new information was elicited during the interviews, that is, when saturation had occurred.²² The interviews were audio recorded and transcribed (mostly by the first author) verbatim. The participants were able to check their transcripts for accuracy, only 1 farmer amended their transcript, which was subsequently used for the analysis.

Analysis

Braun and Clarke's method of thematic analysis was employed.²³ The first and second authors separately coded the data for each group of participants. The codes were then categorized into themes. The codes and themes were compared to the transcripts to ensure authentic representation and refined if necessary. The themes arising from each group of participants were compared, and a large degree of thematic convergence was evident. Therefore, the findings were presented thematically to facilitate a deeper understanding of farmers' help-seeking, including both congruent and divergent perspectives. After the initial coding and development of the themes, the first and second authors met regularly to discuss and reflect upon the analysis and refine the resultant themes, to ensure the findings held rigor. A summary of the findings was provided to all participants with an invitation to provide feedback, which received no responses. Throughout the analysis, the participant chosen pseudonyms, or initials in some cases, were used as a referent and each farmer's and farmer's partner's age is provided for context.

FINDINGS AND DISCUSSION

Four key themes that provide insight into the role of personal factors in influencing farmer help-seeking were identified in the data, see

Table 1 for a summary. The themes and corresponding factors were also classed as barriers or facilitators based on the in-depth information and examples provided by the participants.

Mental health literacy

Mental health literacy (the knowledge and skills to recognize, prevent, and manage mental health, including taking necessary action²⁴) was raised by *all* participants, in *all* 3 participant groups, as a factor that influences help-seeking among farmers. The groups generally converged in their views that "a lot of these programs that are going around now have lifted the awareness" (NW, Female, 46). That is, most participants believed that general mental health awareness had improved over time as a result of awareness-building programs. Importantly, however, there was divergence in the reports of participants within the samples regarding the level of knowledge and understanding of mental health among farmers, demonstrated below. Some participants reported, "there would be very little knowledge to most people" (George, Farmer, 70), while others expressed that "there is probably fairly good knowledge about it" (Rudy, Farmer, 65). Further insight was shared by 1 partner.

I think it's probably improving, but it's still fragmented (. . .) there has been, you know, increasing sort of information about it in the mainstream press and conversations about it in terms of the current drought we're having (Anna, Partner, 45).

This view was extended by a GP, who indicated that despite improvements, understanding of mental illness is still not optimal.

There is probably still a very big lack of understanding as to what specifically makes something a mental illness, so what distinguishes depression from having a bad day or depression from stress for example (Anthony, GP).

This lack of understanding regarding mental illness is important because it demonstrates that farmers may face difficulty in accurately identifying, or recognizing their own mental health problems, which can prevent timely help-seeking. The participant groups shared

converging opinions that farmers generally lack the ability to recognize their own distress, also demonstrated by Handley and associates.²⁵ The GPs were the most clear and specific about this.

They see it in other people and may not necessarily recognize it in themselves but (. .) people know it's there (Vanessa, GP).

Thus, mental health literacy levels were reportedly varied among farmers, despite the improvements in awareness, indicating it is likely an obstacle to help-seeking.

There were also indications that farmers may not be aware of what the help-seeking (and treatment) process entails, which may contribute to their reluctance to seek help. For example, 1 GP shared a reaction that she commonly received when farmers finally sought help.

The people who actually do come in and do seek help and do get treatment (. .) they're like "oh, I wish I had done this a lot sooner. It's not as bad as I thought, the whole process isn't nearly as bad as I thought it was going to be" (Mary, GP).

From this example, the reluctance to seek help seems to be, in part due to perceptions held by farmers that help-seeking is confronting or that treatment will be unpleasant. This lack of knowledge regarding the process of treatment was raised by the GPs but not explicitly acknowledged by farmers or partners. However, farmers did indirectly imply that their knowledge of the treatment process (and its efficacy) is lacking, by suggesting that there is "less relevance verbalizing [your mental health issues] if you don't think someone can be of any assistance to you" (Steve, Farmer, 56). Similarly, a partner also implied that farmers do not believe in the utility of help-seeking, instead "They just think that (. .) if they just work harder, it will fix things" (Abigail, Partner, 48). This is problematic because Vayro and associates reported that the working demands of farming are already substantial,⁷ and this is without the added burden of psychological health issues. Therefore, merely working harder is unlikely to address any mental health issues, and may even lead to a deterioration in psychological health due to burnout.²⁶

Mental health literacy may operate differently in farmers due to cultural differences. For example, stoicism, a tendency to demonstrate strength, staunchness, toughness, and independence, is a valued characteristic in farming populations, and this could prevent individuals from developing the skills to adaptively demonstrate, recognize, and care for emotional distress.^{7,27-29} Thus, it is possible that farmers may have the necessary skills to seek help, but are unwilling to acknowledge their emotions because they identify with stoic values. Nonetheless, farmers seemingly hold a cursory awareness of mental health, although knowledge appears to vary widely. Considering the population-wide efforts made to improve mental health literacy over recent years,^{30,31} these findings are promising, but also suggest that further benefit may be achieved through a specific focus on improving farmers' ability to recognize their own symptoms of distress and how to successfully

access support. Future research could focus on how mental health literacy can be translated to self-awareness and self-identification of distress, and subsequently, into help-seeking behaviors, in line with recommendations made by Brew and colleagues and Handley and colleagues to improve farmers' acknowledgment of mental ill health and attitudes toward help-seeking.^{3,25}

Stigma of help-seeking and mental illness

The second theme is related to stigma. Importantly, responses relating to stigma varied within the 3 participant groups indicating its potentially complex nature in influencing help-seeking. There were 2 targets of stigma highlighted, stigma relating to mental illness and stigma relating to help-seeking, which is similar to Tucker and associates' findings in students.³² The distinction between these targets of stigma is important as there are likely individual differences in the manner and degree to which they impact farmers. Participants within each informant group reported the influence of both these types of stigma. Some participants reported that the stigma of mental illness acts as a barrier to help-seeking.

[There's] a little bit of social stigma, a little bit. I think most farmers wouldn't like to admit that they were depressed or feeling suicidal or that sort of thing (Mitchell, Farmer, 63).

There were also participants who indicated they had noticed substantial reductions in stigma in recent years, which should serve to facilitate help-seeking.

I think a drought like this has broken down like I said before. The barriers have broken down so much these last 3-4 years around the stigma. I think we are all of the realization that we're not bulletproof and you know while we all handle it differently. Yeah, I think the stigma thing is nearly a thing of the past, to be honest (Rob, Farmer, 54).

Another farmer disclosed their mental illness and reported that "I don't think there is much stigma for me. But maybe for other people there might be" (Michael, Farmer, 53). The variation in the partner group was similar to the farmer group, while the GPs suggested that mental illness remains stigmatized among farmers, describing how this shapes their presentation and reactions to the diagnosis.

From their specific point of view, there is a big stigma amongst farmers that if you've got depression or and/or anxiety, it's still huge, and they will delay presentation, and they and they want you to exclude every possible other thing under the sun first, before they will admit to a problem (Amy, GP).



Further, 1 farmer demonstrated a stigma of mental illness, but not of help-seeking.

You don't want to go and seek help for mental health that's like admitting you've got a mental health problem. You want to go and seek help because things are a bit tough and you're not coping very well (Rosemary, Farmer, 67).

This stigma seems to lead farmers to want to avoid labels of mental illness and the associated stereotypes, which they achieve by avoiding their GP, rejecting diagnoses, and reframing the reasons for seeking help (eg, for stress, sleep, or physical symptoms). These findings highlight that, unsurprisingly, there are individual differences in the experience and perception of stigma.

Similarly to the stigma of mental illness, the stigma associated with help-seeking was identified across all 3 participant groups.

They want to be seen as 'on top of it' rather than seeking help. (Kathy, Partner, 52)

[Farmers] find it difficult to ask for help from anyone because they feel like they're letting their big tough guard down [to] accept help from other[s] (Kate, Partner, 30).

This indicates that farmers may be unwilling to communicate their need for help due to the perceived stigma that may be attached to help-seeking (eg, instead of self-reliance), as well as (self-) stigma associated with a failure to meet cultural expectations of toughness,⁷ that could diminish their (self-) worth. Interestingly, farmers concentrated more on internally focused stigma than external stigma. This was demonstrated by the use of "I" statements in the following example.

Well I don't know of anyone who's gone and sought help (. . .) I mean if I was going, I'd probably keep it fairly quiet, because I'd think I was weak and vulnerable (Rudy, Farmer, 65).

The stigma associated with help-seeking has not previously been explored in farmers and presents a key target for future research.

A distinction between stigma that is internal (self or perceived) and stigma that is projected by others was implied by several participants across the 3 groups. Many participants reported that although farmers think others will think less of them if they seek help, that is generally not the case.

The response [is] quite varied. Some of it would be sympathetic (. . .) and supportive. I don't think there would be any adverse comments (....) Realistically I think that's what people are afraid of, but generally, that's not how people respond to it (Ben, GP).

That is, it was reported consistently across the groups that perhaps internal stigma acts as a greater barrier to help-seeking in farmers than external stigma. There were several reports across all of the informant groups that community responses would be favorable were a farmer to experience mental illness. For example, Madge provided an example of a reaction to disclosure of mental illness, "Some people are saying (. . .) 'oh yeah, I'm on antidepressants.' 'Hey that's good, man.' you know or something" (Madge, Farmer, 43). Similarly, there was a convergence between the groups that the community as a whole would likely be supportive of a farmer who needed to seek help.

They're very sympathetic and very supportive because most people go through hard times in the farm community at one stage or another (Ben, GP).

Susan shared a concrete example of support being provided to someone who had sought help for a mental illness.

There has been a case where there has been a guy who is clearly mentally ill, doing a lot of bizarre things. We did get word that he had sought help, and the reaction was very positive (Susan, Partner, 34).

The reports from all 3 participant groups indicated that farming communities could be supportive of farmers seeking help, although farmers may not anticipate or perceive this. This indicates that internal stigma may be particularly important in preventing help-seeking. Although communities are likely to react positively to a farmer disclosing a mental illness or help-seeking, this will not occur unless the farmer is first aware of their difficulties and identifies the need for help.

Support, the partners' role in help-seeking

The third theme reflected the receipt of partner or peer support in seeking help as a crucial factor for farmers. Responses from all 3 participant samples suggested that farmers who received support from others were much more open and likely to engage in help-seeking. Importantly, responses also acknowledged that partners are a key group who may provide such support. Many farmers shared that their partners play a significant role in their help-seeking because "it's probably their wives that realize that they need it because they're the closest one to them" (George, Farmer, 70). Further, 1 partner-participant reported that (female) partners do have this support role, but can face difficulty in facilitating the act of seeking help. For example, inadequate mental health literacy may mean that farmers do not, or cannot recognize an issue.

I know a lot of women that have said 'oh you know I am really frightened about so-and-so (. . .) but (. . .) he'd no more listen to me and believe me than fly to the moon'

(...) There - just sometimes it's really impossible for the wife to get through to the husband that they think that there is a problem. Or to get the husband to believe that they may have some issues (Albert, Partner, 56).

As such, while the reports indicate that partners can facilitate help-seeking, it seems that having this support does not always lead to farmers taking action.

Despite all participant groups agreeing on the importance of receiving support in the help-seeking process, the farmer participants also noted that such support might not be well received by a farmer, and thus, may at times, act as an obstacle rather than a facilitator. For example, they may not believe there is anything wrong

You need friends, and wives, and family, and that to step in and help you. But I would imagine along the way there would be (. . .) a lot of farmers would reject it, they wouldn't believe it was happening to them. (Rudy, Farmer, 65).

Further, it was reported that the way in which support was offered was important; support that is perceived positively would increase help-seeking, while support perceived negatively may prevent help-seeking.

There is support and support, (. . .) it depends how it is delivered (...) [If] it's a genuine, supportive thing, it's fine. But if it's put in a way where it is sort of delivered in a derogatory way or whatever, I'm sure it'd have the opposite effect (Greg, Farmer, 54).

An example of the support that was not delivered tactfully was provided by 1 partner: "Wives saying 'go and get your head fixed'" (NW, Partner, 46). NW likened it to providing "some cold hard reality about their behavior or their issues. I guess making them accountable for their actions in some aspects." This was reported as an attempt at getting her husband to seek help, which was not successful. Alternatively, another partner reported successfully facilitating her husband's help-seeking.

His patterns of behavior changed significantly, so I was well aware that something was happening (. . .) I could recognize what was happening in terms of the anxiety attacks. So, I made the appointment and—yeah, just arranged it. (. . .) He'd got to the point where he—once I managed it and pointed out the facts, he knew that there was a problem. (. . .) there was absolutely no resistance. He knew that there was a problem (Susan, Partner, 34).

The responses revealed a prevailing view that partners who convey support to farmers for seeking help and who can communicate this effectively, without conveying blame, may facilitate help-seeking,

providing nuance to Doherty and Kartalova-O'Doherty's findings that female partners encourage help-seeking.³³ The inclusion of the partners in this research allowed this to be clarified.

The intersectionality between being a farmer, age, and gender

The fourth theme, the intersectionality of being a farmer, age, and gender, refers to the experience of farmers in the context of their entwined demographic characteristics and how these impact their help-seeking.³⁴ Across all 3 participant samples, age and gender were consistently reported as influential in help-seeking. With respect to age, most participants reported that younger farmers are better at seeking help.

It's the younger generation that are getting on board and going "we really need to talk about this" (Albert, Partner, 56).

Additionally, GPs noted that younger farmers may have better recognition of mental health issues. That is, "the younger guys are a little bit better at picking up that their mood might be a bit off" (Vanessa, GP).

Concerning gender, it was consistently reported that men were less likely to seek help; for example, Rob shared that "with men, it has been embarrassing to say you need help" (Rob, Farmer, 54). Although this was shared by a man, many of the comments on gender were made by female participants. The gendered expectations (external or internal) of farmers were shared across the groups, where males were regarded as worse at seeking help.

There is still this, you know, 'head in the sand' mentality, I think. Which is worse with men in general about needing to be the strong one, needing to be the provider, the protector (. . .) There is still a very big group of men, even if they'll acknowledge that depression is a common problem and that it is not anybody's fault. But if it's actually happening to them, they still can't apply that to themselves (Mary, GP).

This comment demonstrates how gender differences manifest, as well as indicates the influence of culture. These gendered expectations appear to interact with the cultural expectations of being a farmer, evidenced by the male and female farmers' perspectives reported by Vayro and colleagues.⁷ The above example also suggests that progress has been made concerning attitudes toward mental illness, but less so in the application of those attitudes toward themselves or help-seeking behavior. Another related issue is the link between gender and stigma, alluded to prior. The individuals, across the 3 groups, converged in identifying that "amongst men in general, (. . .) unfortunately, the stigma is still there" (Amy, GP), which may act as an additional barrier to seeking help. These findings suggest that men as a group may face more,

or compounded, barriers to help-seeking compared with their female counterparts.

The final theme showed that being older and male appeared to exacerbate reluctance to seek help. This is likely due to generational and cultural influences that are innate to these demographic groups, and that also seem to interact with other factors, such as stigma, and support because health is considered a woman's responsibility in rural areas.^{33,35} The current findings are consistent with previous research that implicates age and gender as influencing mental health-related behaviors, such as coping and suicide.^{36,37}

Implications

The above factors warrant inclusion into a model of farmer help-seeking. The complexity of farmer help-seeking means any attempts to address this should include multiple components. Campaigns to improve mental health literacy and stigma could be employed using radio, and presentations at farm events and workshops. Further, similarly to Kennedy and colleagues,^{38,39} "community champions" could be empowered to show leadership in mental health and help-seeking, and encourage farmers, especially male and older farmers, to increase their mental health literacy and provide support as well as positive reinforcement for individuals who seek help to counter stigma. The reduction of stigma might also be compounded if the community champion had experienced poor mental health or help-seeking and disclosed it within this role.^{38,40} In addition to targeting farmers, the findings with respect to support mean that interventions might be more successful if farming families and communities are included and empowered as agents of change, as they were in Kennedy and colleagues' work.^{38,39} The current findings show that when partners are able to show tactful emotional, communicative, and practical support to farmers, help-seeking may be more likely. Therefore, programs that aim to increase partners' awareness and literacy about mental health and knowledge of how to seek support would likely enhance their capacity to assist the farmers.⁴¹ This might be feasible through community events and workshops, including farming-related events. Involving the community may improve farmer help-seeking and support new norms. Interventions like those proposed above, in conjunction with components to address the non-personal factors that impact help-seeking, could improve help-seeking among farmers, and, in turn, reduce poor mental health.

Strengths, weaknesses, and future research

There are 2 key strengths of this research, the qualitative design and the use of triangulation. Considering the paucity of research, using a rigorous qualitative bottom-up design was beneficial for developing an initial in-depth understanding of farmer help-seeking.²³ The second strength of this research was the use of triangulation; the inclusion of partners and GPs recognizes them as stakeholders and valuable informants, allowing for deeper and complimentary insights as well as capturing diverging perspectives on the key issues, such as the nuances of mental health literacy in farmers as well as insight

into the stigma and the associated community reactions to mental illness.

This research also has limitations that must be considered when drawing conclusions. There is a possibility of selection bias because the recruitment methods included advertisements and snowballing. Motivated or affected individuals may have been more likely to participate, considering the stigma associated with mental health.^{36,42} Stigma may have also impacted participants' responses. However, the impact of these biases may have been reduced by the interview questions that asked about farmers as a collective. Further, the participants were not asked about their own mental health, although some did disclose their experiences. This indicates that stigma may not have had a large impact on the data, which provides valuable insight into farmer's help-seeking. While this research explored barriers and facilitators, there was a greater focus on barriers stemming from the inductive nature of the analysis, indicating that facilitators were less prominent or focal for the participants. Another potential limitation is that all farmers' partners were female, which could be a reflection of the male dominance in the industry.^{1,43} Nonetheless, the findings relating to partners of farmers, especially their ability to provide informal support, may not extend to male partners.

Given the limitations, this research could be used to provide evidence and direction for future research, including theoretical accounts and interventions. Further evidence is needed to quantitatively identify the impact of factors on farmer help-seeking, including any interactions among variables. For example, teasing apart the relative influence of the stigma of mental illness and the stigma of help-seeking among farmers would be worthwhile to aid in designing interventions. Results of this study suggest such interventions may focus on providing step-by-step practical solutions to reducing the barriers above.

CONCLUSION

This research has shown that there are several personal factors that can influence farmers' mental health help-seeking, such as mental health literacy, stigma, support, and demographic characteristics. While mental health literacy and stigma have anecdotally improved, there are still deficits that need to be addressed. Support from a partner has the potential to facilitate help-seeking but must be provided tactfully. The demographic characteristics highlight sub-groups of farmers who may be at greater risk of not seeking help.

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