



NARMH NOTES

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NATIONAL ASSOCIATION FOR RURAL MENTAL HEALTH

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Editorial Board Note

Hello NARMH members and others interested in rural mental health. The editorial board welcomes you to the first edition of NARMH NOTES. This publication is designed primarily for electronic delivery to NARMH members but will be mailed to those without easy access to high speed internet connections. NARMH NOTES is developed in a newsletter format and planned as a shorter and faster communication with members as the NARMH Board of Directors plans to find ways to continue to address the peer reviewed scholarly journal design it has provided in the recent past.

However, this first edition is transitional in nature. It includes only one longer article as an introduction to the relatively new regional and national emphasis on behavioral health delivery for the agricultural community. Future editions of NARMH NOTES

will include multiple articles of shorter lengths.

The editorial board is made up of four NARMH Board members and each member has accepted an assignment with a central focus for the issue they edit. The current board includes:

- Lorie Irvine, North Central Missouri Mental Health Center Director,
- Jim Meek, Iowa State University's Partnerships in Prevention Science Institute,
- Dennis Mohatt, Director of Mental Health for WICHE and
- Linda Werlein, Chief Executive Officer of Hill Country, which provides mental health service in a 19 county region of Texas.

The board is anxious to receive your comments and thoughts about NARMH NOTES. Please share your ideas with info@narmh.org or contact the office at 320-202-1820.

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Iowa corn
in May . . .



in late
July . . .



in October



More than 2.1 billion bushels of U.S. corn fed people and animals in other countries. (Farm Bureau)

President's Message

by Rick Peterson

Indeed, I am honored to take office as President of the National Association for Rural Mental Health. My job has been made much easier because of the accomplishments of those who previously held this office. I hope my performance will be consistent with their efforts. I want to thank Mark Mitchell for serving as our president and for his leadership and service to the association. Mark's considerable experience, knowledge and skills will be not be lost, but will be put to good use in his new role as Past President. I would like to congratulate our newly elected Board officers:

President-Elect, Ann Schumacher, Kansas
Secretary, Linda Werlein, Texas
Treasurer, Paul Dupre, Vermont

I also want to extend a warm welcome to those elected to three-year terms on the NARMH Board of Directors:

Paul Mackie, Minnesota
Paul Dupre, Vermont
Helene Silverblatt, New Mexico
Nancy Speck, Texas

I am looking forward to working with the Board and our membership to further NARMH's mission of Linking Voices to Promote Rural Mental Health. Please take a few minutes to review our board's bios on the NARMH website at <http://www.narmh.org/about/board.html>. I would also like to recognize a long time Board member, Marcie Moran, South Dakota, who has completed her term of service on the Board. Thanks Marcie for your tireless service to the Board of Directors and NARMH. Marcie will still remain active with NARMH as she will become an ex-officio member of the Board working on special projects.

In the News!

Health care reform and its impact on rural mental health. Much is to yet be decided with respect to health care reform. NARMH through its membership in the Mental Health Liaison Group continues to monitor the current versions of the bills. NARMH signed on along with other members of the Mental Health Liaison Group to endorse House version (HR 3200) which included several provisions to improve insurance coverage for people with mental illness. However, there are some provisions of the bill that need to be watched particularly with respect to the creation of a new health insurance exchange, or marketplace, where any individual or employer could buy coverage with at least minimum benefits. The measure requires that group insurers that offer insurance plans through the exchange abide by federal mental health parity requirements enacted in 2008. A concern is that the parity-law requirements would not apply to individual or small-group plans to offer minimum mental health converge.

This provision may have a negative impact on rural providers and our rural populations as rural Americans already are dealing with disparities in health care not found in urban areas. Please educate yourself and your colleges as to the potential impact these various Bills have on mental health and substance abuse for our rural and frontier communities.

Potential Rural Friends Allies

The National Association for Rural Mental Health is pleased to express support for Dr. Regina Benjamin, President Obama's recent selection for the position of United States Surgeon General. Benjamin, a family doctor from the small town of Bayou La Batre, Alabama, is a nominee who brings a wealth of experience working

in many facets of health care to this position. As founder, CEO and family physician at Bayou La Batre Rural Health Clinic, Benjamin knows the challenges rural health care providers face and has the skills to help overcome them.

In fact NARMH discovered Dr Benjamin long before President Obama did as she was a keynote speaker at NARMH's 2004 annual conference. Even then she was addressing issues of health disparities and lack of mental and substance abuse services for her patients in rural Alabama.

Mary Wakefield, Ph.D., R.N., was named administrator of the Health Resources and Services Administration (HRSA) by President Barack Obama on February 20, 2009. HRSA is an agency of the U.S. Department of Health and Human Services.

Dr. Wakefield joins HRSA from the University of North Dakota (UND), where she was associate dean for rural health at the School of Medicine and Health Sciences, a tenured professor, and director of the university's Center for Rural Health. She was director of the Rural Assistance Center, (<http://www.raconline.org/>) a HRSA-funded source of information on rural health and social services for researchers, policymakers, program managers, project officers and the general public.

In addition, the Center for Rural Health administered a \$1.6 million award from HRSA under the Critical Access Hospital Health Information Technology Implementation program. NARMH applauds the President's decision to nominate these two Friends of Rural.

Behavioral Health Supports for Agricultural People

Michael R. Rosmann, Ph.D. and Shari Stucker, M.Div.

Overview

The National Occupational Research Agenda (2008) for Agriculture, Forestry and Fishing indicates that continuing stress and worry among farmers about economic problems contribute to the loss of many family farms, marital breakups, and too many suicides. The suicide rate of farm people is usually about that twice that of nonagricultural people but during the Farm Crisis of the 1980s the suicide rate of principal owners/operators of farms in the United States climbed to approximately four times that of other rural residents (Gunderson, Donner, Nashold, Salkowicz, Sperry and Wittman, 1993). As the National Occupational Research Agenda indicates, the experience of the U.S. Farm Crisis has been replicated around the world.

The Farm Crisis of the 1980s spurred leaders in a number of highly agricultural states to set up networks of farm crisis assistance that included a telephone hotline to provide counseling and information and referral for follow-up services such as legal assistance, mediation, financial advice and professional mental health counseling. North Dakota has operated a telephone hotline continuously since 1969 to assist farmers with economic stress, weather disasters, and a variety of problems (Armstrong, 2008). Currently there are ten states in the U.S. that operate statewide farm telephone hotlines or helplines. At least six Canadian provinces operate farm telephone helpline services. Australia, Great Britain and a number of continental European countries operate farm telephone hotlines. The Food, Conservation and Energy Act of 2008, also known as the Farm Bill that was passed by Congress in

May 2008, contains a provision (Sec. 7522) to establish a Farm and Ranch Stress Assistance Network (FRSAN) which provides telephone hotlines and helpline services geared to the agricultural population, follow-up professional behavioral health assistance and a variety of other supports such as community education, home visits by outreach workers to persons who are homebound and support groups.

Sowing the Seeds of Hope Program

Seven upper Midwestern states (i.e., Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota and Wisconsin) began working together in 1999 to form the Sowing the Seeds of Hope (SSoH) network to share best practices, expertise and tools for providing farm crisis services in their respective states. The SSoH program was designed and initiated by the Wisconsin Office of Rural Health and Wisconsin Primary Healthcare Association and supported by grants from the U.S. Department of Health and Human Services Office of Rural Health Policy and Bureau of Primary Healthcare. In 2001 the project leaders in the seven states transferred administrative functions to AgriWellness, Inc., a 501(c) (3) nonprofit organization that coordinates strategic planning, data collection and evaluation, technical assistance, training of providers in agricultural behavioral health, research, grant-writing and other regional fundraising. The organization bylaws were revised to include agricultural people who are ethnic minorities, consumers of behavioral healthcare, disabled persons and persons actively engaged in farming, ranching or agribusiness on the Board of Directors. The Board meets at least twice per year in face-to-face planning meetings and confers in monthly or more frequent telephone conferences to implement the planning and to track and discuss stressors and services in the states.

Only four of the seven states (i.e.,

Iowa, Nebraska, North Dakota and Wisconsin) operated statewide farm crisis services continuously from the mid 1980s. By early 2005 the other three states (i.e., Kansas, Minnesota and South Dakota) set up statewide farm crisis telephone lines, information clearinghouse websites and follow-up services. Each state maintains a coalition of individuals, agencies and organizations to support its telephone portal and other farmer services. Some states have developed funding options that include the hotline/helpline as a line item in the state budget, proceeds of church collections, donations from farm organizations, and supportive individuals. Other farm crisis hotlines/helplines depend almost entirely on federal funds obtained from presidentially declared disaster programs and grant awards secured by AgriWellness, Inc. In general, the state partners and their coalitions pay for the operation of their hotlines/helplines while federal and private foundation funds provided through AgriWellness pay for the services. Usually there are insufficient funds to pay for all the necessary services.

The overall SSoH program was termed a “best practice model” which is included in Rural Healthy People 2010: A Companion Document to Healthy People 2010 (Gamm, Hutchison, Dabney and Dorsey, 2003) and in the National Rural Health Association compendium of model programs entitled Hope in the Face of Challenge (Rowley, 2004).

The term, farm crisis hotline, usually implies the availability of culturally appropriate telephone counseling at all times to callers who are employed in agricultural occupations. Not all the SSoH hotlines/helplines operate 24/7, however. Only three of the SSoH farm crisis services (i.e., Minnesota Crisis Connection, 2-1-1ND in North Dakota and South Dakota Rural Helpline) are certified by the American

Association of Suicidology (AAS) to provide suicide prevention assistance at any time on their hotlines. The term, rural or farm helpline, usually implies the availability of culturally appropriate advice about a variety of agricultural issues and referral for additional services but at specific hours set by the helpline and not necessarily available at all times. Accreditation provided by the Alliance for Information and Referral Systems (AIRS) or AAS connotes a level of expertise which is provided by the hotline or helpline. Minnesota Crisis Connection and South Dakota Rural Helpline are accredited by AIRS; the Iowa Concern Hotline and 2-1-1ND have applied for accreditation by AIRS.

Table 1 indicates the number of calls to the seven SSoH statewide hotlines/helplines and the number of vouchers redeemed for professional behavioral health services consisting of mental health services and addictions counseling during a recent two-year period from September 1, 2005 to October 31, 2007 for which data are mostly complete. When determined necessary, the hotline/helpline staff dispensed a voucher that the caller could present to a contracted and approved professional provider of behavioral health services (i.e., psychologist, nurse practitioner, social worker, psychiatrist or other physician, pastoral counselor, marriage and family therapist, substance abuse counselor) who also possesses at least some minimal knowledge of agriculture in exchange for a one-hour service session. During the years 1999 – 2002, 3,129 vouchers out of 4,944 that were distributed (i.e., 63%) were redeemed for behavioral healthcare services (Kobayashi, Thurston, LaFlamme and Miller, 2003). The percentage of vouchers that are redeemed has risen during recent years to 91% during the timeframe: September 1, 2005 – October 31, 2007.

During the recent two-year period 685 persons reported suicidal ideation

during their telephone calls to the hotlines/helplines. Seventy-seven persons reported a suicide plan and fifty-six persons had attempted suicide. Moreover, 54.5% of the hotline callers were females, which is consistent with the often reported tendency of females to seek assistance for their families (Delworth, Veach, and Grohe, 1988). In Nebraska, however, 53% of the hotline callers were males.

The vast majority of callers to the SSoH hotlines/helplines were adults, age 18-64 years (i.e., 88.7%). Another 10.2% were adults older than 64 years of age and 1.1% of callers were children and adolescents under 18 years of age. The racial background/ethnicity of the callers was White/non-Hispanic – 86.0%, Black/African-American – 2.7%, American Indian – 1.9%, Hispanic – 1.1%, Pacific Islander – .6%, Middle Eastern – .1% and other – 7.5% (i.e., two or more races or the racial background/ethnicity was not reported). The racial background/ethnicity of the callers fairly closely approximates the racial/ethnic diversity of the residents in the region: White/including Hispanic – 91.1%, Black/African American – 3.6%, American Indian – 1.4%, Asian – 1.7% or Other – 2.2%, as reported by the 2000 U.S. Census. At that time 3.5% of the region’s white population was Latino/Hispanic but the percentage of Latino/Hispanic persons has been increasing

recently. Of the callers who reported their roles in agriculture, they reported the following: farmer, rancher or farm worker – 51.1%, spouse of a farmer, rancher or farm worker – 40.2%, child of a farmer, rancher or farm laborer – 1.1%, agribusiness owner or worker – 4.8%, displaced farmer – .6%, spouse of a displaced farmer – .3% or other role in agriculture – 1.8%. Callers reported the following reasons for contacting the hotlines/helplines: marital/family concerns – 24.6%, problems coping with daily roles/activities – 27.7%, feeling depressed – 27.7%, alcohol/drug abuse – 4.9%, gambling – .6% or stress over finances – 14.3%.

Table 2 indicates the number of educational services undertaken by the SSoH partners and by AgriWellness, Inc. during the two-year period from September 1, 2005 to October 31, 2007. Table 3 reports the other core services provided in the SSoH program: social marketing, outreach worker visits to homebound persons, information clearinghouse contacts, coalition-building contacts, advocacy contacts at the state and federal levels and support group participants. As can be seen in Tables, 1, 2 and 3, some SSoH farm crisis partners did not offer all the core services. All, however, operated a statewide telephone portal and website. The seven project partners made 10,647 referrals for professional behavioral

Table 1
Farm Crisis Telephone Calls and Follow-Up
Professional Counseling Services in the Sowing the Seeds of Hope Region,
September 1, 2005 – October 31, 2007*

State	Hotline/Helpline Calls	Service Vouchers Redeemed
Iowa	6,856	212
Kansas	2,443	21
Minnesota	14,467	none
Nebraska	14,566	6,703
North Dakota	2,757	None
South Dakota	596	259
Wisconsin	2,435	43
TOTAL	43, 852	7, 238

*The Sowing the Seeds of Hope region includes Iowa (Iowa Concern Hotline), Kansas (Kansas Rural Family Helpline), Minnesota (Crisis Connection), Nebraska (Nebraska Rural Response Hotline), North Dakota (2-1-1 ND), South Dakota (South Dakota Rural Helpline) and Wisconsin (Wisconsin Farm Center).

health services but two partners (i.e., Minnesota and North Dakota) did not provide vouchers for follow-up professional behavioral health services. Professional behavioral health services in Minnesota and North Dakota were supplemented by local and state funds that made services affordable from community mental health centers and faith-based and community-based professional providers. The overall number of referrals for follow-up behavioral health services (i.e., 10,647)

includes 7,949 in the five other states and 2,698 referrals in Minnesota and North Dakota.

The callers who redeemed vouchers for professional behavioral health services included more females (54.5%) than males (45.6%). The identified primary symptom bearer, whether an individual or a family member, was a preschool child (.4%), a school age child (5.0%), an adolescent (7.2%), an adult age 18-64 (83.3%) or an adult

age 64 and above (3.9%). The racial background/ethnicity of the persons who redeemed their vouchers was White/non-Hispanic – 97.3%, Black/African American - .9%, American Indian - .3%, Hispanic – 1.2%, Pacific Islander -.3% or Middle Eastern – 0%. The marital status of the persons who redeemed vouchers for professional behavioral healthcare was the following: never married – 26.4%, married – 54.7%, separated – 8.0%, divorced/annulled – 8.3% or widowed

Table 2
Educational Services Professional Counseling Services in Provided in the Sowing the Seeds of Hope Region
September 1, 2005 – October 31, 2007*

State	Number of Providers Trained	Community Education Participants	Educational Retreat Participants
Iowa	50	380	none
Kansas	33	730	60
Minnesota	326	2,743	none
Nebraska	none	815	none
North Dakota	none	2,317	none
South Dakota	219	330	555
Wisconsin	none	12	145
AgriWellness	741**	188**	none
TOTAL	1,369	7,515	760

* The Sowing the Seeds of Hope region includes Iowa (Iowa Concern Hotline), Kansas (Kansas Rural Family Helpline), Minnesota (Crisis Connection), Nebraska (Nebraska Rural Response Hotline), North Dakota (2-1-1ND), South Dakota (South Dakota Rural Helpline) and Wisconsin (Wisconsin Farm Center).

**AgriWellness, Inc. staff also responded to requests, that were not made to the hotlines/helplines.

Table 3
Other Services Provided in the Sowing the Seeds of Hope Region,
September 1, 2005 – October 31, 2007*

State	Social Marketing Materials Distributed	Outreach Contacts	Information Clearinghouse Contacts	Coalition Building Contacts	Advocacy Contacts	Support Group Participants
Iowa	1,629	none	799	81	16	none
Kansas	22,810	876	680	300	375	none
Minnesota	1	none	none	53	23	none
Nebraska	3,315	984	2,175	4	134	none
North Dakota	130,676	198	9,377	12	none	none
South Dakota	3,224	390	188	79	45	301
Wisconsin	3,764	10	3,675	64	3	none
AgriWellness	559**	10	62**	170**	190**	none
TOTAL	165,977**	2,468	16,956	763	763	301

* The Sowing the Seeds of Hope region includes Iowa (Iowa Concern Hotline), Kansas (Kansas Rural Family Helpline), Minnesota (Crisis Connection), Nebraska (Nebraska Rural Response Hotline), North Dakota (2-1-1ND), South Dakota (South Dakota Rural Helpline) and Wisconsin (Wisconsin Farm Center)

** AgriWellness, Inc. staff also responded to requests, that were not made to the hotlines/helplines.

***This number includes press releases, radio and television programs, and newspaper and magazine articles. These activities are counted only once, but the number of persons reached, however, is likely much greater.

– 2.6%. Their diagnoses reported by the professional providers included the following: marital relationship/parent-child/other relationship problem – 3.6%, adjustment disorder – 44.5%, depression – 32.5%, anxiety disorder – 10.7%, alcohol-related disorder – 4.2%, other drug-related issue – 2.3%, pathological gambling - .1%, psychotic disorder - .6% or personality disorder – 1.5%.

The 10,647 referrals for follow-up behavioral health services are only a portion of the 15,395 total referrals reported during the two-year period by the seven hotlines/helplines. The types of referrals include the following: professional mental health services – 64.4%, substance abuse counseling – 4.8%, legal assistance – 11.24%, career/employment assistance – 1.6%, financial expertise – 11.8% and other kinds of information, such as where to locate research and agricultural behavioral health information – 6.2%.

The Sowing the Seeds of Hope program evaluator, AgriWellness and the seven state partners are working toward the development of a region-wide consumer evaluation process as a counterpart to the current data reporting system which emphasizes demographic and service reporting data. While there is not currently a region-wide evaluation protocol in place, some of the SSoH states collect consumer satisfaction surveys from different SSoH services. For instance, the Iowa Concern Hotline asks SSoH voucher recipients to voluntarily complete a satisfaction survey after completing their counseling services. The survey results are completely confidential. At the request of AgriWellness, the Iowa Concern Hotline sent a summary of participant evaluations. The summary was based on fourteen participant surveys. Of those participants, thirteen stated that the counseling sessions were very helpful. The other person stated that the sessions were somewhat helpful. Four partici-

pants stated that they felt better as a result of their counseling but still do not know how to solve their problems. Nine respondents indicated that they feel they can find solutions to their problems and make their lives better. Several narrative comments gave high praise to the SSoH counselors and most consumers indicated they would return for additional services if needed and they would refer others for similar services.

One SSoH provider trainer in Iowa provided evaluations from his graduate-level training sessions. Approximately 100 student evaluations from three different lectures were reported to AgriWellness. Two lectures were rated on a five point Likert scale ranging from one (poor) to five (outstanding). The trainer received an average rating of 4.76 on knowledge gained and an average of 4.6 for useful content. The third lecture was rated on a different scale; the trainer received a rating of 30.12 out of a possible 32 rating. The same trainer provided a different session to over thirty professionals. The speaker received evaluations from twenty participants who rated the session as “very useful” and seven participants who rated it as “useful.” Graduate students and professionals who participated in these

agricultural behavioral health provider trainings consistently said they would recommend that other professionals complete similar trainings if they work with the agricultural population.

AgriWellness collected participant evaluations from attendees at three of its conferences: The Clock is Ticking for Rural America: A Behavioral Health and Safety Conference. This conference is held on a biannual basis, with the fourth session scheduled for summer 2009. Most survey participants consistently rated the conference content as good to excellent. Some attendees indicated the conference was the best of any they have ever attended. This is the only conference in the world devoted solely to the behavioral health of the agricultural population.

Finally, the Wisconsin SSoH state partner collected evaluations from participants in their farm weekend education retreat sessions. These sessions were also rated on a five point Likert scale ranging from one (unsatisfactory) to five (excellent). There were nine educational retreats held in a period of just over a year. Table 4 reports the summary of evaluations of educational retreats in Wisconsin during the interval from January 20, 2006 to March 24, 2007.

Table 4
Summary of Evaluations of Educational Retreats in Wisconsin

Summary of Participant Ratings of Nine Educational Retreats in Wisconsin January 20, 2006 – March 24, 2007		
Item	Rating*	Number
Overall Evaluation	4.48	94
Instructor Knowledge	4.83	94
Relevance of Content	4.72	94
Instructor Presentation	4.80	94

* All ratings were on a five point Likert scale ranging from:
1 = unsatisfactory - 5 = excellent.

Sample narrative comments are listed below:

Overall a pretty valuable weekend in terms of tools you walk away with. It is an experience hard to put into words. I feel like a person about to drown but these weekends pull me out of [the] water so I can rest and regroup and survive.

Meeting new people – being able to talk with others that have similar problems & know what it feels like to farm & the problems & stress associated
It was FREE! We needed to talk and get away from the farm & family, and this conference provided exactly what we needed!

I think they did a great job on presenting these programs and I think there are some changes I can start working on for me.

It gave us a chance to sit down together and plan for future

Learning how to handle a problem and keep from making it a catastrophe

Will look at handling stress in much better way.

Great information – excellent helpful ideas to make things better in our life.

Meeting new people – being able to talk with others that have similar problems & know what it feels like to farm & the problems & stress associated

Discussion

The experience of the SSoH program suggests that these behavioral health supports are accomplishing what they were designed to do: reduce stress, prevent suicide and help the agricultural population manage their behavioral health. That 1.6% of callers (i.e., 685 persons reported suicide ideation and another 77 persons reported a sui-

cide plan and 56 persons had attempted suicide, out of 43,852 callers to the hotlines/helplines) expressed suicide concerns indicates that the services are meeting a vital concern, prevention of farmer suicide. The various services are widely used by the agricultural population (i.e., 7,238 persons used SSoH vouchers to acquire professional behavioral health treatment; 7,515 persons participated in community education; 16,956 persons sought information from the clearinghouses are examples of high service usage). The program appears to be culturally acceptable to consumers. The program appears to overcome some of the negative stigma that farm people typically associate with behavioral healthcare. The diverse agricultural population in the seven state SSoH region reaches out to the hotlines/helplines for assistance, but there are indications that follow-up behavioral health services are less likely to be used by ethnic minorities than by White non-Hispanic agricultural people.

Additional information about the SSoH program and its accomplishments are available in two published articles: Rosmann, Schmitt and Meek (2005) and Rosmann (2005). Barrett (1987), Rosmann (2008) and two publications of the National Association for Rural Mental Health (i.e., Rural Community Mental Health, 24(4), Fall 1998 and Party-Line, 7(4), Winter 1999 special issue devoted to the farm crisis and mental health) provide summaries of farm crisis services that existed during the 1980s and thereafter.

AgriWellness, its partners and its independent evaluator, Hart and Associates Rural2Rural Consulting, participated in a federally mandated performance review in 2008. The Performance Report completed by the office of Performance Review complimented the SSoH program on its efforts assist the underserved agricultural population, on matching the diversity of the service population with the AgriWell-

ness Board composition and service providers and on efforts to sustain services permanently. Clearly, there is a need to replicate this type of behavioral health services for the agricultural population nationwide.

Next Steps

The Food, Conservation and Energy Act of 2008 authorized the FR-SAN to implement services similar to the SSoH program under Part III-New Grant and Research Programs (HR 2419, available at <http://www.govtrack.us/congress/bill.xpd?bill=h110-2419>).

This bill requires that the Secretary of Agriculture, in coordination with the Secretary of Health and Human Services, shall make competitive grants to support cooperative programs between state cooperative Extension services and nonprofit organizations to establish a FRSAN that provides stress assistance programs to individuals who are engaged in farming, ranching and other agricultural-related occupations. Funds shall be awarded to initiate, expand or sustain programs that provide professional agricultural behavioral health counseling and referral for other forms of assistance as necessary through farm telephone helplines and websites; community education; support groups; outreach services and activities; and homebound delivery of assistance, in situations in which a farm resident is homebound.

Only three other states (i.e., Illinois, New York and Tennessee) operate farm telephone hotlines or helplines. Table 5 indicates the ten known statewide farm crisis services. Services currently are not consistent across the states. The FRSAN will help standardize the existing services and create additional similar services in all agricultural areas of the country. These steps will help empirically validate if the behavioral health supports for agricultural people warrant a “best practice” designation.

Table 5
State Farm Crisis Telephone Hotlines/Helplines And Follow-Up Services

Illinois: Illinois Farm Resource Center: 877-633-3372
Iowa: Iowa Concern Hotline* 800-447-1985
Kansas: Kansas Rural Family Helpline* 866-327-6578
Minnesota: Minnesota Crisis Connection* 866-379-6363
Nebraska: Nebraska Rural Response Hotline* 800-464-0258
New York: NY Farm Net 800-547-3276
North Dakota: 2-1-IND*
South Dakota: South Dakota Rural Helpline* 800-664-1349
Tennessee: Univ. of Tennessee MANAGE 800-345-0561
Wisconsin: Wisconsin Farm Center* 800-942-2474

*Affiliates with the *Sowing the Seeds of Hope* Program.

The provision of farm crisis services has come a long way since the farm crisis of the 1980s. Through FRISAN, a safety net of behavioral health services is being implemented to provide much needed assistance for persons involved in agriculture to offer culturally appropriate specialized forms of assistance to improve their safety and behavioral well-being.

The provision of behavioral health supports for the agricultural population was given a boost in the new National Occupational Research Agenda (NORA). The NORA contains Intermediate Goal 5.5, which proposes to “Develop and promote adoption of effective interventions to enhance psychological well-being of workers and to minimize the adverse effects of stressful agricultural working conditions (e.g., economic forces, weather and isolation). Action step 5.5.3 proposes to “Develop, implement and evaluate culturally appropriate educational and outreach programs for promoting psychological well-being of agricultural producers, farm workers and their families. Involve agricultural workers in their development and delivery.” The NORA serves as the strategic plan for research underwritten by the National Institute of Occupational Safety and Health (NIOSH).

Additional research is needed to evaluate the overall effectiveness of

the behavioral health supports offered through the SSoH and contemplated by the FRISAN. Questions that should be posed include these: Do the farm crisis services reach the target population? Do these services deter suicide and improve the behavioral well-being of the target population who use them in comparison to a control group that does not have access to such services? Are these services cost-effective? Do AIRS and/or AAS accreditation improve the effectiveness of farm crisis hotlines/helplines and the services with which they link.

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The Alliance for Information and Referral Services, available at: <http://www.airs.org/>.

The National Occupational Research Agenda (2008), available at: <http://www.cdc.gov/niosh/nora/comment/agendas/AgForFish/>

Biography

Michael R. Rosmann Ph.D. is the Executive Director of AgriWellness, Inc., a nonprofit organization that administers the SSoH program. Shari Stucker M.Div. is the publicity and data coordinator for AgriWellness, Inc. For additional information, please contact AgriWellness, Inc. at 1210 7th St., Suite C, Harlan, IA 51537, Phone: 712 235-6100, Email: info@agriwellness.org, Website: www.agriwellness.org

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Farming the Land

The United States contains slightly over two million farms, of which 98% are family farms (Structure and Finances of U.S. Farms: Family Farm Report, 2007 Edition). Only one-third of these farms depend on the production of food and fiber as their main source of income. While farms vary in size and type of production, there are similarities in why people farm: for the love of the land, to produce food for others, and to earn a living.

There is tremendous beauty to be found on farmland. These photos were taken by Marilyn Rosmann. Marilyn is an avid photographer who has most recently focused on the change of seasons in the Midwest. When not out taking snapshots, Marilyn is a professor of nursing at Clarkson College in Omaha and lives on a family farm with her husband.

Photo essay compiled by Shari Stucker, publicity coordinator at AgriWellness, Inc.

The technology of farming: the Gaul family farm, Peosta, IA



Edible squash blossoms, Des Moines, IA farmer's market. Farmers' Markets are growing in popularity: in 2004, there were 4,385 Farmer's Markets in the U.S. (USDA)

The next crop of farmers. Family farms generate about 85 percent of the value of production (Structure and Finances of U.S. Farms: Family Farm Report, 2007 Edition).





Shelby County, IA. On average, one working farm produces the food to feed 800 people, half of whom are outside the U.S. (Michael Rosmann, in Party-Line, 1999.)



Consumers worldwide seek sunflower oil and seeds for the health benefits. In 2006, the U.S. produced over 2.1 million pounds combined of sunflower oil and non-oil. (National Sunflower Association). North Dakota produced the most: over 1.1 million pounds. This picture was taken near Mandan, ND.



Somewhere under the rainbow in Shelby County, IA.



**Up to their bellies in grass near Atkinson, NE
(photo by Michael Rosmann)**



California has the highest agricultural output among the states. These grape vineyards are near Selma, CA.

Correction:

The NARMH Board apologizes for an error in the last edition of Rural Mental Health. We failed to credit the authors of one of the journal articles. The author acknowledgment and correct citation follows:

It's a Team Effort: An Exploratory Study of Wives' Involvement in the Farm Operation and Marital Quality

Kristy L. Archuleta, Kansas State University

Candyce S. Russell, Kansas State University

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