

Safety Watch: Suicide rate among farmers at historic high

DECEMBER 10, 2016 10:00 AM · BY BRANDI JANSSEN

Earlier this year, the Centers for Disease Control and Prevention (CDC) published a report that looked at suicide rates for different occupational groups.

One surprising statistic to many was suicide rates for workers in the agricultural, fishing and forestry industry are the highest of any other occupational group, exceeding rates in other high-risk populations, including veterans.

Suicide is not typically thought of as an occupational fatality, but the CDC report sheds some light on how occupations might be one contributor to suicide.

The phenomenon is not new in agriculture, and those of us who lived on farms during the 1980s certainly remember how the crashing agricultural economy affected rural communities. High profile acts of violence were often linked to farm foreclosures and financial stress.

I spent much of my own youth at farm sales, as the equipment and assets of our neighbors were auctioned off. In one instance, when my father returned to a farm to pick up a piece of equipment he had purchased, he was met at the end of a driveway by the farmer who had armed himself with a shotgun to protect his possessions.

Fortunately, the incident ended without violence.

We tend to think of the 1980s as the most prominent mental health emergency in rural communities, marked by high rates of suicide and violence.

The events of the farm crisis were serious enough to mobilize statewide and national resources. For example, the Rural Concern Hotline, now the Iowa Concern Hotline (1-800-447-1985), was started as a direct response to help farm families experiencing economic and mental health challenges during this period.

The National Farm Medicine Center in Marshfield, Wis., tracked farm suicides during the 1980s in the Upper Midwest, the region most affected by the farm crisis, to try to better understand the relationships between the farm economy and suicide.

They found that 913 male farmers in the region committed suicide during that decade, with rates peaking in 1982 at 58 suicides for every 100,000 male farmers and ranchers.

Rates among the general population were around 31 suicides per 100,000 white males

over the age of 20 during that same time period.

Compare that with this year's CDC report, which found that current national suicide rates for people working in agriculture are 84.5 per 100,000 overall, and 90.5 per 100,000 among males. This means that suicide rates among male farmers are now more than 50 percent higher than they were in 1982, at the peak of the farm crisis.

The American Foundation for Suicide Prevention (AFSP) emphasizes that there is no single cause for suicide. Instead, suicide most typically occurs when stressors — which can include economic challenges, social problems, or major life events — exceed a person's current coping ability.

The CDC report notes there may be several underlying reasons for higher suicide rates in specific occupational groups, including job-related isolation, stressful environments or home/work imbalance. The authors go on to point out that farmers may be particularly at risk due to financial losses, social isolation and unwillingness to seek mental health services (which may be unavailable in rural areas), as well as easy access to lethal means, such as farm chemicals, pharmaceuticals and firearms.

According to the AFSP, most people who take their own lives show warning signs, the most important being a change in behavior that occurs in relation to a painful life event, loss or change.

While some may appear to be depressed or uninterested in activities, others may be more irritable and prone to anger or rage or show signs of anxiety.

Suicide rates among farmers are now higher than any other occupation, and even higher than they were at the height of the farm crisis.

We are lucky resources like the Iowa Concern Hotline remain; it is clear that they are more important than ever before.

Brandi Janssen, PhD, directs Iowa's Center for Agricultural Safety and Health (I-CASH) at the University of Iowa College of Public Health.