Characteristics and Contextual Stressors in Farmers and Agricultural Worker Suicides in Georgia, 2008-2017

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Dean and Professor

A Crisis in Farmer Well-Being

- CDC study revealed Farming, Fishing, Forestry had 3rd highest suicide rate of any occupation (CDC, 2018)
- In Georgia, rate was nearly 51 per 100,000, compared with 14.9 per 100,000 for overall population of workers (Lavender et al., 2016)
Why? Factors Identified in Research

- Depression and stress (Arnautovska, et al., 2016; Kutek, Turnbull & Fairweather-Schmidt, 2011)
- Health challenges and injuries (Kunde, et al., 2017)
- Demographic risk factors: age and gender (Garnham & Bryant, 2014)
- Social isolation (Kennedy, Maple, McKay & Brumby, 2014)
- Culture: independence and stigma in help-seeking (Broffman, et al., 2017; Judd, et al., 2006)
- Lack of access to services (https://www.ruralhealthinfo.org/topics/mental-health)
- Weather (e.g. Hurricane Michael)
- Larger contexts
This Study: What is happening in Georgia?

• What are the characteristics of farmers and agricultural workers who have died by suicide in Georgia, and what factors are associated with these deaths?

• Method: Used GA VDRS data from 2008-2017
  • Pulled out “suicide” “farm*” “agricult*” “cattle” “poultry”
  • N=137 out of 12,453
Results: Numbers and Trend

Suicides by year and trendline

SSW.UGA.EDU
### Results: Who are they?

- **Male**: 97.1%
- **White**: 92.0%
- **Non-Hispanic**: 84.7%
- **Marital Status**
  - **Married**: 40.2%
  - **Never married**: 29.9%
  - **Divorced**: 20.4%
  - **Widowed**: 5.1%
- **Education**
  - **< 12<sup>th</sup> grade**: 21.2%
  - **High School/GED**: 36.5%
  - **Some college**: 3.7%
  - **Bachelor or more**: 9.5%
  - **Unknown**: 29.2%
- **Mean age**
  - **years (STD)**: 53.2 (19.49)
## Results: Means of Suicide

<table>
<thead>
<tr>
<th>Method</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gunshot wound</td>
<td>106</td>
<td>77.37%</td>
</tr>
<tr>
<td>Head</td>
<td>80</td>
<td>58.39%</td>
</tr>
<tr>
<td>Chest</td>
<td>19</td>
<td>13.87%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>5.11%</td>
</tr>
<tr>
<td>Carbon monoxide</td>
<td>1</td>
<td>0.73%</td>
</tr>
<tr>
<td>Hanging</td>
<td>23</td>
<td>16.79%</td>
</tr>
<tr>
<td>Stabbing</td>
<td>2</td>
<td>1.46%</td>
</tr>
<tr>
<td>Poison</td>
<td>2</td>
<td>1.46%</td>
</tr>
<tr>
<td>Jump in front of car</td>
<td>1</td>
<td>0.73%</td>
</tr>
<tr>
<td>Disconnect medical device</td>
<td>1</td>
<td>0.73%</td>
</tr>
<tr>
<td>Jump out window</td>
<td>1</td>
<td>0.73%</td>
</tr>
</tbody>
</table>
## Results: Factors Associated with Suicide (C/ME or LE)

<table>
<thead>
<tr>
<th>Category</th>
<th>Of total (n=137)</th>
<th>Of data (n=89)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationships</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>conflict</td>
<td>20 (14.60%)</td>
<td>22.47%</td>
</tr>
<tr>
<td>loss</td>
<td>14 (10.22%)</td>
<td>15.73%</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>current</td>
<td>13 (9.49%)</td>
<td>14.61%</td>
</tr>
<tr>
<td>history</td>
<td>13 (9.49%)</td>
<td>14.61%</td>
</tr>
<tr>
<td>Suicide signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>words and behaviors</td>
<td>9 (6.57%)</td>
<td>10.11%</td>
</tr>
<tr>
<td>&quot;been depressed&quot;</td>
<td>10 (7.30%)</td>
<td>11.24%</td>
</tr>
<tr>
<td>Prior S attempts/threats</td>
<td>18 (13.14%)</td>
<td>20.22%</td>
</tr>
<tr>
<td>Current S threats/ideation</td>
<td>18 (13.14%)</td>
<td>20.22%</td>
</tr>
<tr>
<td>Finances</td>
<td>11 (8.03%)</td>
<td>12.36%</td>
</tr>
<tr>
<td>MH Tx current/recent</td>
<td>7 (5.11%)</td>
<td>7.87%</td>
</tr>
<tr>
<td>CJ</td>
<td>5 (3.65%)</td>
<td>5.62%</td>
</tr>
</tbody>
</table>

Of total (n=137) Of data (n=89)
Relationship Issues

• Conflicts with wife/girlfriend

“Victim and his [wife/girlfriend] were fighting about Victim’s heavy drinking, [with the wife/girlfriend] wanting Victim to get help for his drinking...then she heard the gun go off.”

• Conflict with other family

• Loss

“The Victim was upset because his [wife/girlfriend] was placed in an out-of-state assisted living home”
Health Struggles

• Chronic health problems and lost of functioning
  
  Victim with a history of diabetes and cardiac problems reported told his family he was “tired of being a burden to them” because of his need for personal care assistance.

• Chronic pain
  
  “The Victim’s [close relative] advised that the decedent was depressed and voiced suicidal ideation in the past month because he was ‘hurting so badly and did not want to live anymore’...
Suicidal Threats and Signs

• Prior suicidal threats
  “Law enforcement had been called to the residence numerous times for past suicide attempts by the Victim.”

• Behavioral signs
  “[the] Victim showed [a close family member] where he kept all his important papers and will the night prior to the incident.”

• Family dismissal
  “He threatened to kill himself but none of his family took it seriously because he had made similar threats in the past.”

In 18 cases family was aware of threats; in only 3 of these was it noted the individual was taken for mental health services in response.
Financial Stress

• Loss of job
  “Victim was out of work and couldn’t support his family.”

• Financial problems linked with health problems
  “Victim was depressed because of financial problems & declining health. Victim had a heart attack 3 months prior. V[ictim]’s [primary relationship] had lost her job and there were hospital bills.”

In over a third of the cases multiple factors, such as health and finances, were present.
What Might We Do?

• What follows are some ideas and examples, based on research or on programs in other states.

• What can we learn from these examples and others to fit the unique needs of Georgia?
What Might We Do?

• Rural communities value “taking care of our own”....let’s help them do that

• General Prevention and Education From Trusted Sources
  - Extension Office (e.g. GA SW District project, Wisconsin project [https://fyi.extension.wisc.edu/farmstress/](https://fyi.extension.wisc.edu/farmstress/))

• Content
  - Question, Persuade, Refer ([https://qprinstitute.com/](https://qprinstitute.com/))
  - Mental Health First Aid (GA DBHDD using, [https://www.mentalhealthfirstaid.org/](https://www.mentalhealthfirstaid.org/))
What Might We Do?

• Potential targets for intervention
  • Health: primary MD and rural health clinics (see Kavaldou et al, 2015)
  • Relationships and loss: faith leaders, divorce lawyers, assisted living facilities, funeral homes (based on Scheyett et al findings)
  • Financial stress: banks, farm bureau, various commissions (e.g. https://bankbeat.biz/bankers-are-well-positioned-to-help-farm-customers-through-crises/)
What Might We Do?

• Make sure there are support services available (e.g. https://www.farmcounseling.org/)
  • Crisis services
  • Mental health services, trained
  • Peer support groups
  • Telehealth

• Should be
  • Accessible
  • Affordable
  • Non-Stigmatizing
Final Thoughts

• Farmers and agricultural workers demonstrate strength and resilience in the face of many challenges and hardships.

• Recent events—weather, larger contexts—add to the stress this population feels about their health, their relationships, their finances.

• There are multiple points of leverage in rural communities that can be used to prevent death by suicide among farmers and agricultural workers.
Thanks to

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• Georgia Department of Behavioral Health and Developmental Disabilities, particularly Jennifer Dunn, Region 4 Behavioral Health Regional Services Administrator.
References


