

FARMER SUICIDE

Family and Consumer Sciences Extension

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Every 11 minutes someone dies by suicide in the U.S. where it is the 10th leading cause of death. The Centers for Disease Control and Prevention regards suicide as a violent death. It defines suicide as a death “that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community.” In other words, suicide is the outcome resulting from an individual engaging in a conscious attempt at self-directed violence with the intent to die. Within the last decade, suicide rates rose by more than 30% with trends showing that more than 47,000 people die by suicide each year. Men between 45 and 64 and those older than 75 are at greatest risk for suicide. For women, the highest suicide risk occurs between ages 45 and 64. Further, researchers consistently document higher suicide mortality among certain working populations like farmers.

In Kentucky, farming is an economic staple. The Commonwealth is home to more than 125,000 farmers. Generally, farmers are typically healthier than other work groups, but farming can increase susceptibility to suicide because of its harsh physical, environmental, and mental demands. Several studies of Kentucky farmers show the rate of male farmer suicide is double the farmer suicide rates in other states. Typically, male farmers older than 64 have the highest suicide rates and the greatest number of deaths. However, the number of deaths in farmers younger than 44 continues to rise. According to a recent study of suicide among



Kentucky farmers, more than 100 Kentucky farmers died by suicide between 2005 and 2017. Even one farmer death is too many.

FARMER SUICIDE RISK

There are many risks for suicide that apply to everyone regardless of where they live or what they do. In general, suicide risk can include worsening symptoms of depression or anxiety, the presence of chronic stress, previously attempting suicide, or alcohol or substance abuse. Even knowing someone who died by suicide can increase the likelihood



of suicide if you were close to that person. In fact, when a person dies by suicide, their death affects about 135 other people who were close to the person who died by suicide. The people affected can include co-workers, church members, childhood friends, and others in their field.

Farmers die by suicide because of the risks accompanying rural living and farming. Some of the problems faced by rural communities include poverty, social and geographic isolation, resource scarcity, and decreased access to health services. Other rural circumstances that impact suicide risk can include substance use disorder and reduced access to jobs. In addition to rural living, farmers may experience unique suicide risk factors.

One of the primary suicide risks experienced by farmers is stress. Stress can occur in many forms and can include physical and mental stress. Physical stress is easy to recognize because we feel it in our bodies. Some examples of physical stress include joint pain or tension in our head, back and shoulders while others may include hearing loss, lung problems, or traumatic injuries.

Mental stress can be difficult to recognize because we all experience it. For farmers, though, mental

stress can include multiple problems in addition to regular life stressors. Farm stressors can frequently include stress about farm operations, farm debt, working an off-farm job, planting and harvesting season, machinery breakdown, or market prices. Other farm stressors can include farm succession, farm loss, and the inability to keep farming because of finances, injury, or illness. Farm families may also experience stress from disagreements and arguments related to farm operation and succession issues.

If mental stress is not reduced, then it can lead to mental health challenges such as depression or anxiety. Stress that is not reduced can also lead to feelings of hopelessness or suicide. It is also important to know that some chemicals, like herbicides and pesticides, can increase the likelihood of depressive symptoms. Below are some mental health challenges that can increase the risk of suicide.

Depression: involves prolonged periods of sadness, loss of energy, withdrawing from family or friends, neglecting hygiene, increased anger or irritability, appetite and sleep changes, loss of interest in daily activities, negative thoughts about self, or feeling helpless or hopeless.

Anxiety: worry or fears about the future, feelings of impending doom, trouble thinking or concentrating, avoidance of daily activities like paying bills, or avoiding social gatherings.

Chronic stress: recurrence of stress over months or years in the absence of enough self-care, resources, and support. Persons are usually unable to control the outcome causing the stress.

Personal history of suicide: having attempted suicide at some point in your past, or someone in your family who attempted suicide.

Alcohol Use Disorder: characterized as heavy drinking. For men, that can mean drinking more than four drinks on any day or more than 14 in one week. For women, heavy drinking can mean drinking more than three drinks in one day or more than seven drinks in one week.

Substance Use Disorder: can include use of prescription medications or illicit substances. Behaviors can include taking medicine for reasons other than prescribed, inability to stop using the substance, or spending money on it even though you cannot afford it. Other examples may include failed efforts to stop taking the substances or an inability to meet financial or personal obligations.

SUICIDE MISBELIEFS AND REALITY

When thinking about preventing suicide, it is important to recognize there are many misbeliefs mixed with the realities. A critical aspect of suicide prevention is separating those misbeliefs from the realities.

Misbelief: Once a person decides to die by suicide there is no changing their mind.

Reality: Most people thinking about suicide are experiencing intense and intolerable emotional pain and feel helpless and hopeless. In most cases, people don’t want to die but want the emotional pain to go away. Thoughts about suicide are often short-term and situationally specific. With proper treatment, thoughts of suicide can resolve.

Misbelief: Suicide only affects people with a mental health condition.

Reality: There are more people living with diagnosed depression and anxiety who do not die by suicide. Also, most people who die by suicide were not diagnosed with a mental health condition.

Misbelief: Talking about suicide only encourages it.

Reality: Most people and communities do not talk about suicide because of the misbeliefs and stigma associated with suicide. Talking about suicide can help decrease the misbeliefs and increase knowledge about suicide and how to prevent it. Decreasing stigma and increasing knowledge about suicide can help people struggling with suicide to open the door to seek help.

Misbelief: Suicide deaths happen without any warning.

Reality: People give verbal and nonverbal warning signs. In some cases, the warning signs may go unrecognized or be ignored.

SUICIDE WARNING SIGNS

Verbal warning signs

Verbal warning signs can include a variety of statements a person makes about themselves, their future, or their relationship to their family. Those warning statements may be reflections about the hopelessness, helplessness, and emotional pain the person is experiencing. Other warning statements may include statements about planning for death that encompass saying goodbye to loved ones and talking about where important documents are located. Abnormal outbursts of anger and unexplained verbal hostility should not be ignored. Some examples of verbal warning statements include:

• I’m better off dead. • You are better off without me. • I hate my life.	• No one cares about me. • I cannot go on like this. • Things are just too difficult to handle.
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Behavioral Warning Signs

Behavioral warnings signs may involve a variety of actions. Actions can include avoiding work responsibilities, giving away prized possessions, visiting loved ones “one last time” or beginning to make amends. Other actions might include sudden sale of land, animals, or farm equipment, emotional or physical withdrawal from friends and family, or loss of interest in normal activities. We should not ignore behavioral warning signs; we should take them seriously. We also need to take seriously the gathering of lethal means.

PREVENTING SUICIDE

Preventing suicide can involve many steps, but one of the key steps toward preventing suicide is acknowledging that suicide is a real problem. Suicide can affect anyone no matter how much property they own, their job, the size of their family, or their number of friends. By acknowledging suicide and its risk factors are real problems, we can reduce the misbeliefs and stigma about suicide. By reducing the stigma and misbeliefs about suicide, we can improve our abilities to reduce the possibility of suicide from occurring among our family, friends, and neighbors.

Other key steps for preventing suicide include informing yourself about the risks for suicide and how to help persons experiencing suicide risks or thoughts of suicide. Below are some simple helping strategies you can use.

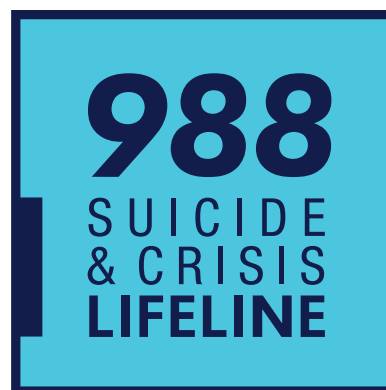
Key steps to preventing suicide

- Acknowledge that suicide and mental health challenges are real and can affect anyone like family, friends, or neighbors.
- Understand the risks and warning signs for suicide.
- Listen without judgement to the expressions and statements of people who may be having thoughts of suicide.
- Avoid dismissing thoughts and feelings. DO NOT make statements like:
 - o “That’s a permanent solution to a temporary problem.”
 - o “We all have these thoughts; they’ll go away soon.”
 - o “It can’t be that bad.”
 - o “You just need to get over it and move on.”
- Take ALL verbal or nonverbal warning signs of suicide seriously. DO NOT dismiss ANY verbal or nonverbal warning signs.

- Support friends, family, neighbors, or community members if you notice that they are struggling with a suicide risk factor like stress or thoughts of suicide.
- Seek resources and prevention training such as QPR (Question, Persuade, Refer) or Mental Health First Aid. Trainings are designed to provide tangible tools for helping family, friends, and communities who are dealing with suicide.
- Recognize that asking and talking about suicide is uncomfortable, but not as uncomfortable as the emotional pain the person is experiencing.
 - o People may be reluctant to talk because of privacy and cultural concerns.
- Remove, if possible, any lethal means by asking to temporarily store or remove those means. DO NOT attempt to forcefully take any potential lethal means.
- Ask if they are thinking about dying by suicide.
 - o If so, then get them help. Seeking help does not necessarily mean going to the ER, but it does mean seeking professional help.

RESOURCES

- Visit **Raising Hope Kentucky**
<https://www.raisinghopeky.com/>
- Call or text “KY” to:



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