



**KELLOGG**  
RURAL LEADERSHIP  
PROGRAMME



**Our Rural professionals – Are  
we supporting the people who  
support our farmers?**

**Kellogg Rural Leadership  
Programme**

**Course 43 2021**

# Sarah Johnson

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## Executive Summary:

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Our Rural professionals (RP) are passionate people that are out having day to day interactions with our Food and Fibre Producers. Our rural community is isolated and mental health can be an issue for our industry. Are we ensuring that we are supporting the mental health of the people that are there to support our farmers?

That is what this report aims to find out, to understand the current mental health state of the RP workforce, the specific factors driving poor mental health and the access and use of MH services for our RP's.

This report undertook a survey of 184 Rural professionals across the RP landscape, asking a range of questions to gain a quantitative analysis into their mental health and that of their workplace. They were then categorised into some key finding and recommendations below:

### Key Findings:

1. 67% of respondents Mental Health were currently or sometimes impacted by the requirements of their role.
2. The main drivers of this were High workload, Tough conversations with Clients and Uncertainty.
3. Banking roles had the highest impact on mental health.
4. Respondents in Banking roles found a stressful work environment as a top factor for impact on their Mental Health.
5. 92% of respondents have access to Mental Health service.
6. Only 48% of respondents with negative MH impacts on their role had open workplaces that welcomed mental health discussions.
7. 19% of respondents that MH is negatively impacted by the requirements of their role have not used any MH services. 59% of respondents whose MH is sometimes impacted by their role have not used any MH services.
8. 85% of respondents were comfortable with using MH services.

### Key Recommendations:

1. Open your Eyes:
  - a. To take personal responsibility for your own personal wellbeing in front of the requirements for your role.
  - b. To take responsibility for supporting and looking after those around you.
  - c. To promote positive mental health discussions and 5 ways of wellbeing.
2. Organisational Ownership:

- a. Create meaningful initiatives to promote positive mental health discussions in workplaces.
- b. Ensure all their people have access to some form of MH service for their employees.
- c. Promote training for your people – such as Mental First Aid or Resilience Training.

3. Leaders leading change:

- a. Leaders must learn to understand their team:
  - i. What is the mental health of their team?
  - ii. What affects their mental health – S.C.A.R.F model

Leaders need to constantly to check in with team members, ask questions and put initiatives in place to respond.

- b. Leaning into the tough conversations:
  - i. Noticing when someone's mental health is being affected.
  - ii. Asking your team what requirement of the role are affecting their mental health.
  - iii. What initiatives to drive profits and sales are driving poor mental health environments?

## ***He aha te mea nui o te ao?***

*What is the most important thing in the world?*

## ***He tāngata, He tāngata, he tāngata***

*It is the people, it is the people, it is the people.*

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## Acknowledgements:

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I would firstly like to acknowledge the Kellogg Rural Leadership programme, the tutors, rural leaders, and presenters that are involved. This experience has been rewarding, uplifting, and energizing for me and my career. I would also like to extend this to Cohort 43, a group of people that are passionate about the industry and the people within in it. The immense support, energy and fun that is brought to this Cohort is second to none, you are an amazing bunch of people who have great futures.

I would like to thank OSPRI New Zealand for giving me this opportunity to better myself and my leadership skills, particularly Stephen Stuart, Daniel Schmidt and Danny Templeman who have been supportive of this opportunity from the outset. I could not have completed this course without the support of my team and the North Island Region. I appreciate their encouragement throughout this experience and cannot wait for what the future holds for us as a region.

Lastly, I would like to acknowledge all the Rural professionals out there. Firstly, all the Rural professionals that are out there making a difference to the sector and that bring their passion for the industry to their everyday working life. Secondly, I would like to thank all the Rural professionals that completed my survey. I was completely blown away by the number of responses and that people were so open about talking about mental health. I would like to personally thank, Kate Stewart and the DairyNZ team who sent my survey out through their Rural professionals network.

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## 1. Introduction:

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I have always been impressed and proud of our farmers, the immense amount of pressure they are consistently under, the external factors that affect their operations that they have no control over and the pure passion they have for their industry, their land, and their animals. This is what has driven my passion to work within the industry, to be a part of an evolving industry and work alongside people with similar passions that I have myself.

In April 2019, Hawkes Bay had its first TB infected herd it had seen in many years, and we have seen that number increase up to 29 infected herds (as of 1st June 2021). I was one of the Rural professionals at the forefront of these breakdowns and felt first-hand the pain and struggle that our farmers faced when their herd became TB infected and the impact of having TB brought to the region. What I did not expect, was the effect that would have on my own mental health. That the passion that I brought to my role and the industry could be my own detriment. I was lucky enough to be a part of a company that promoted mental health conversations, supported asking for help and adding resource when things got tough, or the workload got too much.

I have brought this attitude to my own team, who are a bunch of passionate driven people, out on the ground dealing with negativity and tough conversations. They are at the forefront of two tough programmes – TBfree and NAIT. Whether you are talking about 1080 or encouraging farmers to prioritise Traceability. The day-to-day conversations that these people have are mostly negative, where do you find the cup fillers? My own personal experiences are what has driven my passion in improving mental health throughout my team and promoting it in the region. This is what drove me to investigate my question “Are we supporting the people who support our farmers?”. To investigate what the Rural professional mental health landscape looks like currently. If we can better improve the mental health of the people out in the field, can that in turn provide better support for the mental health of our farmers and the rural community.

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## 2. Aim:

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The aim of this project is to understand whether we are adequately supporting the Mental Health (MH) of the people who service our food and fibre producers.

MH can be an all-encompassing subject, that has a large range of area to focus in on. I want to provide myself some background and context around MH in New Zealand, Agriculture and in the workplace and how we best maintain good MH.

Then to understand what current MH state is in the RP workforce, are my experiences and discussions I am having in my roles reflected in other parts of the industry. I want to gain a further understanding of what specific factors are affecting the MH in our roles, are they different among different roles.

We know that the Mental Health services in New Zealand are under scrutiny right now. Are there MH services, team members, workplaces, and training available within RP workplaces and are they being readily used when needed.

Lastly, I want to provide recommendations to the industry to improve the mental health for our people, so in turn this can have a positive effect on our farmers within it.

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### 3. Background:

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The following information is to provide background around the topics I will be exploring throughout my methodology. I will be describing the Rural professionals, exploring mental health, mental health in Agriculture and Mental Health in the workplace.

#### 3.1. Rural professionals:

Rural professionals (RP) is a term that is commonly used in the New Zealand Agriculture industry to describe people who provide some type of service to farmers or the industry. It is a term that can encompass a range of different profession within the industry, New Zealand Institute of Primary Industry Management (NZIPIM) describes roles such as farm management advisors, rural bankers, farm accountants, fertiliser consultants, rural valuers, industry good representatives and other agribusiness service providers. (NZPIM, 2021)

The roles are all vastly different, but all play an equally vital role in assisting the industry in moving forward. As shown in Figure 1, the heart of what drives the workforce is the Food and Fibre Producers, RPs are servicing these producers to assist with the industry from grass to glass or paddock to plate.



Figure 1: Rural professional Roles within the primary sector (Duker, 2019).

From my experience, RPs' are usually workers who have grown up in some form of Agriculture or who have found their calling for the industry through working in it. Whether they are working to improve the industry, protect the industry or support the industry, it is a truly passionate professional network.

### 3.2. Mental Health:

Mental Health (MH) is an important aspect of a person's overall wellbeing. The World Health organisation describes MH as a state of well-being in which an individual realises his or her own abilities, can cope with normal stresses of life, can work productively and is able to contribute to his or her community. (WHO, Mental Health:strengthening our response, 2018).

As a person's mental health becomes more impacted, the more serious those affects can be. Mental illness and access to adequate support is a serious issue in New Zealand – this called for a government enquiry after widespread concern about mental health services within the sector and the community. This resulted into the delivery of the report in 2018 – He Ara Oranga - an inquiry into Mental Health and Addiction. It highlighted several concerning facts (Professor Ron Paterson, 2018):

- Each year around one in five of us experience mental illness or significant mental distress and intentionally self-harming.
- The cost of serious mental illness including addiction is 12 billion or 5% of gross domestic product.
- 50-80 % of New Zealander will experience mental distress or addiction challenges in their lifetime.

These statistics alone show that everybody has a role to play in ensuring that mental health is at the forefront at home, work, and play.

Unfortunately, the discussion around mental health is commonly referred to only when talking about mental illness, when it should be highlighted as the same importance as physical health. According to (A Mental Health guide for New Zealand Leaders, 2019) Mental health is about how we think, feel and act as we deal with life's ups and downs. The state of our mental health helps determine how we handle stress, relate to others, make decisions, and go about our daily lives.

Because mental health is what is going on the inside, we only see changes to mental health on how someone responds on the outside. The different states of our mental health can be reflected in what we do (our behaviours), how we feel (our emotions) and how we think (cognitions) – this is reflected well in Figure 2.

	HEALTHY	REACTING	INJURED	ILL
MOOD	Normal mood fluctuations; Calm & takes things in stride	Irritable/impatient; Nervous; Sadness/overwhelmed	Anger; Anxiety; Pervasively sad/hopeless	Angry outbursts/aggression; Excessive anxiety/panic attacks; Depressed/suicidal thoughts
ATTITUDE	Good sense of humour; Performing well; In control mentally	Displaced sarcasm; Procrastination; Forgetfulness	Negative attitude; Poor performance or workaholic; Poor concentration/decisions	Can't perform duties/control behaviour or concentrate; Engaging in behaviours which appear to be markedly out of character
SLEEP	Normal sleep patterns; Few sleep difficulties	Trouble sleeping; Intrusive thoughts; Nightmares	Restless disturbed sleep; Recurrent images/nightmares	Can't fall asleep or stay asleep; Sleeping too much or too little
PHYSICAL HEALTH	Physically well; Good energy level	Muscle tension/headaches; Low energy	Increased aches and pains; Increased fatigue	Physical illnesses; Constant fatigue
ACTIVITY	Physically and socially active	Decreased activity/socialising	Avoidance; Withdrawal	Not going out or answering phone; Changes to appetite (increased or decreased)
HABITS	No/limited drug and alcohol use/gambling	Regular but controlled drug and alcohol use/gambling	Increased drug and alcohol use/ gambling – hard to control	Frequent drug and alcohol or gambling use – inability to control with severe consequences; Out of character decision making e.g. spending

Figure 2: NZDF Mental Health Continuum (A Mental Health guide for New Zealand Leaders, 2019)

This demonstrates the range of different themes your mental health can affect such as your mood, attitude, sleep, physical health, activity, and habits. A person can move along this continuum depending on their circumstances both internally and externally. What is important is for signs to be noticed by either by the individual or others that are close to them.

3.3. Maintaining good Mental Health:

There are several different initiatives to improve your mental health or mental wellbeing. The two most adopted are the “Five Ways to Wellbeing” and “Te Whare Tapa Whā”.

3.3.1. Te Whare Tapa Whā:

Te Whare Tapa Whā is the concepts of looking at your mental wellbeing like a whare.

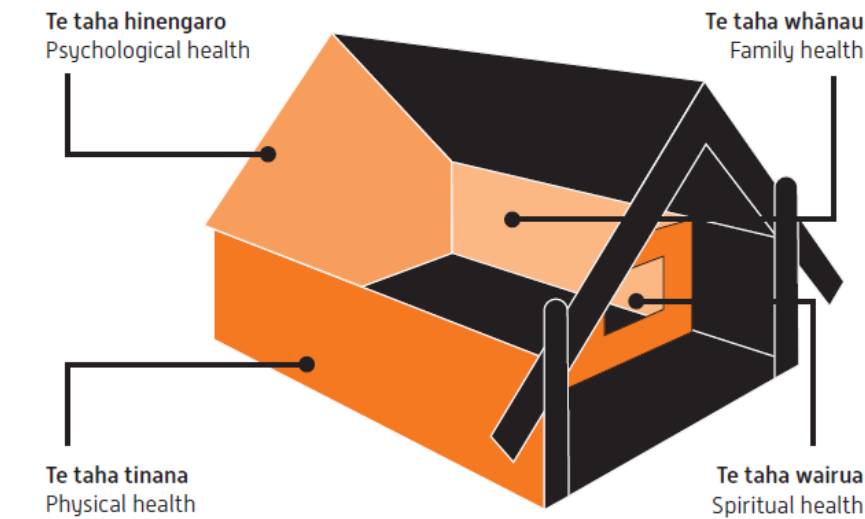


Figure 3: Te Whara Tapa Wha - a mode of health

Figure 3 illustrates that all four walls represent your mental wellbeing, they must all be there, standing to maintain a stable whare. The four sides are psychological health, family health, physical health and spiritual health. The concept states, that because these are all interlinked, should one fall down our health can suffer.

### 3.3.2. Five Ways to Wellbeing:

The five ways to wellbeing are an initiative created by the New Economics foundation. They believe that building five actions into our day to day lives are important for our Mental Wellbeing (J. Aked, 2008).



Figure 4: Five Ways to Wellbeing (J. Aked, 2008)

These 5 initiatives are 5 simple steps that are do-able each day. Connecting to people around you, being active in your day-to-day life, giving back, taking notice of the simple things and keep learning new things. These 5 ways have been adapted by a number of organisations, notably the Mental Health Foundation and Farmstrong (See 5.4.1)

### 3.4. Mental Health in Agriculture:

It is well-known throughout the industry that the mental health of our rural community is worse than that of our urban neighbours. The He Ara- Oranga report (Paterson & et., 2018) suggest the factors such as isolation, alcohol abuse and availability of firearms are contributing factors to the higher rates of suicides, especially in young farm labourers. Farmers geographical locations combined with poor cell phone coverage makes it harder for them to access mental health services.

Services such as Farmstrong and Rural Support Trust play such an important role in connecting rural people and increasing wellbeing across the sector.

#### 3.4.1. Farmstrong:

Farmstrong is a wellbeing programme that began in 2015, during their foundation research in 2014 they found that farmers were good at everything farming – livestock, land etc. but failed at putting the right things in place to look after themselves. This prompted beginning of the programme to support farmers and growers and help them live well to farm well.

Since their 2015 they have seen a 20% increase in farmer wellbeing attributed to the programme and 5,500 farm owners and growers reporting an 'ability to cope with the ups and downs of farming' which they have attributed to being involved with Farmstrong. (Farmstrong, 2019)

#### 3.4.2. Rural Support Trust:

Rural Support is a great service that supports rural people through all events, whether it is financial struggles through to adverse weather events. They are a group of well-connected people, who can assist or connect our farmers and growers to the right help. Their services are free, and I have seen first-hand some of the important work they do for farmers who are affected by disease such as *Mycoplasma bovis* and *Mycobacterium bovis*.

### 3.5. Mental Health in the workplace:

The Health and Safety Work Act (Government, 2015) states that businesses must take reasonably practical steps to protect health and prevent harm at work, including psychological harm. There have been plenty of cases throughout NZ where compensation has been paid to employees due to mentally unhealthy workplaces.

Maintaining good mental health in the workplace is highly important for the individual and their performance, as poor mental health affects their performance and safety in their roles. We have a responsibility as leaders in the workplace to ensure the work and space we create is safe for our people. The He Ara – Oranga Report (Paterson & et., 2018) highlighted “Members of the workforce told us of the love for their jobs but reported stress, burnout and exhaustion from overwork and an increasing risk of assaults.”. A survey conducted by Farmstrong (Wyllie, 2019) attributed six in ten (58%) people reported that at least one of the listed aspects of diminished wellbeing contributed to their injury at work. These were aspects such as having too much to do and not enough time, feeling fatigues and exhausted, lack of sleep etc.

#### 3.5.1. Understanding the S.C.A.R.F model:

The S.C.A.R.F model follows themes from social neuroscience that highlights our motivation behind our social behaviour is to minimise threat and maximise reward.

The S.C.A.R.F model breaks down into five factors (Rock, 2008):

- Status – relative importance to others
- Certainty – concerns being able to predict the future.
- Autonomy – sense of control over events
- Relatedness – sense of safety with others
- Fairness – perception of fair exchanges with people.

The SCARF model highlights the social factors that trigger this response and is an important model to understand in any social situation, especially a workplace. It helps leaders understand a response from a person who believe that they may be under “threat”.

Understanding these factors and that they are a driver of everyday social situations can assist a leader to understand their team. Understanding what drives the responses (threat or reward) of your people, can help recognise or modify the workplace to improve the mental health of its people. It is important to note that everybody relates to the S.C.A.R.F model differently, therefore it is not a one size fits all for a team.

### 3.5.2. Understanding Stress:

Stress is one of the key drivers to poor mental health in the workplace. Stress puts our body into the fight or flight mode, which is designed for our body to react to external threats. Stress is an everyday part of our lives; it can be helpful at times, but prolonged amounts of stress can have negative impacts on our body. Not only can this response lead to health impacts such as increased blood pressure, heart conditions etc. but can lead to further impacts on our mental health affecting the brain. People with Chronic stress can be more jumpy, anxious, memory is impaired, and thoughts and emotions become rigid (A Mental Health guide for New Zealand Leaders, 2019). We can see from this information how stress can not only impact the mental and physical health of a person but how this could affect their everyday performance in the workplace to.

### 3.5.3. Leading Safety model:

The Business Leaders Health and Safety Forum (Forum B. L., 2021) follows the research work conducted by Dr Hillary Bennett a director of Leading Safety. She believes there are four approaches organisations can take to address mental health at work.



Figure 5: Four approaches to address mental wellbeing at work. (Forum B. L., 2021):

As Bennett stated when talking about mental wellbeing at work (Forum B. L., 2021) “It is more than a legal obligation, it is the right thing to do”. Figure 5 highlights these four factors, which are broken into Obligations (what is your legal obligation to prevent harm) and opportunity (what is right, what is best for your people).

1. Protect – Identifying MH risks and eliminating or minimising them.
2. Support – ensure that your workplace provides adequate support to its people.
3. Foster – Develop MH and wellbeing capability of your people.
4. Reclaim – Restore the MH and wellbeing of your people and their team.

According to Bennet – where most leaders fall is the “Protect” approach with their people. This approach helps organisation identify areas that can harm or protect mental wellbeing in their workplace.

It focuses on four work areas.

- Task – the nature and demands of the work and how its organised.
- Individual – The impact of the work on a person and its meaning to them.
- Social – Relationships and personal connections at work.
- Organisational – The culture, systems, and processes at work.

Leaders and their people work through each focus area to understand the pinch point work areas and create ideas for improvement as a team to improve mental wellbeing in the workplace.

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## 5. Method:

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The method for this project was to undertake a survey of the Rural professional Network. The survey was aimed at all ranges of rural professions and emailed out through several channels including but not limited to:

- DairyNZ Rural professionals Network
- Personal contacts throughout the industry
- Kellogg Cohort 43 Network

Respondents were assured of the anonymity of the survey and that all data collected was to be for the research project only, following that data would be destroyed.

There was a total of 184 responses, from a variety of different areas of the rural professionals from banking through to veterinarians.

The respondents were asked several questions (Appendix 1: Rural professional Survey:) These questions were based around the research questions of my topic:

- Are the current requirements of a Rural professionals role currently impacting your mental health?
- What are the factors that negatively drive their mental health?
- Do they currently use mental health services available to them?
- Do they have access to mental health services?
- Would they be comfortable in using mental health services?
- Does working alone have any impact on the above?

From here I took a qualitative approach and delved into the results using the above research questions as my starting points, to note any common correlations or themes coming out of these results.

It should be noted that the 183 respondents are only a snapshot in time and a sample of the thousands of Rural professionals working within the industry.

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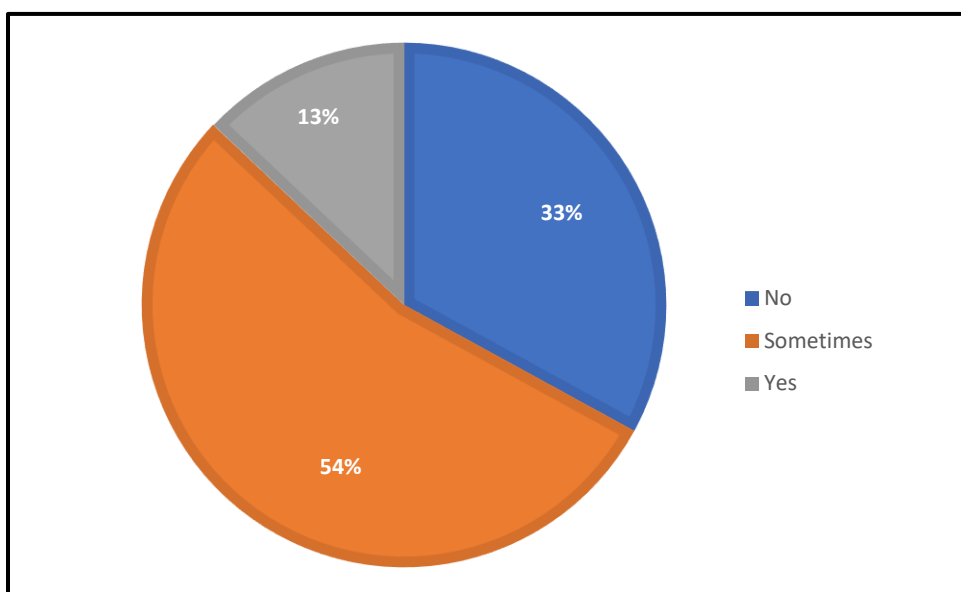
## 6. Findings & Discussions:

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The following findings and discussions are results from the 184 Rural professionals (RP) that completed my survey.

### 6.1. A Rural professional role and the negative impact on Mental Health:

The pressing question for me throughout this research was whether our roles were impacting our mental health in any way. It was naïve to think that this may not be the case, as you would assume any role to have some type of negative impact on your own mental health.



*Figure 6: Graph highlighting the results of whether the requirements of their role negatively impacted respondents.*

Figure 6 illustrated that 67% of respondent's mental health (MH) is negatively impacted by the requirements of their role is impacted or sometimes impacted. I was surprised and relieved to learn that 61 respondents' roles had no negative impact on their mental health.

#### 6.1.1. Age or Gender and Mental Health Respondents:

Discussions around MH sometimes do suggest that age or gender have a role to play in MH or suicide statistics and in some cases that is true. The respondents in this survey were evenly split between male and female and relatively equal numbers of respondents ranging from 20 to 60+ years. The World Health Organisation (WHO, Gender and Mental Health, 2002) suggest that rather than whether poor Mental Health is attributed to gender or age, it is more the type of mental health that is experience among gender or age. Studies show to find woman more prone to anxiety or depression in adulthood, whereas substance abuse and antisocial behaviours is more prevalent in men.

Table 1: Table showing if there is any correlation (r value) between age and gender and MH in the survey and if the correlation has any weighting in the survey (p value)

	r value	p value
Age	0.21	>0.01%
Gender	-0.15	0.31%

The results in Table 1 showed that there was little to no correlation between respondents age or gender and the negative impact of their MH in their roles.

6.1.2. Poor Mental Health and Role Types:

Respondent were asked what category best describes their job. Figure 7 illustrates the number of respondents for each role type and their response to whether their roles negatively impact their mental health.

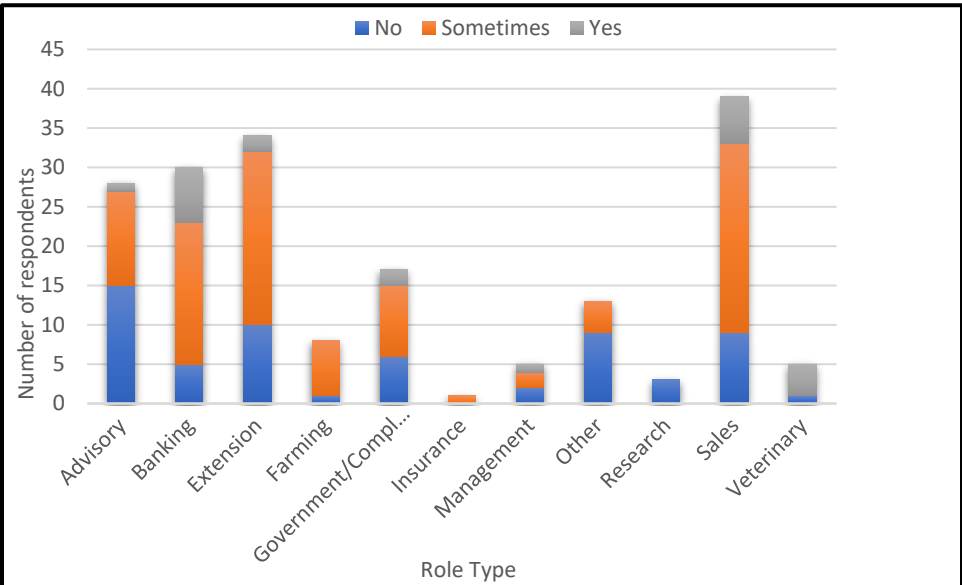


Figure 7: Graph illustrating the different role types within the respondents and the impacts on their mental health.

The four largest role types in this survey were advisory, banking, extension, and sales. The role type which had the highest negative response to Mental health was Banking, with 83% of respondents noting that their role requirements do or sometimes have a negative impact on their mental health. This was closely followed by Sales with 77% and Extension with 71%.

Out of these four groups, advisory had over 50% of respondents advising that their role does not impact their mental health. Advisory RPs give advice and/or sell products and provide information on usage, pasture, and crop and livestock management (DairyNZ, 2021). If we compare the requirements of the role to others when looking at the S.C.A.R.F mode; status (importance to others – providing advice), autonomy (sense of control), relatedness (safety with others) and fairness (good exchanges) are all be well covered in the requirements of these roles.

Further interesting results to note, was 3 out of 4 of the Veterinarian respondents advised that their MH was negatively impacted by the requirements of their role and 3 respondents from Research type roles did not believe their MH was being affected.

For further comparison on role types and what respondents believed were attributing factors to their MH, see 6.2 Factors that drive poor mental health in the workplace:.

6.2. Factors that drive poor mental health in the workplace:

Respondents were asked the top three factors that affect them negatively in the workplace, they had a choice of several options but also the ability to include any others that they believed were relevant.

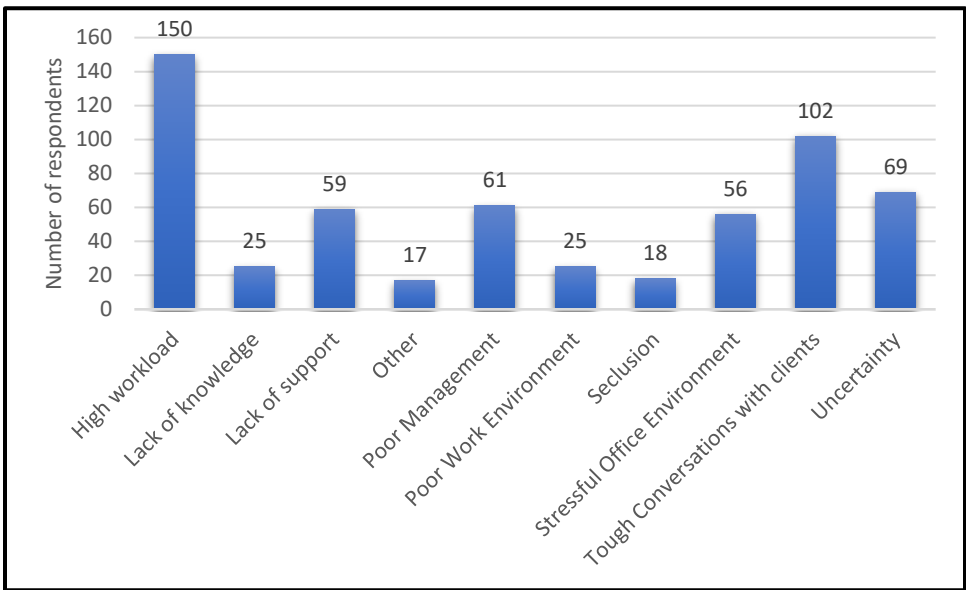


Figure 8: Graph illustrating the factors in their roles respondents believed impacted negatively on their own mental health.

As shown in Figure 8, high workload was unsurprisingly the highest factor effecting respondents MH at work, with 84% of respondents who advised their mental health was currently being affected by this. We saw overall and within the pool of respondents with poor mental health in their roles, that 2 other factors had negative impacts on their MH. The first being having tough conversations with clients, which can be a regular occurrence for some RPs. Discussions such as inability to lend more money, having to deliver news that may affect their farming business or working for organisations that’s farmers have a negative association with. The second highest factor was uncertainty in the workplace, which can be common under roles that may be levy funded or rely on markets.

These three factors relate back to three parts of the S.C.A.R.F model – Certainty, Autonomy and Relatedness. Meaning that if for respondents who have any affiliation with any of these parts, it will trigger the threat response, which in turn increases stress.

The statement from the He Ara Oranga report (Paterson & et., 2018), “Members of the workforce told us of their love of their jobs but reported stress, burnout and exhaustion

from overwork and an increasing risk of assaults”, this rings true to the results in this survey. From my experience, the love for the industry, the people and the communities are strong throughout the RP workforce, but that can be the detriment for many. It drives people to go the extra mile for your clients and industry and take the difficult discussions you are having with client’s home with you.

6.2.1. Factors that drive poor Mental Health depending on role:

The four highest number of respondents in this survey were advisory, banking, extension, and sales. As previously cited in 6.2, banking had the largest respondents advising that their MH is impacted or sometimes impacted by the requirements on their role.

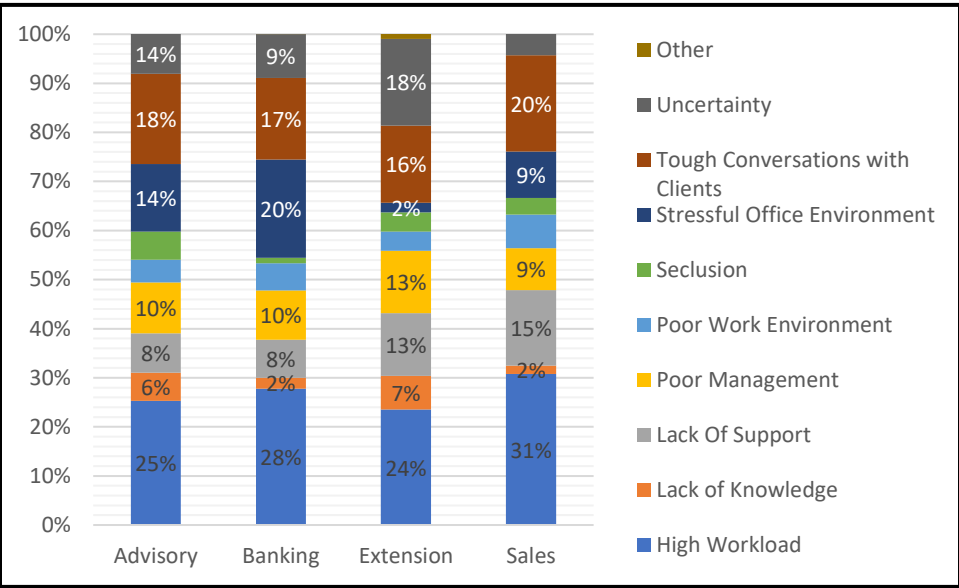


Figure 9: Graph illustrating the factors in their roles respondents believed impacted negatively on their own mental health.

We saw the three highest factors were workload, tough conversations with clients and uncertainty, but in the above, uncertainty is not one of the contributing factors to these four roles other than Extension. High workload is still one of the top factors that affect MH in each of these four roles.

Stressful office environment made up for 20% of the banking results, 18 respondents noted that as one of their 3 factors, which made up for 75% of all respondents throughout the whole survey.

Tough conversations with clients made up for 20% of sales, 18% of advisory and 17% of banking roles. This is an unsurprising result when you look at requirements of those role. In a sales role, you would need to be thinking of the best way to get the sale, in banking you may not be able to give the client what they want or need and in advisory you may not be telling the client what they want to hear.

Uncertainty does not make up for a large proportion of the factors above, this may be attributed to these roles being more stable or the people in these roles being surer of

their future. We only see this in extension type roles, which could be attributed to their roles being under levy funded organisations.

6.2.2. Access to mental health support in the workplace:

Research shows that less than half of the people who would benefit from treatment will seek help (A Mental Health guide for New Zealand Leaders, 2019). It is all leaders’ responsibilities to ensure the workplace promotes positive mental wellbeing and allow access to mental services.

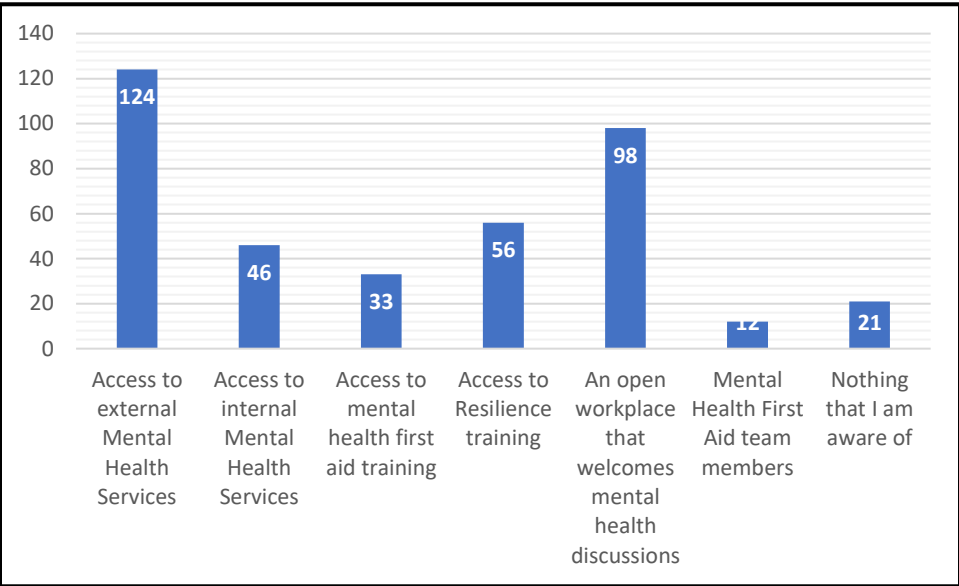


Figure 10: Respondents access to Mental Health in their workplace

The results from **Error! Reference source not found.**, were disappointing to say the least. 92% of respondents have access to some form mental health service whether it is internal or external. This figure should be 100%, as it is the easiest form of support a workplace can provide.

It is disappointing to see that 21 respondents were not aware of their workplace having any kind of mental health support available at all. I was surprised that 53% of working environments have an open place that welcomes mental health discussions, I am assuming that number has risen as mental health becomes more of a discussion at work.

I wanted to include the two important types of training that I have found on my mental health journey – mental health first aid training and resilience training. Mental health First Aid (MHFA) training is an important type of training that helps trainees notice the first symptoms of mental distress and react accordingly to the situation in the right way. Resilience training assists participants in improving personal resilience which can decrease stress and anxiety.

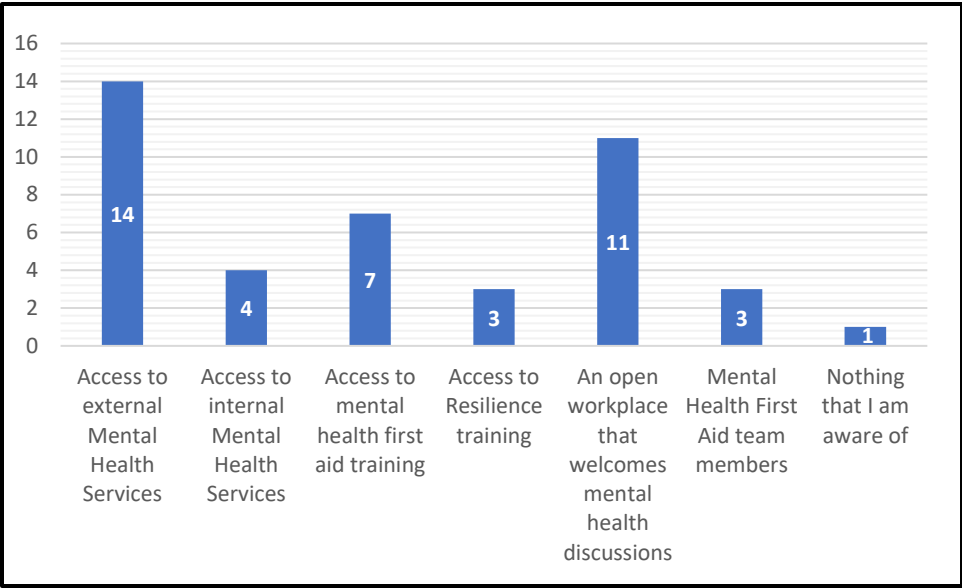


Figure 11: Respondents whose mental health is currently being impacted by their mental health and their access to mental health support.

Only 23 respondents in this survey selected that their mental health was currently being impacted by the requirements of their role. **Error! Reference source not found.** shows that 69% of these respondents have access to any type of Mental Health service and only 48% have an open workplace that welcomes mental health discussions. It is disappointing to see one individual who is unaware of any mental health support in their workplace.

6.3. Respondents use of Mental Health Services:

Respondents were asked if they had used any of the above services. We usually see barrier for the use of these services due to negative stigma or concerns about how it would impact career advancement (A Mental Health guide for New Zealand Leaders, 2019).

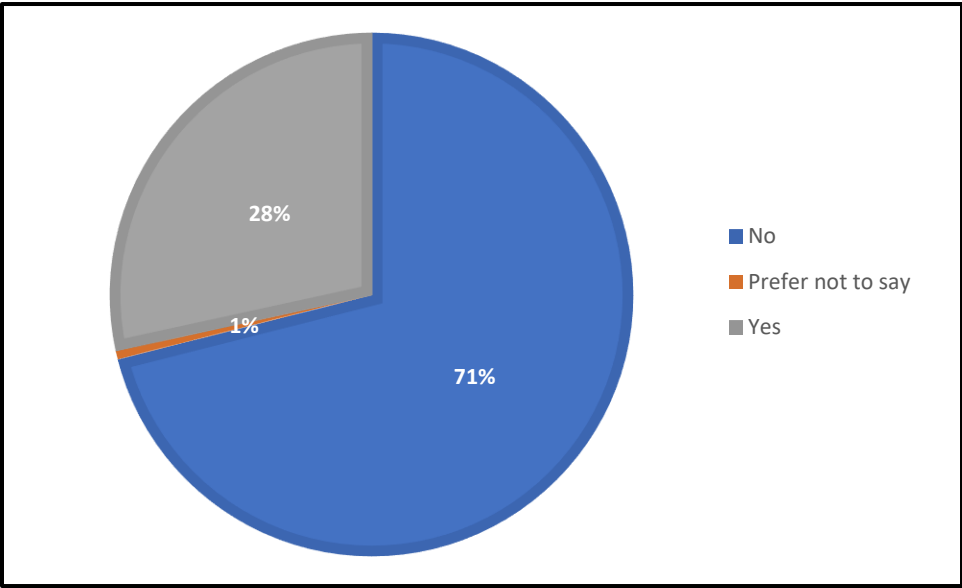


Figure 12: Pie graph illustrating whether respondents have used any of the Mental Health Services available to them.

Figure 12 illustrates that 71% of respondents have not used these services, 9% of these were respondents that currently have mental health impacts from the requirements of their role and 50% of those respondents find that their mental health is sometimes impacted by the requirements of their role.

Alternatively, out of the 28% of respondents that answered yes, 81% of them have their mental health sometimes or always impacted by the requirements of their role.

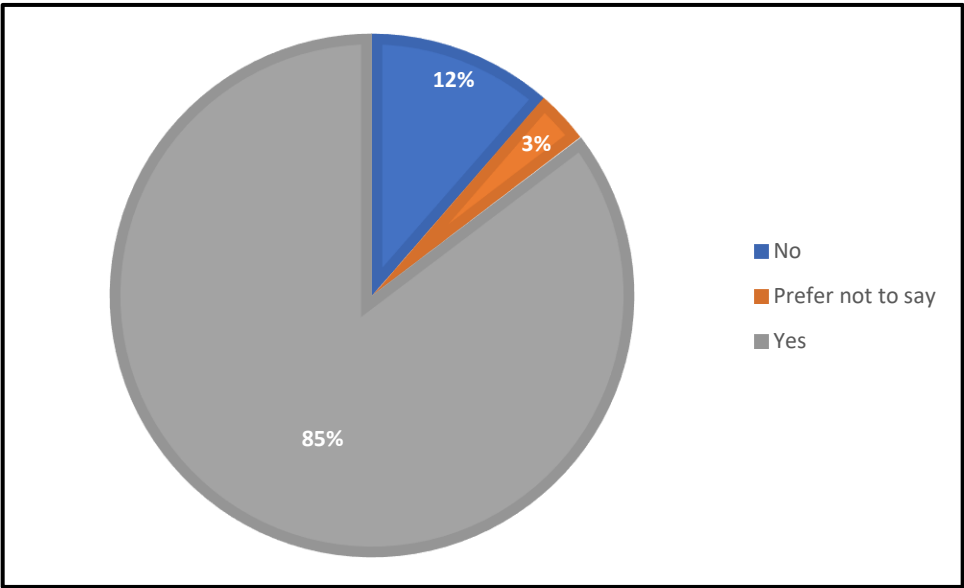


Figure 13: Pie graph illustrating whether respondents were comfortable with using mental health services

Figure 13 illustrates the how many respondents were comfortable with using any Mental health Services, 85% of respondents were comfortable with using these services. 19% of these respondents Mental Health was currently impacted by their role and 52% of respondents sometimes have their Mental Health impacted by the requirements of their role.

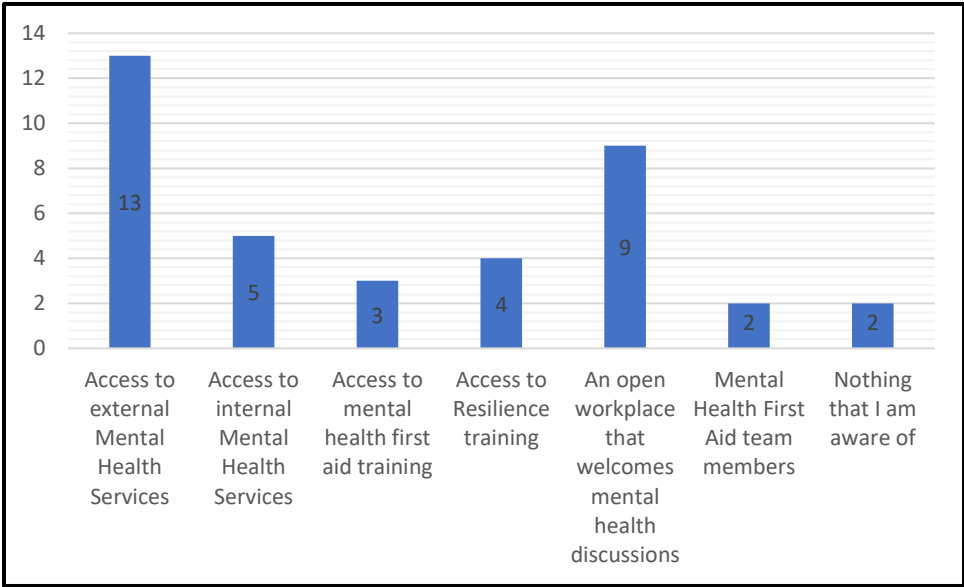


Figure 14: Illustrating the access to MH services for respondents that are not comfortable in using them.

Figure 14 highlights that 71% of the respondents who are not comfortable with using these services have access to some kind of MH service. It is disappointing to see that that only 43% of these respondents have an open workplace that welcomes these discussions. It would be interesting to delve more into why respondents may not want to use MH services whether they are comfortable with using them or not and whether the statements such as career limiting, limited access or negative connotations are true.

#### 6.4. Mental Health and Working Alone:

The New Zealand landscape is vast and spreads across wide areas throughout New Zealand, therefore our farming communities can be isolated and require a large amount of travel to support. It is expected that many rural professionals will be spending some or most of their time working alone. We know that seclusion in the rural community is a factor to mental illness in the rural sector, does this affect our rural professionals (RP), or is this a perk or enjoyment to the job?

The correlations between RPs working alone, and whether they enjoyed working showed a low positive correlation (.25) and a p value of 21%. This meant that people who enjoyed working alone, were the ones that's role required them to work alone and the less someone enjoyed working alone the less their role required them to.

An interesting result from this – was the respondents that included seclusion in one of their factors affecting their mental health. 82% of them were anywhere from being neutral about working alone to enjoying working alone and 88% of them has their mental impacted or sometime impacted by the requirement of their role.

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## 7. Conclusions:

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From the beginning of this research, I aimed to seek out, whether some of the MH impacts I was seeing in myself, my team and my experience on the ground was seen across the Rural professional (RP) workforce. The results of this survey showed that 67% of respondents MH is negatively impacted or sometimes negatively impacted by the requirements of their role, this had little to no correlation on age or gender, with a wide range of respondents being from all ages and gender.

The main drivers for MH being impacted was High workload, Tough Conversations with Clients and Uncertainty. 84% of all respondents advised that High Workload was one of top three factors that they believe negatively impacted the Mental Health in their role.

The roles that we saw the highest number of respondents were Advisory, Banking, Extension and Sales. 83% of banking RPs in this survey selected that their MH was negatively impacted or sometimes negatively impacted by the requirements of their role. A notable result from this investigation was that 20% of Banking RPs, found a stressful work environment as the second highest factor relating to poor mental health in the workplace, this accounted for 75% of all respondents in the survey.

It was unsurprising to see Tough Conversations with Clients making up for almost 1/5<sup>th</sup> of Sales, Advisory and Banking roles, these three roles have role requirements that involves tough conversations whether it is the inability to lend money or telling the client something they may not want to hear. Having these conversations affects the relatedness part of the S.C.A.R.F model, which would affect any outward facing social person.

The concern nationally, especially in the rural community is the access to MH services. It should be an employer's responsibility to ensure their staff have access to MH services. The results from the survey showed 92% of respondents had access to either external and/or internal MH services. It was disappointing to see that 21 respondents were unaware of having access to any MH services, an open workplace that welcomes mental health discussions or access to training or trained team members. 69% of respondents whose MH was currently being impacted had access to Mental Health services and only 48% had an open workplace that welcomes MH discussions. It is also important to note, that 1 of these respondents was unaware of any MH services within their company – when someone may need it the most, where are we as leaders/employers?

The use and willingness to use any of these services was an important point to delve into when researching this project. To understand if people are using these services, if not, do they need to be? And if they needed them, would they be comfortable and using them, if not, why? The results showed that 59% of the respondents that have not used any of these services find their mental health being impacted or sometimes impacted, disappointingly 19% are respondents who mental health is negatively impacted.

Alternatively, 28% of respondents that have or are currently using these services are negatively impacted by the requirements of their role.

Surprisingly only 12% of respondents were not comfortable in using MH services if they were needed, whereas 85% of respondents were comfortable with using them. Out of this 12%, 71% of them had access to MH services, but disappointingly only 43% had an open workplace that welcomed mental health discussions.

Lastly, as we have seen through surveys and statistics, rural communities' seclusion is seen to attribute to poor mental health. Many RP can be working alone regularly and do they enjoy it. Surprisingly, there was a small positive correlation between working alone and the enjoyment of it. An interesting result from this was respondents who identified seclusion as a factor affecting their MH, 82% of them were anywhere from being neutral to enjoying working alone.

Overall, the findings and discussion have been less surprising but more disappointing from this survey. It points the question, are we supporting the people that are driving down our food and fibre produces driveway. I think we still have a bit of work to do. We are making headway with more open discussion around mental health at the workplace and some RPs not reporting MH effects from jobs. On the other hand, there are still some alarming figures in here, especially around access to MH services and factors that can easily be amended to improve MH in the workplace.

We owe it to the people that are passionate about this industry and the farmers and producers they support, to do better by them, to better the performance and health of our industry.

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## 8. Recommendations:

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In my opinion, we all have a social responsibility to ourselves, to our peers and to our teams to ensure everyone goes home safe, physically, and mentally.

### 8.1. Open your eyes!

Even as I look back on why I chose to do this research, I was “interested” to understand if this was particular to myself or my teams experience – how naïve was that thought. We as an industry, as peers and as leaders need to open our eyes to what is going on around us.

1. Take personal responsibility for your own personal wellbeing in front of the requirements for your role.
2. Take responsibility for supporting and looking after those around you.
3. Promote positive mental health discussions and 5 ways of wellbeing.

### 8.2. Organisational Ownership:

It is an employer’s responsibility to take adequate ownership of the steps they are taking to ensure the wellbeing of their people. This starts from the top, where boards and Chief Executives must ensure they are leading change and creating spaces for their leaders to promote better MH. Firstly, are they following their liability but are they taking it further and doing what is right for their people.

1. Create meaningful initiatives to promote positive mental health discussions in workplaces.
2. Ensure all their people have access to some form of MH service for their employees.
3. Promote training for your people – such as Mental First Aid or Resilience Training.

### 8.3. Leaders Leading Change:

We all have a responsibility as leaders to lead from the front. Especially leaders who form part of a team, what initiatives can we create, what discussions can be had to drive better change.

1. Leaders must learn to understand their team:
  - a. What is the mental health of their team?
  - b. What affects their mental health – S.C.A.R.F model.

Leaders need to constantly to check in with team members, ask questions and put initiatives in place to respond.

2. Leaning into the tough conversations:
  - a. Noticing when someone's mental health is being affected.
  - b. Asking your team what requirement of the role are affecting their mental health.
  - c. What initiatives to drive profits and sales are driving poor mental health environments?

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## 5. Appendix 1: Rural professional Survey:

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This survey was created using google forms and link sent out through email to respondents:

*Thank you for participating in this survey.*

*This project aims to get an understanding of the current mental health of our Rural professionals and assess the wellbeing support available and whether it is used. The information you provide in this survey will help to provide a snapshot of the current state of mental health in the rural professional workplace. I hope to use this information to guide some suggestions on how we better support the mental health of our rural professionals.*

*All responses are anonymous, once the data is received it will be collated to look for common themes among the respondents. Once the project is finished, all data will be destroyed.*

*Please contact me if you would like to receive a copy of the project once completed or discuss anything further.*

*Nga mihi,*

*Sarah Johnson*

*E: sacampbell91@gmail.com*

*Ph: 06 354 4773*

1. What is your gender?

- Male
- Female
- Prefer not to say.
- Other

2. What is your age?

- 18 - 20
- 20 - 29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 +

3. What of the following Rural professional categories best applies to your job?

- Farming
- Advisory
- Fertiliser and/or Chemical
- Banking
- Extension
- Sales
- Mental Health Support
- Research
- Compliance
- Government
- Other – please specify.

4. How much of your day to day is working alone?
  - All the time
  - Most of the time
  - Some of the time
  - Never
  
5. How do you feel about working alone?
  - I enjoy working alone.
  - I mostly enjoy working alone.
  - I am neutral about working alone.
  - I somewhat enjoy working alone.
  - I do not enjoy working alone.
  
6. Is your mental health negatively impacted by the requirements of your current role?
  - Yes
  - No
  - Sometimes
  
7. What factors can negatively impact your mental health in the workplace? Select your top 3.
  - High workload
  - Stressful office environment
  - Poor Management
  - Tough conversations with clients
  - Lack of support
  - Lack of knowledge
  - Uncertainty
  - Seclusion
  - Poor Work Environment
  - Other – please specify.
  
8. Do you have any of the following support in your workplace?
  - Access to external Mental Health Services
  - Access to internal Mental Health Services
  - Access to mental health first aid training
  - An open workplace that welcomes Mental Health discussions
  - Mental Health First Aid team members
  - Access to Resilience Training
  - None that I am aware of
  
9. Have you used any of the above services?
  - Yes
  - No
  - Prefer not to say.
  
10. If you had to – would you feel comfortable using them?
  - Yes
  - No
  - Prefer not to say.

