

Report to the Legislature

**Improving
Behavioral Health &
Suicide Prevention
in the Agricultural
Industry:**

*Task Force Findings &
Recommendations*

DECEMBER 2018

HOUSE BILL 2671



Injury & Violence Prevention Program
Prevention and Community Health



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Executive Summary

Second Substitute House Bill 2671 directs the Department of Health to convene an Improving Behavioral Health and Suicide Prevention in the Agricultural Industry Task Force (task force) on behavioral health and suicide prevention in the agricultural industry. The bill directs the task force to review data on behavioral health and suicide rates in the agricultural industry, consider components to be included in a pilot program, and report on its findings and recommendations. On October 10, 2018, the task force – which includes representatives from agricultural industry associations, local health centers, mental health providers, state agencies, local governments, and other stakeholders and experts – held its first meeting. The task force’s findings and recommendations are summarized below.

- **General Findings**

- Behavioral health and suicide risk factors of particular concern in the context of agricultural workers and their families include: job-related stress; financial burdens; lack of access to services in rural areas; isolation; and cultural stigma.
- It is critical that behavioral health and suicide prevention efforts consider the diversity of the agricultural community.
- Community members and professionals specifically knowledgeable about and connected to the agricultural industry need to play key roles in such efforts.

- **Recommended Pilot Project Host County:** Skagit County

- **Recommended Pilot Project Contracting Entity:** Washington State University Extension

- **General Recommendations:**

- Provide education for physicians and other professionals who work with agricultural workers to recognize warning signs of suicide risk and to refer them to local resources.
- Provide education for physicians and workers regarding toxic pesticide exposure, to address possible neurological side effects that may occur with depression medications.
- In data collection and evaluation, identify and differentiate the behavioral health factors that may affect the various occupations within the agricultural industry.
- Use communication strategies including video campaigns, creation of culturally and linguistically appropriate “leave behind materials,” and a crisis hotline/text line.
- Incorporate community-based supports, youth outreach, and existing community resources into behavioral health and suicide prevention efforts, when appropriate.
- Ensure that behavioral health and suicide prevention efforts are culturally and linguistically appropriate, reduce stigma surrounding behavioral health, offer services through individuals and organizations who understand issues unique to the agricultural community, and offer resources discreetly and conveniently.
- Identify a long-term, sustainable source of funding to support behavioral health and suicide prevention in the agricultural industry.

Background

Agricultural workers such as farm and ranch owners, farm laborers, migrant workers, forestry workers, and fishing industry workers face unique challenges and barriers. Experts such as Michael Rosmann, Director of Agriwellness Inc., point to geographic barriers in rural settings, cultural stigmatization of behavioral health, and financial stressors unique to the industry as among many factors that put people working in the agricultural industry at a higher risk of death by suicide, as compared to the general population. Washington's agricultural industry represents 12% of the state's economy, putting it at the heart of the Evergreen State's culture and identity. When agricultural workers' behavioral health and suicide risk go untreated, the communities in which they live and the state as a whole are impacted.

To address these challenges, the Legislature passed and Governor Jay Inslee signed Second Substitute House Bill 2671 into law on March 15, 2018. The legislation directs the Department of Health (department) to create a task force to review data and recommend how to address behavioral health and suicide prevention strategies for people in the agricultural industry. (See Appendix C for the legislative language.) This report details the task force's findings and recommendations.

Separate from the work of the task force, the department is also required to establish a pilot program by March 1, 2019, based on the task force's recommendations. The pilot program will support behavioral health improvements and suicide prevention efforts for members of the agricultural industry workforce in a county that is reliant on the agricultural industry and is located west of the Cascade Mountains.

This report on the task force is the first of three reports. The department must also prepare a preliminary report to the Legislature on the pilot program by December 1, 2019, and a final report by December 1, 2020.

Process

The Task Force convened on October 10, 2018. Members received three presentations:

- **“An overview of behavioral health and suicide prevention in the agricultural industry and potential strategies to improve health outcomes,”** Michael Rosmann PhD, Director of Agriwellness, Inc.
- **“Examples of successful strategies to improve behavioral health outcomes and prevent deaths from suicide in the construction industry,”** Cal Beyer, Director of Risk Management at Lakeside Industries, Inc.
- **“The [Washington State Suicide Prevention Plan](#) and related data,”** Neetha Mony, Washington State Suicide Prevention Plan Program Manager at the Department of Health

As directed by the legislation, the Task Force then discussed:

- Data related to the behavioral health status of people associated with the agricultural industry.
- Factors unique to the agricultural industry that affect behavioral health.
- Options to improve behavioral health status of and reduce suicide risk among agricultural workers and their families.

The task force also discussed components of the pilot to be established later by the department – including components mandated by the legislation, such as making it free to those in the agricultural industry and their families, and available via a web portal and/or telephone support line, as well as additional components suggested by the task force.

Findings and Recommendations

General Findings

The task force finds several factors that can commonly influence behavioral health status and suicide risk in general are of particular concern in the context of agricultural workers and their families. These factors include:

- Job-related stress.
- Financial burdens.
- Lack of access to behavioral health services in rural areas.
- Isolation.
- Cultural stigma associated with suicide and seeking behavioral health services.

The task force finds it critical that behavioral health and suicide prevention efforts consider the diversity of the agricultural community and emphasize strategies suited to address the industry's specific needs. The task force also recognizes that community members and professionals specifically knowledgeable about and connected to the agricultural industry need to play key roles in such efforts.

Pilot Project Host County

Skagit County, Washington

In light of its significant agricultural economy and workforce, as well as the potential resources and infrastructure already available there, the task force recommends that Skagit County host

the pilot project. In [Skagit County](#), local farmers produce \$300 million worth of crops, livestock, and dairy products on approximately 90,000 acres of land each year. The county is home to a diverse agricultural community with existing resources and infrastructure to support the pilot program, including:

- The Washington State University Extension, Skagit County.
- The Northwest Agriculture Business Center.
- The Sea Mar Community Health Center Migrant and Seasonal Agricultural Workers Program.

Pilot Project Contracting Entity

Washington State University

The task force recognizes Washington State University Extension as having the experience, capability, and understanding of the agricultural industry required to implement the pilot project, and recommends the department contract with it for the project.

General Recommendations

The task force offers the following recommendations for how to design and implement behavioral health and suicide prevention efforts that will best meet the unique needs and circumstances of agricultural workers and their families. In the short term, these recommendations are intended to inform the pilot project to be established by the department, where appropriate, in addition to the specific requirements for that project given in legislation. In the longer term, the recommendations are offered to help guide future program, policy, and funding decisions by the Legislature and local communities.

Discussion in *italics* below provides further findings and explanation of some specific recommendations.

Education Projects

- Education and training for professionals who work with agricultural workers to recognize warning signs of suicide risk and to refer them to local resources. These professionals may include:
 - Bankers.
 - Faith leaders.
 - Field persons from chemical and agricultural companies.
 - Government inspectors from the Washington State Department of Agriculture, the United States Department of Agriculture, the Washington Department of Labor and Industries, and the Washington State Department of Health.
 - Law enforcement officers.

- Community health workers and *promotoras de salud*.
- Migrant workers in diverse agencies.
- Physicians and other health professionals.
- Veterinarians.
- Education for physicians to recognize and properly treat toxic pesticide exposure, in particular to address possible interactions with prescription medications.
 - There is concern that pesticide exposure, which can be more common within the agricultural industry than the general public, can worsen or trigger side effects of depression medication.*
- Education for workers on how to handle agricultural pesticides safely and recognize the signs of toxic exposure to pesticides.
 - Same as above.*

Data and Evaluation

- Identify and differentiate the behavioral health concerns, suicide risk, deaths by suicide, and other factors that may affect the various occupations within the agricultural industry.
 - The agricultural industry is diverse, not monolithic, and individual circumstances will reflect that diversity. For example, a farm owner's concerns may differ from those of a migrant laborer. The data collected should reflect each group, and the services and strategies should reflect the needs of each group.*
- Evaluation needs to be a rigorous element of the pilot project and other behavioral health and suicide prevention efforts, and should include, but not be limited to, determining the number of people an effort serves, the effectiveness of services, and the success of outreach strategies.

Communication Strategies

- Creation of a video campaign as part of a long-term communications and marketing strategy.
- Creation of culturally and linguistically appropriate “leave behind materials,” such as informational wallet cards and magnets, including materials directed at low-literacy and English as a Second Language populations (high imagery, low text).
- A crisis hotline/text line designed to respond to the unique needs and concerns of people who work in the agriculture industry.

Partnerships and Existing Resources

- Incorporate community-based supports, such as:
 - Community health workers
 - Culturally-appropriate training.
 - Faith-based support groups/meeting groups.

- Grassroots community support group meetings.
- Existing networks, like the National Alliance on Mental Illness and the American Foundation for Suicide Prevention.
- Peer counselor training and support.
- Broad community outreach and trainings to help families, friends, and communities recognize the warning signs of suicide risk and talk about suicide.

There are often existing community meetings and connections in agricultural communities, but few are engaged in suicide prevention. Using these existing resources is cost-effective and will increase saturation of information throughout the community.

- Include youth outreach components, such as:
 - Raising community awareness through 4-H programs.
 - Partnerships with Future Farmers of America (FFA) programs.
 - Partnering with the Office of the Superintendent of Public Instruction to reach students who are also migrant farm workers.

Reaching the family and community members of agricultural workers can contribute to destigmatizing behavioral health and suicide awareness and intervention within agricultural communities.

- Coordinate with existing resources when appropriate. Opportunities may include:
 - Collaboration with local health departments, Accountable Communities of Health and the Skagit County Population Health Trust.
 - Partnerships with cities and counties to raise awareness and provide support.
 - Presentations at trade or other meetings, conferences, and events for people in the agricultural community, including county fairs.
 - Resources offered by the Northwest Agriculture Business Center, Washington State University (WSU), and WSU extensions.
 - Training for Department of Social and Health Services call centers.
 - Use of existing media outlets to raise awareness, including those used by ethnically diverse communities, such as radio, flyers, and face-to-face communication.
 - Campaigns and materials from national partners.

Additional Needed Components

- The pilot project and other behavioral health and suicide prevention efforts:
 - Must be culturally and linguistically appropriate.
 - Should work to reduce stigma surrounding behavioral health and suicide.
 - Should offer services and resources offered via individuals and organizations who understand issues unique to the agricultural community.

- Should offer resources in a manner that is discreet and conveniently accessible.

Sustainability and Evaluation

- A long-term, sustainable source of funding needs to be identified to support the behavioral health and suicide prevention efforts within the agricultural industry.

Conclusion

Several factors influence the behavioral health status and suicide risk of agricultural workers and their families. The task force's findings and recommendations consider the diversity of the agricultural community and emphasize strategies suited to address those needs. **The task force strongly recommends that community members and professionals knowledgeable about and connected to the agricultural industry play key roles in meeting the goals of the pilot project and in developing other community resources.**

Appendices

Appendix A: Resources

State Actions and Strategies Addressing Suicide in Agricultural Communities

Colorado

The [Colorado Department of Agriculture](#) (CDA), the Colorado Department of Human Services' Office of Behavioral Health, the Colorado State University extension, the Colorado Farm Bureau, and the Rocky Mountain Farmers' Union joined together to offer multiple web and phone-based resources for people in crisis on the CDA website. Additionally, Colorado crisis line has provided services aimed at the specific needs of people in agricultural communities since [2017](#).

Iowa and the Midwest

[Sowing the Seeds of Hope](#) was a regional partnership that served farmers, ranchers, agricultural workers, and their families in Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota and Wisconsin from 1999-2010. The program was supported by grants, private contributions, and state and federal government appropriations. Administrative support was provided by Agriwellness, Inc. and Ecumenical Ministries of Iowa. The program operated a crisis help line, held support groups and retreats, offered financial assistance for clients to receive behavioral health services, and provided training and education services.

[Agriwellness Inc.](#) is an Iowa-based nonprofit established in 2001 “to establish an integrated network of behavioral health care supports for the rural agricultural population.” Since inception, Agriwellness has provided programming, training, and outreach to address behavioral health concerns and suicide risk among people who work in the agricultural industry.

Tennessee

The Tennessee Suicide Prevention Network ([TSPN](#)) is a nongovernmental organization that works “to eliminate the stigma of suicide and educate communities about the warning signs of suicide, with the ultimate intention of reducing suicide rates in the state of Tennessee.” TSPN offers resources directed at farmers on their [Farmers and Suicide Prevention](#) webpage.

Washington Food System Roundtable

The Washington Food System Roundtable (Roundtable) was formed in 2012 to “develop and ensure stewardship of a 25-year vision, including specific goals and actionable strategies,” as well as “to facilitate effective collaboration, problem solving, and shared learning across all food system stakeholders.” The Roundtable released a [report](#) containing its 25-year vision in 2017.

The report contains a number of strategies to improve Washington’s overall food system, including strategies aimed at improving “the dignity, safety, and quality of life for all workers in the food system” (goal 4), and ensuring that “emerging and existing farm operations are economically viable” (goal 10). Although suicide prevention is not specifically addressed, the goals and strategies in the report offer a systemic approach to farmer well-being.

Washington State University Extension: Farm Family Support Network

The [Farm Family Support Network](#) provided confidential consultation services free of charge to farm families across Washington, primarily in Chelan, Douglas, Lewis, Okanogan, Skagit, Whatcom and Yakima counties during the [mid-2000s](#). The Network served as an information resource and provided assistance to help families operate their farms successfully. The Network also implemented a toll-free [crisis hotline](#) staffed by volunteers who were familiar with the unique cultures of agricultural communities. The Network served 652 family farmers over the course of approximately two and a half years.

Suicide Prevention Guidelines for Communities, States, and Workplaces

Washington State Suicide Prevention Plan

The [Washington State Suicide Prevention Plan](#) outlines strategies, goals, and recommendations to reduce suicide in Washington. The strategic directions are for Healthy and Empowered Individuals, Families, and Communities; Clinical and Community Preventative Services; Treatment and Support Services; and Suicide Surveillance, Research, and Evaluation. Each strategic direction outlines goals and partners to help achieve these goals. For example, a recommendation under strategic direction 2 goal 2 is to “Fund and staff high-quality Recognition and Referral trainings in neighborhoods and communities. Tailor training to community profiles and needs.” Agricultural workers and communities have unique risk factors and warning signs that can be incorporated into community and health professional trainings.

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline (1-800-273-TALK), a project funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), is a network of crisis centers committed to suicide prevention that are located in communities across the country. People in emotional distress or suicidal crisis can call anytime from anywhere in the nation and speak to a trained worker who will listen to and assist callers with getting the help they need. People can also call to find resources for someone else. Currently in Washington, there are three call centers that partner with the Lifeline and serve certain Washington counties 24 hours per day, seven days per week. Crisis Connections covers King County; Crisis Clinic of the Peninsulas covers Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Mason, Pacific, and Wahkiakum counties; and Volunteers of America Western WA covers Island, San Juan, Skagit,

Snohomish, and Whatcom counties. Beginning in 2017, the Department of Health has contracted with Crisis Connections and Volunteers of America to answer calls from all other Washington counties.

CDC Suicide Prevention Technical Package

In 2017, the Centers for Disease Control and Prevention (CDC) released [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#). “The strategies represented in this package include those with a focus on preventing the risk of suicide in the first place as well as approaches to lessen the immediate and long-term harms of suicidal behavior for individuals, families, communities, and society.” Pages 58-59 of the package summarize the strategies and approaches to prevent suicide.

	
Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none"> • Strengthen household financial security • Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none"> • Coverage of mental health conditions in health insurance policies • Reduce provider shortages in underserved areas • Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none"> • Reduce access to lethal means among persons at risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none"> • Peer norm programs • Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none"> • Social-emotional learning programs • Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none"> • Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none"> • Postvention • Safe reporting and messaging about suicide

Guidelines for Community-Based Suicide Prevention

Communities play a significant role in suicide prevention. In tandem with the CDC technical package, the National Action Alliance for Suicide Prevention reviewed multiple best practices to create [Transforming Communities: Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention](#). The guide looks at seven key elements for communities to consider when prioritizing community-based suicide prevention.

1. **Unity**— Attainment and maintenance of broad-based momentum around a shared vision
2. **Planning**— Use of a strategic planning process that lays out stakeholder roles and intended outcomes
3. **Integration**— Use of multiple, integrated suicide prevention strategies
4. **Fit**— Alignment of activities with context, culture, and readiness
5. **Communication**— Clear, open, and consistent communication
6. **Data**— Use of surveillance and evaluation data to guide action, assess progress, and make changes
7. **Sustainability**— A focus on long-lasting change

These elements comprise key considerations that should guide community-based suicide prevention.

The community is a key setting for suicide prevention. Community-based programs can contribute to suicide prevention in numerous ways, such as by the following examples:

- **Supporting the development of life skills and positive social connections** that strengthen individuals and help them successfully navigate life's challenges
- **Helping to identify persons who may be at risk** for suicide and to connect them to appropriate sources of assistance and care
- **Ensuring that effective crisis services are available**
- **Developing linkages** with clinical systems, health care providers, and programs in the community to ensure seamless and continuous care for individuals at risk
- **Reducing access to lethal means** for those in suicidal crisis
- **Providing support** to those who have been bereaved by suicide

Blueprint for Workplace Suicide Prevention

Workplaces can also prioritize suicide prevention. The [Comprehensive Blueprint for Workplace Suicide Prevention](#) “guides workplaces in designing and developing a suicide prevention program that is most appropriate to their specific needs.” Also, [A Manager’s Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide](#) “provides workplace leaders with clear action steps for suicide postvention, including immediate, short-term, and long-term responses to help employees cope with the aftermath of the traumatic event.”



Appendix B: Task Force Members

The Task Force consisted of the following members:

Co-chair Dr. John Wiesman, Secretary of Health

Co-chair Jay Gordon, Washington Dairy Products Commission

Derek Sandison, Department of Agriculture

David Stillman, Department of Social and Health Services

Michael Gaffney, Washington State University

Juliana Roe, Washington State Association of Counties

Breanne Eley, Washington Farm Bureau (representing farm and ranch families)

Sarah Ryan, Washington Cattlemen's Association (representing farm and ranch families)

Nancy Rocha Aguilar, Washington Commission of Hispanic Affairs

Mary Palmer Sullivan, Washington Grain Commission

Ranie Haas, Washington Tree Fruit Research Commission

Colleen Pacheco, Sea Mar Community Health Centers (representing federally qualified health centers)

Krystal Guzman, Rural Health Clinic Association of Washington (representing rural health clinics)

Ann Christian, Washington Council for Behavioral Health (representing community behavioral health agencies)

Amber Lewis, Washington Association of Marriage and Family Therapists (representing mental health providers)

Shannon Thompson, Washington State Mental Health Counselor's Association (representing mental health providers)

Patti Atkinson, Great Rivers Behavioral Health Organization (representing substance use disorder treatment providers)

Appendix C: Legislation

Second Substitute House Bill 2671 reads as follows:

NEW SECTION. Sec. 1. (1) The legislature finds that the agricultural industry is an integral part of Washington's economy and sense of common identity, and that the behavioral health of workers in the industry and their family members is a statewide concern.

(2) Several factors related to the agricultural industry may affect the behavioral health of workers in the agricultural industry, including job-related isolation and demands, stressful work environments, the heightened potential for financial losses, lack of access to behavioral health services, and barriers to or unwillingness to seek mental health services.

(3) A 2016 report from the federal centers for disease control and prevention studied suicide data from the year 2012 and found that workers in the farming, fishing, and forestry industries had the highest rate of suicide, eighty-four and one-half suicides per one hundred thousand workers, among the occupational groups that it studied.

(4) The legislature finds that there is an urgent need to develop resources and interventions specifically targeted to helping workers in the agricultural industry and their family members manage their behavioral health needs.

NEW SECTION. Sec. 2. (1)(a) The state office of rural health shall convene a task force on behavioral health and suicide prevention in the agricultural industry with members as provided in this subsection.

- (i) The secretary of health, or the secretary's designee;
- (ii) The secretary of the department of agriculture, or the secretary's designee;
- (iii) The secretary of the department of social and health services, or the secretary's designee;
- (iv) A representative of Washington State University;
- (v) A representative of an association that represents counties;
- (vi) One representative each from two different associations representing both farm and ranch families in Washington;
- (vii) A representative of the commission on Hispanic affairs established in chapter 43.115 RCW;
- (viii) A representative of the dairy products commission established in chapter 15.44 RCW;
- (ix) A representative of the grain commission established in chapter 15.115 RCW;

(x) A representative of the tree fruit research commission established in chapter 15.26 RCW;

(xi) A representative of an association representing rural health clinics;

(xii) A representative of an association representing federally qualified health centers;

(xiii) A representative of an association representing community behavioral health agencies;

(xiv) Two representatives of associations representing mental health providers; and

(xv) One representative of an association representing substance use disorder treatment providers.

(b) The task force shall select cochairs, one of which shall be from the department and the other shall be either representative from (a)(vi) of this subsection.

(2) The task force shall review the following issues:

(a) Data related to the behavioral health status of persons associated with the agricultural industry, including suicide rates, substance use rates, availability of behavioral health services, and utilization of behavioral health services;

(b) Factors unique to the agricultural industry that affect the behavioral health of persons working in the industry, including factors affecting suicide rates;

(c) Components that should be addressed in the behavioral health and suicide prevention pilot program established in section 3 of this act, including consideration of components that relate to similar programs funded or partially funded by the federal office of rural health policy; and

(d) Options to improve the behavioral health status of and reduce suicide risk among agricultural workers and their families, including individual focused and community focused strategies.

(3) Staff support for the task force shall be provided by the department.

(4) Task force members are not entitled to reimbursement for travel expenses if they are participating on behalf of an employer, governmental entity, or other organization. Any reimbursement for other members is subject to chapter 43.03 RCW.

(5) The task force shall report its findings and recommendations to the governor and the committees of the legislature with jurisdiction over health care issues by December 1, 2018.

(6) This section expires July 1, 2019.

NEW SECTION. Sec. 3. A new section is added to chapter 43.70 RCW to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose not to exceed two hundred thousand dollars per fiscal year, the department shall establish a pilot program to support behavioral health improvement and suicide prevention efforts for members of the agricultural industry workforce. By March 1, 2019, the pilot program shall be established in a county west of the Cascade crest that is reliant on the agricultural industry.

(2) When implementing the pilot program, the department shall consider the report of the task force on behavioral health and suicide prevention in the agricultural industry established in section 2 of this act.

(3) In implementing the pilot program, the department shall contract with an entity that has behavioral health and suicide prevention expertise to develop a free resource for workers in the agricultural industry. When selecting an entity, the department shall seek to use an entity that has an existing telephonic and web-based resource, including entities that have prepared similar resources for other states. The contracting entity must be responsible for constructing and hosting the free resource and linking the free resource to the web sites of the department, the department of agriculture, and other relevant stakeholders.

(4) At a minimum, the free resource must:

(a) Be made publicly available through a web-based portal or a telephone support line;

(b) Provide a resource to train agricultural industry management, workers, and their family members in suicide risk recognition and referral skills;

(c) Provide a resource to build capacity within the agricultural industry to train individuals to deliver training in person;

(d) Contain model crisis protocols that address behavioral health crisis and suicide risk identification, intervention, reentry, and postvention;

(e) Contain model marketing materials and messages that promote behavioral health in the agricultural industry; and

(f) Be made available in English and Spanish.

(5) A preliminary report shall be made to the legislature on the elements and implementation of the pilot program by December 1, 2019. A final report containing information about results of the pilot program and recommendations for improving the pilot program and expanding its availability to other counties shall be made to the legislature by December 1, 2020.

