



## **FARMRes National Report, Spain**

### **Farmers Assistance Resources for Mental Health**

Spanish young farmers social and labour situation and its relationship with mental health and wellbeing

European NGOs. Project N°: 101049292

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Partnership for Cooperation in the field of Education and Training

**FARMRES:**

**Farmers Assistance Resources for Mental Resilience**

European NGOs. Project N°: 101049292

**Work Package 2 – National Report (NR) Spain**

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## Introduction

The COVID pandemic has marked a turning point in mental health, the notable increase in pathologies associated with stress, anxiety, anger, depression, addictions, and the rise in suicides, have meant that mental health problems have taken on a new dimension and importance in both the public and private spheres. It is an issue that is frequently discussed in the media, and for which multiple initiatives are being developed.

Rural areas have been less subject to the effects of the pandemic, the lesser restriction of movement and the sense of community in many villages have lessened the impact of the isolation experienced in urban areas during confinement. However, despite this, there has been a marked increase in anxiety, stress and depression resulting from a heightened sense of insecurity and vulnerability, which affects not only the personal but also the professional sphere.

Within rural areas, farmers are the group that, in addition to the social circumstances derived from the pandemic, are suffering circumstances that are having a greater impact on their economic security, generating situations of uncertainty than ever before. Circumstances linked to the market, the escalation of input prices, problems arising from climate change, unfair competition from third countries, reductions in CAP aid, are factors that are seriously impacting the sustainability of farms, and are putting many farmers on the ropes, who are being overwhelmed by these new circumstances.

Within the farming community, it is women, young people, people with less education, as well as small farms, who are being most impacted by these new circumstances, which require them to acquire new skills and competencies that allow them to manage these situations of uncertainty to ensure that they maintain good mental health.

There are multiple needs around farmers' mental health. As it is a stigmatised subject and difficult to talk about with the people concerned, a sensitive approach and a methodological approach adapted to their needs is necessary.

Training in this area, the development of self-knowledge, self-assessment, and the use of tools to manage emotional aspects are essential to ensure good mental health in the sector.



## Farming figures: Structure and typology of farms

### Farm size and structure. (Family farms and succession).

The structure of farms in Spain is relatively small. 51% have less than 5 ha and only 11% have more than 50 ha. The average surface area is 25 ha per farm.

Although the size of farms is progressively increasing, this is explained by the typology of crops, such as fruit and vegetables, whose area requirements are smaller than, for example, those of cereals.

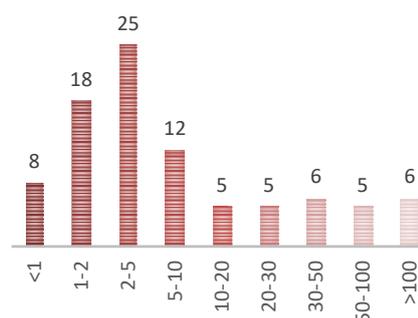
The small aggregate size of Spanish farms is also reflected in the number of people working on them. 93% of farms in Spain are owned by a single natural person. In addition, a significant part is not dedicated exclusively but is combined with other complementary activities.

Many of these farms are family farms (91%), which has a clear effect on the probability of their continuity in the future. Only 32% of farmers consider it likely that a family member will take over the farm after retirement.

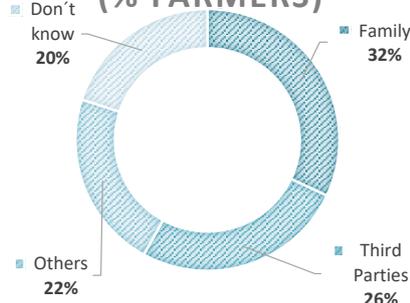
Small farms are related to the high age of the population, so more than 3 out of 10 owners are over 65 years old, and only 4% of the owners are under 35 years old.

By gender, 76% of agricultural jobs are men and only 24% are women. The rural exodus experienced in Spain particularly affected women, who moved to urban centres more than men. This caused an imbalance, the masculinity index (ratio between men and women) of municipalities with less than 2,000 inhabitants is 108, while the national average is 96.

DISTRIBUTIO OF FARMS BY SURFACE SIZE (%)



SUCCESSION PLANS (% FARMERS)



### Main crops and productions.

The relevance of agricultural activity is also reflected in the proportion of area used. In Spain, 17 million hectares are dedicated to cultivation, around a third of the country's surface area.

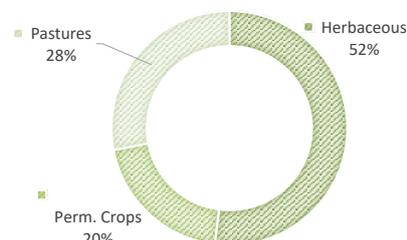
Spain is the second country in the European Union in terms of agricultural area, with 13% of the EU's Useful Agricultural Area (UAA), and second in terms of production, with 25,357 million euros in 2017, which also represents 13% of European production.



By crop groups,

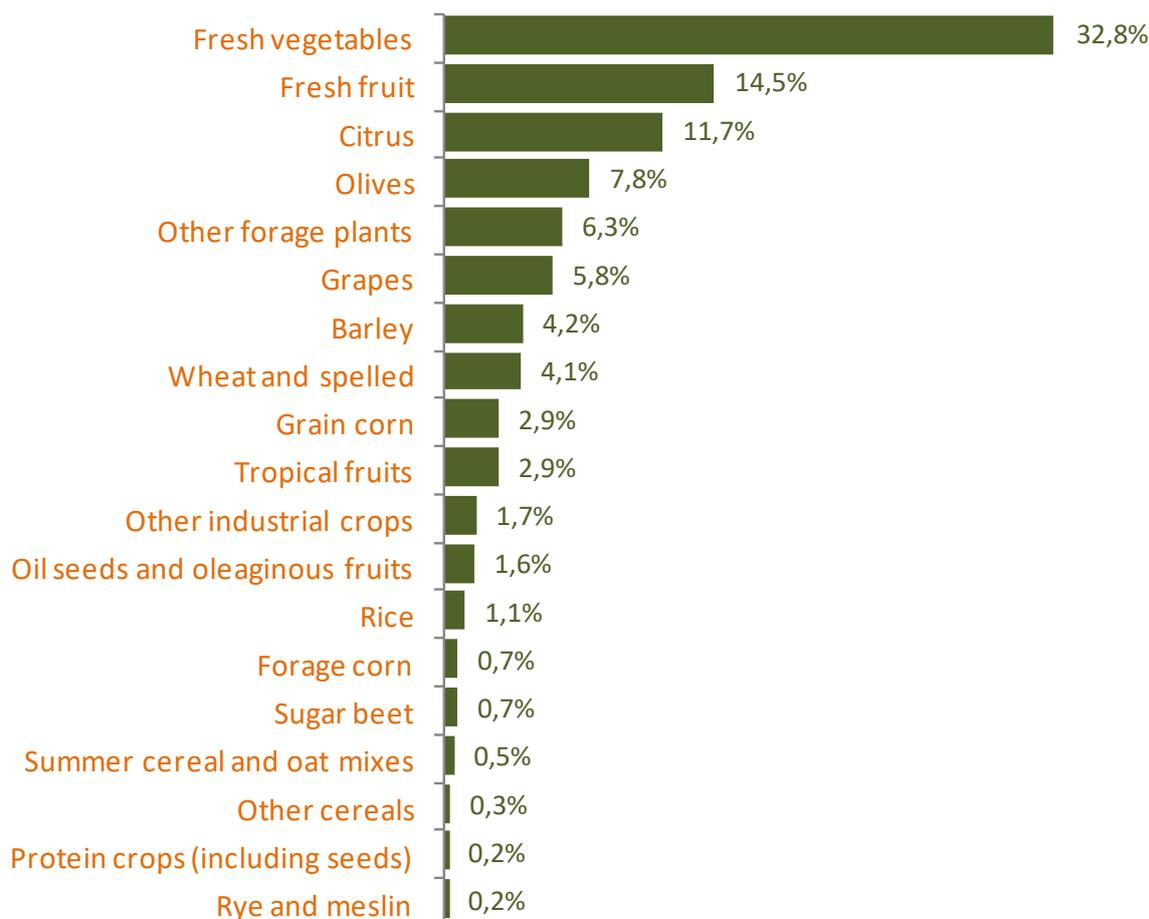
- vegetables (38.8%) and fruit (37.2%), which account for more than 7 out of every 10 euros of total agricultural production in Spain.
- cereals (11.6%), fodder plants (6.1%), industrial plants (3.9%), potatoes (1.8%) and other crops (0.6%).
- wine and olive oil crops in 2017 was 1,561 and 3,163 million euros.

% UAA (BY CROP GROUP)



One of the most characteristic features of Spanish agricultural production is its high degree of crop diversity. The topographical variety and the existence of different climates make it possible to grow a particularly high number of different products in Spain.

### Agricultural production representation by crop groups-Spain





## Market situation (prices, profitability, sustainability).

Profitability levels are uneven among farmers. Many farms are not profitable due to small size and/or maintenance of traditional systems and structures, which do not make them competitive compared with larger professional farms.

Most farms in Spain belong to individual farmers or family farms, their cost-benefit structure is usually in deficit, having to lose part of their remuneration as self-employed person. This ratio is worse in areas with natural and productive difficulties. But, in the other hand, it is better performance when the farm size is greater or has additional activities (multifunctionality) as source of income.

Apart from the structure of the farms themselves and their efficiency in the use of the means of production, the high dependence on raw materials, as well as the low value of agricultural products, places farms in delicate positions, forcing them to have high productivity, being very cost efficient, and highly dependent on EU PAC grants (30% of FNVA in the EU-28).

The low prices of agricultural products are limiting the possibilities for growth, improvement and adaptation of many farms that find it difficult to cover their production costs.

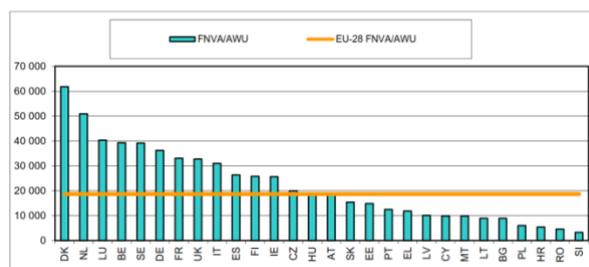
From a financial point of view, it is important to adapt investments, so they generate income, while seeking cooperative solutions (partnership, renting or subcontracting) so as not to acquire high debt positions.

## Impact of climate change in the country (droughts, frosts, floods, etc.).

Agriculture is fundamental, for example, to preserve the soil from erosion, 50% of the land is classified with a medium-high risk of erosion. It should be added that Spain is one of the European countries with the highest risk of desertification, more than two thirds of the surface are at potential risk of desertification.

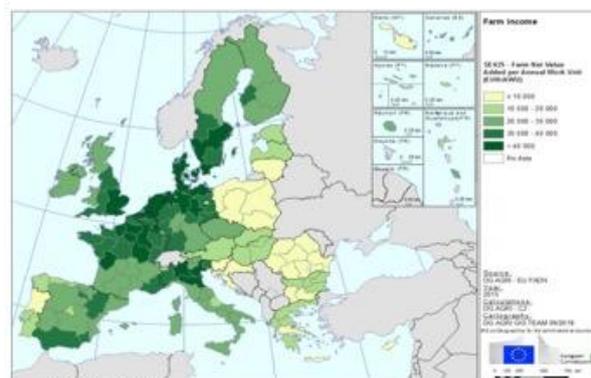
At the same time, agriculture is also intensive in the use of water, 70% of the total fresh water in Spain. Irrigation makes it possible to maximise the efficiency of Spanish agriculture, since even though the percentage of irrigated land is low in surface area (approximately 14%), but irrigated crops represent around 60% in terms of production.

Figure 3: FNVA per AWU by Member State in 2015 (Average in EUR)



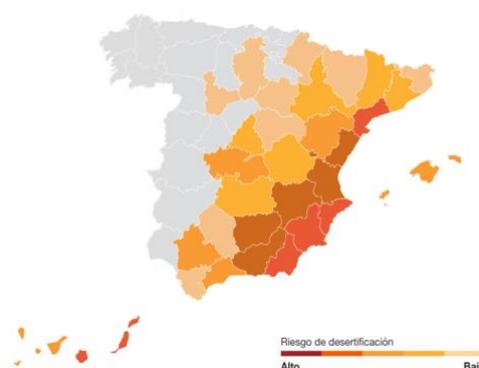
Source: DG AGRI EU-FADN.

Figure 4: FNVA per AWU by FADN region in 2015



Source: DG AGRI EU-FADN.

## Desertification Risk Map





It is therefore worrying that the country has been suffering from water shortages for years. To address this problem, new, more efficient, and accurate irrigation systems such as drip irrigation are being developed and implemented.

Spain is also suffering from atypical climatological values, including the hottest years in history and significantly lower than average rainfall volumes.

Since agriculture is the sector that suffers most from climate change, through increased soil erosion, deforestation, floods and droughts, or increased weeds, pests, and diseases.



## Social situation and farmer social position

### **Social position of the farmer (visibility, recognition, empowerment, representation).**

Agriculture has advanced socially compared to the society of 50 years ago, more progress is needed, but in terms of health, education and culture, the rural world and the agricultural sector have improved considerably.

In recent years, the figure of the farmer has been revalued through awareness of organic, more traditional, natural, and healthy food.

The farmer's work is not sufficiently valued anyway, the consumer wants above all cheap but healthy products.

Farmers have understood the importance of joining together in associations, cooperatives. To defend their rights and to dialogue with the institutions, as well as to face investments.

Despite everything, their social position is still very low, they are seen as the last step in the chain, and their work is not valued or desired. It is a physically labour-intensive activity and is subject to many uncontrolled factors such as floods, atmospheric catastrophes, pests, diseases, droughts, etc.

Farmers are still stigmatised as unskilled people, employed in an unattractive activity and representing a weak link in the value chain. Although this view has been evolving, it is still a professional category that is not sufficiently valued and recognized in our society.

There are still prejudices about the educational and economic levels of farmers, which have an impact on the vision of agricultural and livestock farming activity. The truth is that it is an activity that does not require specific training, which facilitates access to all kinds of people, who sometimes do not have the necessary skills, knowledge, and abilities to manage the uncertainties that may arise in the activity.

Young people increasingly see farmers as professionals with fewer economic resources compared to other sectors and a lower quality of life, which has an impact on the future and continuity of the activity, and young people want to work in other activities that they consider more profitable.

### **Economic situation of farmers in relation to other sectors.**

Many farms are not profitable due to small size and/or maintenance of traditional systems and structures, which do not make them competitive respect larger professional farms and with agricultural production in emerging third countries with lower cost structures.

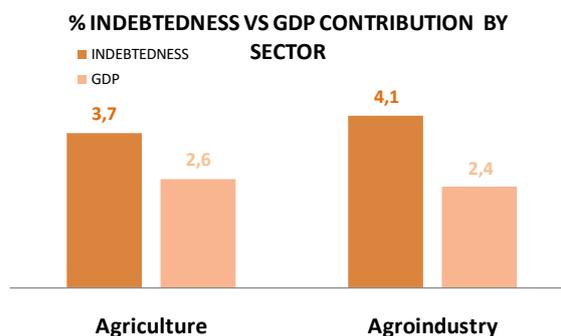
The low prices of agricultural products are limiting the possibilities for growth, improvement and adaptation of many farms that find it difficult to cover their production costs.

From a financing point of view, it is important to adapt investments to the capacity to generate income, seeking cooperative solutions (partnership, renting or subcontracting) so as not to acquire high debt positions.



Funding is a key factor for agricultural activity. Long production times, deferred income, high year-on-year variability in production and the need to undertake investment projects oblige farmers to have adequate sources of finance.

In the case of Spain, a good part of financing needs is covered through subsidies and aids, mainly those coming from the Common Agricultural Policy (CAP), but also from autonomous, regional, provincial and even municipal aids.



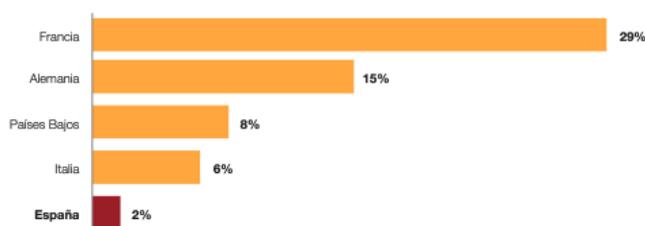
## Educational situation of farmers in relation to other sectors.

The agricultural sector has lower educational levels than the national average. In particular, landowners with higher agricultural training, is below the major European agricultural countries.

However, the number of farms run by farmers with higher education, has increased by 16% since 2005, more than other European countries. In this sense, it is worth noting that young Spanish farmers are more educated than older ones.

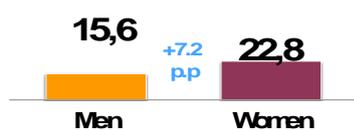
Figura 21. Porcentaje de las explotaciones en las cuales los propietarios de las mismas tienen formación agrícola completa (2013)

Fuente: Estructura de las explotaciones, Eurostat.

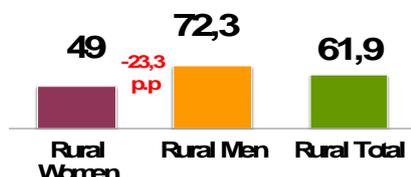


Nota: Se denomina formación agrícola completa a todo ciclo de formación que se prolongue durante el equivalente de dos años como mínimo de formación a tiempo completo después del final de la escolaridad obligatoria y que haya finalizado en un centro de enseñanza agrícola, universidad u otro instituto de enseñanza superior en agricultura, horticultura, viticultura, silvicultura, piscicultura, veterinaria, tecnología agrícola y disciplinas afines.

### Higher Education in R.A.



### Employment rate in R.A.



New technologies will become increasingly affordable and easier to use. However, for the mentioned innovations to reach the countryside, the sector will need to incorporate increasingly qualified people, with advanced technical skills, who can implement and managing innovative production systems that enhances the transformation linked to technological advances.

To this end, the farmer of the future will have to be a multidisciplinary professional, who knows how to operate machinery, with knowledge of business, computers, robotics, meteorology, chemistry, and biology.

## Risk of social exclusion of rural areas and farmers.

The idealisation of the rural environment overlooks the existence not only of situations of social exclusion, but also of certain rural territorial attributes that generate these situations of exclusion, such as the negative evolution in the supply of services to the population, the geographical isolation, the lack of meeting places and social life, the deterioration and scarcity of the housing stock, the spatial-temporal limitations of public transport, etc.

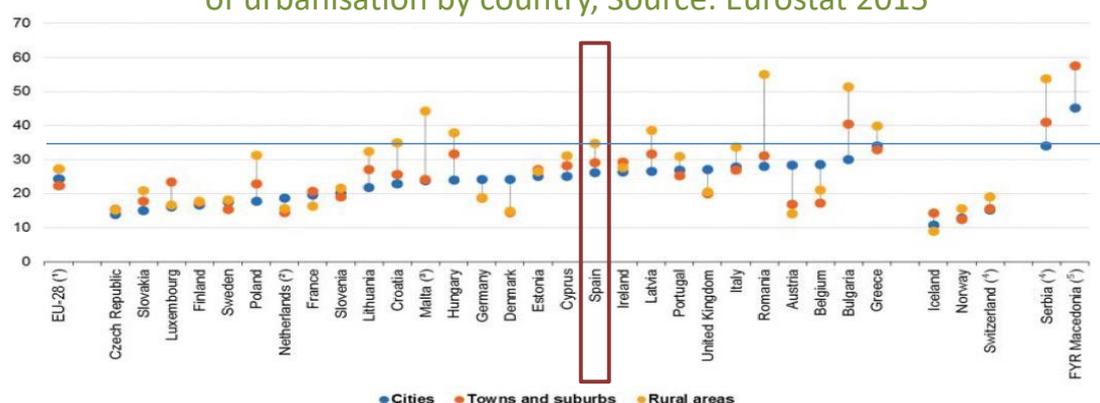


Not all rural areas are exposed to these problems in the same way, nor do they have the same capacities or resources to overcome the negative consequences. But in the rural environment, whatever it may be, there are deficiencies and problems that lead to social exclusion, in such a way that their impact is stronger and gives rise to more serious and complex situations than in areas with more resources (such as urban areas).

The deterioration of the labour and consumer markets in rural areas has led to an increase in poverty rates, as well as a reduction in job opportunities. The few jobs that were available were characterised by their marked precariousness due to their link to low-value sectors (such as agriculture and/or livestock, construction, transport, tourism, etc.), the small size of enterprises (often family-based), and difficulties in accessing information.

This situation has led to the migration of skilled human resources towards urban labour markets, with more opportunities, and thus to the loss of population in rural areas and the impoverishment of their attractiveness for the development of both new productive investments and services and infrastructures of all kinds.

### People at risk of poverty and social exclusion by degree of urbanisation by country, Source: Eurostat 2015



(\*) Estimated data for rural areas.  
(†) Provisional data.  
(‡) Data for rural areas have low reliability.  
(\*) 2013 data.  
(†) 2011 data; No data for 'rural areas'.

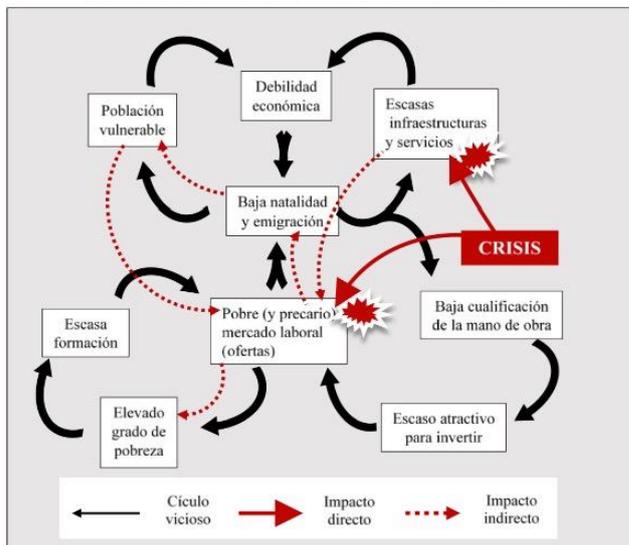
Concerning farmers, low prices and low profitability in the sector are generating a risk of social exclusion for farming families. Small and medium-sized farmers are the first groups to be at risk of social exclusion, a situation that stems from high costs, greater competition from third countries that are generating lower sales prices, which results in lower margins and lower economic profitability. In the event of exit from the activity, these professionals with few resources and little training are groups at greater risk of social exclusion, which will probably make them more dependent on subsidised basic incomes and more demanding of social services.

Farmers are highly dependent on CAP subsidies; in the event of a budget reduction or elimination of these direct subsidies, the sustainability of many family farms will be highly threatened, making it easier to generate a potential risk of social exclusion.

From a political point of view, the focus has not been placed on the rural world, despite the growing concern about the so-called "Empty Spain", the initiatives undertaken are insufficient, the path has been started but there is still a long way to go.



### Impacts of the crisis on the circles of poverty and social exclusion in rural areas.



### Variables used to identify potential social exclusion in rural areas.

Ejes	Introducidas con signo negativo
	Variables
Económico	Tasa de paro Empleo a tiempo parcial
Social	Índice de envejecimiento Tasa de dependencia Tasa de dependencia de >64 años Tasa de analfabetismo % de adultos jóvenes sobre total municipal % de mujeres sobre total municipal % de mujeres inmigrantes sobre total municipal % de población que no dispone en su núcleo de población de equipamientos sanitarios
Espacial	Distancia temporal al centro de servicios más cercano Población dispersa (y en diseminado) Altitud del núcleo de población principal



## Risk factors linked to farmers Mental Health

### Economic-sectoral risk factors

A person with a low level of education, with no experience in another sector, has few professional opportunities, leading to extremely delicate situations from an economic point of view.

The market, costs, low prices, third markets, tariffs, climate change, indebtedness, drought, water shortages. It generates uncertainty, economic and financial insecurity, which can induce situations of depression, anxiety, addictions, violence and even suicides.

It is necessary to diversify and be more efficient, which is why digitalisation is important, which can increase productivity and improve the living conditions of farmers.

- **Lack of fair prices:** Farmers do not get a fair price for their products that would allow them to achieve a minimum profitability.
- **Rising production costs:** Rising production costs of all kinds become a huge problem for farmers, who are unable to pass this rise on to the price of their products and are forced to sell below their costs.
- **Reduction in subsidies:** aid from Europe and even from the central government and the Autonomous Communities have been suffering cuts for years.
- **Trade barriers:** The imposition of trade barriers such as the Russian veto, Brexit or Trump's tariffs on table olives, oil and wine are a serious problem for many products that are in demand and valued abroad.
- **Empowerment of farmers and livestock farmers:** Farmers must realize they are a key player in the future of society, but they are not valued as such.
- **Climate change:** Farmers are at the centre of climate change as an accelerating agent, they must defend their role as environmental managers and seek a balance between economic and environmental sustainability.
- **Control of wildlife:** The coexistence of agriculture, livestock and wildlife must be controlled and regulated to be viable.
- **Regulation of short marketing cycles, local products and labelling at source:** Laws should respond to citizens' problems, not generate more harm than they solve.
- **Stop speculation in agricultural products:** While the profitability of agriculture is at an all-time low, abusive, and unfair commercial practices continue to take place.
- **Demand for the structuring role of agriculture and livestock farming in the face of depopulation, environmental and territorial problems:** Public concern about the demographic and territorial problem is growing day by day.



## Personal-family risk factors.

Work in the countryside has very specific characteristics and involves working conditions that are different from other sectors, being exposed to extreme environmental conditions. In addition, there is little family reconciliation, and agricultural activity is very demanding in terms of time and dedication for farmers.

Family burdens, children, and dependents. There is a correlation between training and emotional management tools, which allow them to relativise and manage the multiple areas of professional, personal, and family responsibility.

Seasonal workers suffer from job uncertainty, with temporary contracts that do not guarantee sustainability for their families' economy and which in many cases oblige them to move to different locations throughout the year, looking for seasonal harvests of different crops. This can be difficult to manage on a personal level and, in many cases, forces them to live in living and hygienic conditions that are not always optimal and far from their families.

In rural areas we are also finding many undiagnosed psychological disorders, many with undiagnosed levels of borderline intelligence, many have spent little time in the education system which has not allowed for assessment and treatment in the early stages of their lives. Some decide to go into farming, and these shortcomings impact on their activity as well as on their social and family relationships. They are more prone to family problems, and more likely to have addiction problems, emotional management problems and greater mental health problems.

The lack of training requirements of the activity allows access to young people without sufficient experience and knowledge from a technical point of view, as well as management and planning, these situations increase situations of uncertainty and insecurity, which can lead to situations that affect their peace of mind and emotional management.

## Social-labour risk factors.

The loss of control over the activity, less security and growing uncertainty can lead to stress, anxiety and clinical conditions, which can result in a greater number of symptoms such as depression and anxiety but can also lead to physical problems due to less rest.

The climate is fundamental in Spain, with very aggressive conditions in winter and summer, with short springs and autumns, this has an impact on physical well-being and attitude towards work, affecting their mood when they go to work. The long hours of physical work often led to physical health problems, which in the medium term also have an impact on the psychological level.

Excess work and pressure at sensitive times of the season, such as harvesting, having to manage large teams of people for harvesting, can lead to high levels of stress that can generate situations of anxiety.

Working with low-skilled, sometimes inexperienced people, or people from diverse cultural backgrounds can be a difficult situation for many farmers to manage, as they must be more aware of these worker profiles, which can lead to loss of productivity and increased costs.

On the other hand, the inappropriate use of plant protection products and fertilisers can have an impact on the physical and mental wellbeing of farmers in the medium and long term, and the detrimental effect of many of these products on the health of farmers, if used incorrectly, has been demonstrated.



It is an individual, routine, often solitary job, involving long hours, which makes it difficult to reconcile personal and professional life. Many men are beginning to recognise the incompatibility of being able to start families, enter relationships or share time with their families. Loneliness and lack of support generate reluctance, demotivation and sometimes frustration due to the impossibility of delegating.



## Mental health and wellbeing

### Data on mental health in the country (People diagnosed, People with addictions, Suicides, professionals).

País	Ansiedad ▼	Depresión
Portugal	8.671	5.618
Países Bajos	7.205	4.159
Irlanda	7.092	4.646
Chipre	6.847	3.611
Alemania	6.739	4.113
Malta	6.605	3.739
Francia	6.576	4.457
Austria	6.278	3.752
Grecia	6.099	6.223
Italia	5.936	4.455
Mónaco	5.766	4.967
Luxemburgo	5.558	3.790
Bélgica	5.251	4.111
España	5.129	5.714
Dinamarca	5.103	4.146

- 1 in 10 adults have a mental health problem.
- 1 in 100 children have a mental health problem.
- Women and boys prevail over men and girls.
- 1 in 10 people in our country take benzodiazepines.
- 1 out of 20 takes antidepressants (women 2x men).
- 1 out of 20 consulted a mental health service in the last year.

5% people diagnosed with depression and 5,8% people with anxiety disorders, but many are not even diagnosed (prevalence is 5,129 cases per 100,000 population).

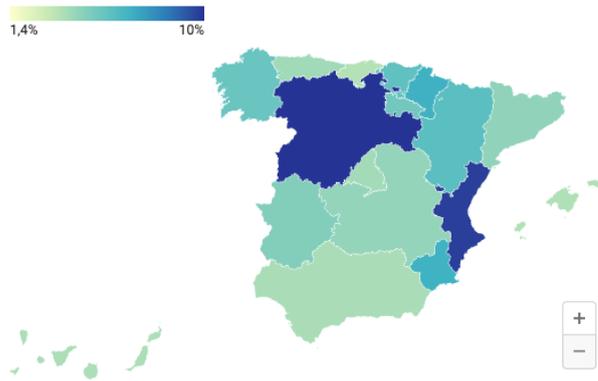
2.1M people with a depressive disorder (5.25% of the population over 15 years of age) in 2020. Of these, 230,000 suffered from major depression. Most on women (7.1% vs. 3.5%), especially with severe depression (women 3.5x men), and elder people (16% for people over 85 years old).

Spain, along with Portugal, is one of the OECD countries with the highest consumption of anxiolytics and antidepressants. The data are eloquent and alarming: more than two million Spaniards take anxiolytics daily, which are easily accessible in pharmacies without the need for a specific diagnosis. Women are twice as likely as men to take psychotropic drugs and are more likely to be diagnosed with anxiety, insomnia or depression, disorders that lead to a higher prescription of these substances.



Without adequate investment in mental health within the National Health System, our country will suffer the consequences of having a medicalised society, experts alert.

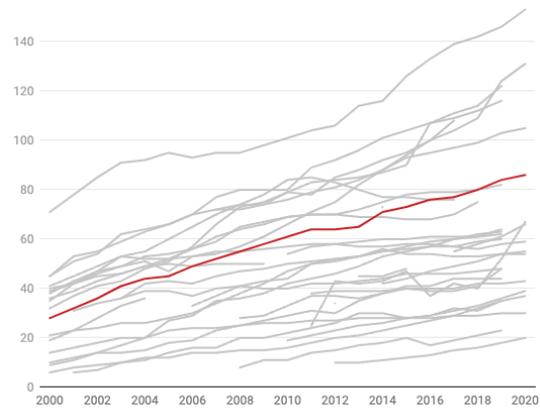
Prevalencia de cuadros depresivos en España  
Porcentaje de la población de 15 años o más. Datos hasta julio de 2020



Población a 1 de julio de 2020  
DatosRTVE • Fuente: INE, elaboración propia • Insertar

España, entre los países de la OCDE que lideran el consumo de antidepresivos

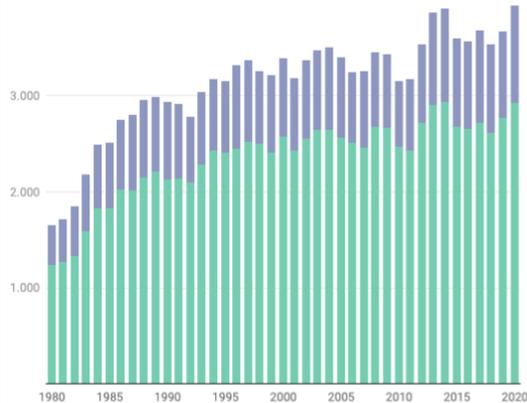
Dosis diarias por cada 1.000 habitantes y día



Suicide is the leading cause of unnatural death among young people (250% increase in the pandemic). Nearly eight deaths per 100,000 population.

Las muertes por suicidio son más frecuentes en los hombres que en las mujeres

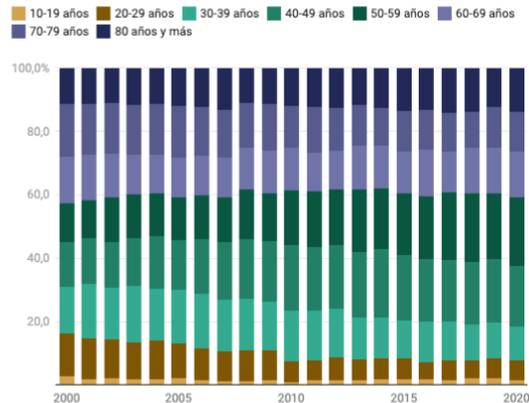
Defunciones por suicidio y lesiones autoinfligidas al año, por género, en el período 1980-2020



DatosRTVE • Fuente: INE • Insertar

Desde 2000 ha aumentado la proporción de suicidios en los adultos de 40 a 59 años

Evolución de la proporción de muertes por suicidio y lesiones autoinfligidas en España, por grupos de edad



DatosRTVE • Fuente: INE • Insertar

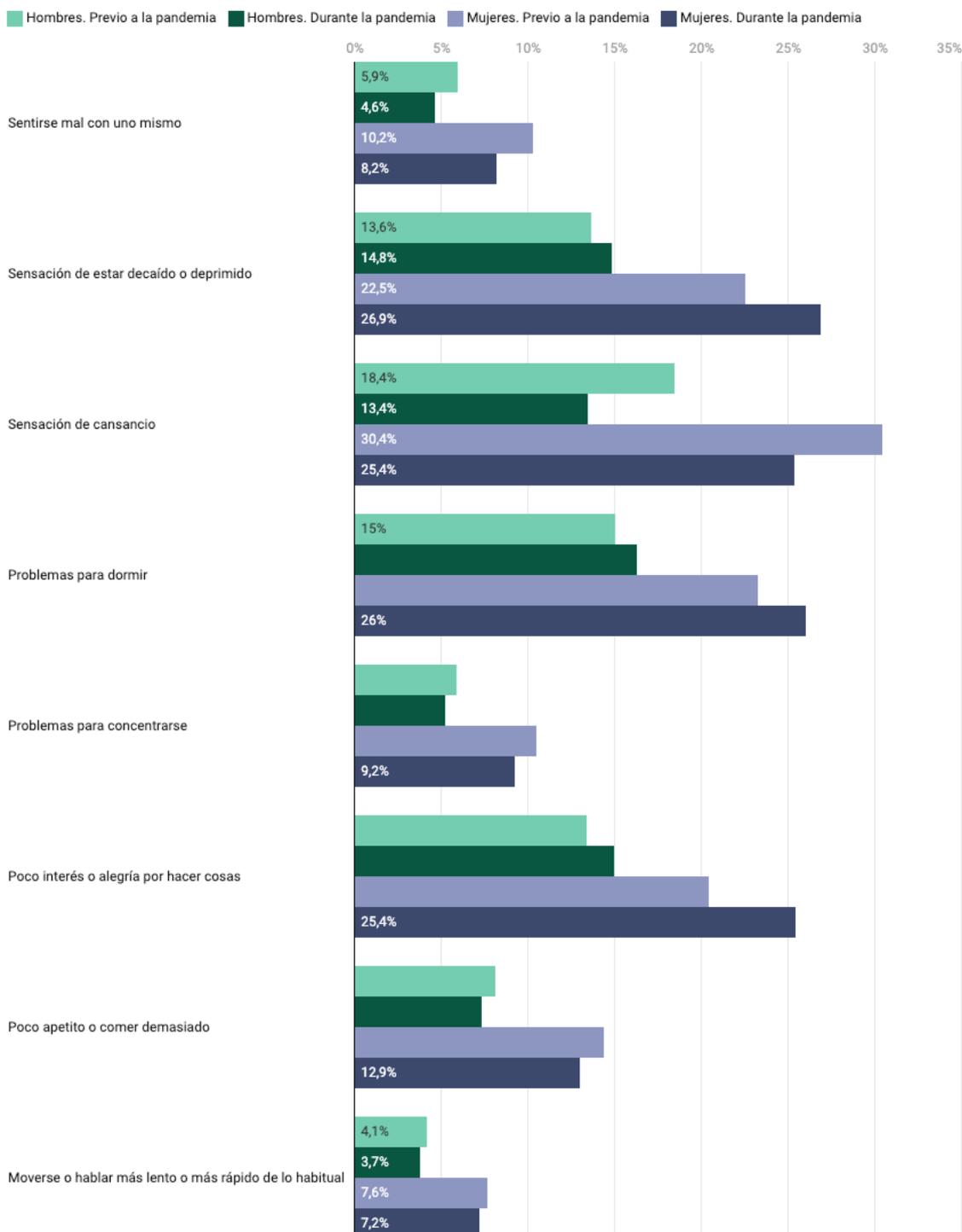
32,516 registered psychologists in 2018, but only 2,397 work in public hospitals: 5 psychologists per 100,000 inhabitants, with an average price per session in private psychologists: 50-100 €.



## COVID-19 impact on mental health and well-being.

### Indicadores de salud mental en hombres y mujeres antes y durante la pandemia (2019-2020\*)

Porcentaje de población de 15 años o más



\*Datos de la pandemia hasta julio de 2020

DatosRTVE • Fuente: INE - Encuesta Europea de Salud en España • [Insertar](#)



As with so much else, the COVID-19 pandemic has taken a heavy toll on the mental health of Spaniards and the rest of the world. The effects of the first months, with home confinement and uncertainty, were ambivalent. There was an increase in the percentage of the population experiencing feelings of being down or depressed, having trouble sleeping and little interest or joy in doing things. But, at the same time, the percentage who reported feeling tired, feeling bad about themselves, or having trouble concentrating decreased.

The changes in these mental health indicators, which the European Health Survey in Spain collected until July 2020, are more pronounced in women than in men, and they too start from higher pre-pandemic values.

Articles published in the Journal of Psychiatry and Mental Health and in Depression & Anxiety, with data from more than 9,000 health workers in 18 health centres across Spain, showed that half of the people surveyed were screened positive for a mental disorder, and that almost 15 per cent suffered from a disabling mental disorder, i.e., with negative repercussions on their professional and social life. The main symptoms observed indicated a high likelihood of depression, anxiety, panic attacks, post-traumatic stress disorder and, to a lesser extent, substance abuse.

Another paper, published in June 2021 in the Journal of Affective Disorders and conducted through a survey of the adult population during the 2020 confinement, concluded that lack of social contact increased anxiety and depressive symptoms, and found that social relationships, but not so much individual mode and type of living, influenced this increase in potential mental health problems. Detachment was strongly associated with both affective disorders and social support had a statistically significant moderating effect on this association; people with a low level of social support and a high level of detachment were at greater risk of depression and generalised anxiety disorders.

Particularly relevant is the increase in suicide and self-harm rates, especially among adolescents. This group suffers from a lack of emotional management tools. At the level of healthcare workers, they have suffered a high degree of physical and mental fatigue. Even young children born in the COVID have problems with social relations, because confinement has hindered their evolutionary development at such early stages.

Proporción de personas que ha sentido distintas emociones "mucho o bastante" durante la pandemia, según su identificación subjetiva de clase social

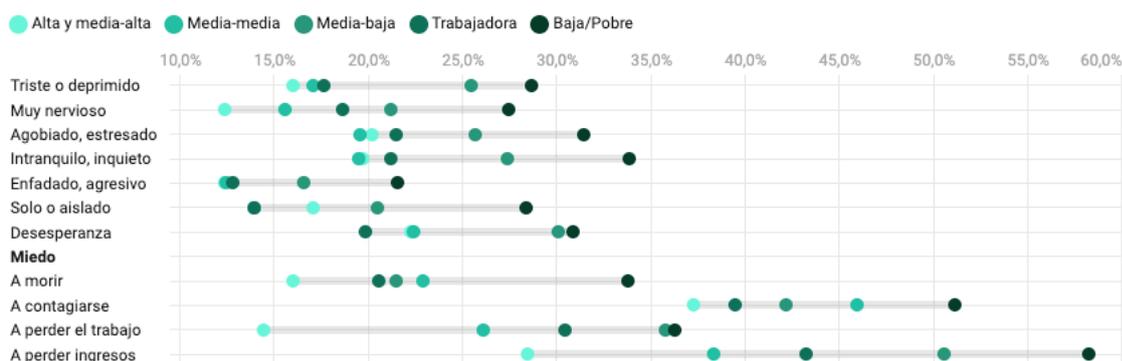


Gráfico: DatosRTVE • Fuente: CIS • Descargar los datos • Creado con Datawrapper

The COVID has highlighted the needs of mental health, which was a little-disseminated issue that society was not focusing on. Since the pandemic, mental health has gained a new dimension, making it possible to launch new programmes and initiatives in the public and private spheres.



COVID has allowed people to stop and reflect, for many it has allowed them to make a vital evaluation, and to know their degree of satisfaction with the goals they have achieved in relation to their personal expectations. Many have realised how vulnerable we are, not only from a health point of view, but also how these crises easily impact on our work and personal lives. These situations of dissatisfaction and insecurity have amplified the previous emotional situations that society already had, enhancing new situations of anxiety, depressions, addictions, suicides, etc.

Mental disorders have increased in rural areas, but rural areas have been different from cities. In rural areas there is a social cohesion factor compared to cities where there is more anonymity and risk levels were higher.

In rural areas, although there have been fewer restrictions on mobility and interactions, due to lower incidence and less risk due to isolation compared to urban areas, there has been an increased sense of uncertainty, which has had important effects in terms of anxiety and depression.

The COVID has been a before and after in relation to mental health at a national level, many people have suffered post-traumatic stress with a significant increase in insomnia, stress, anxiety, depression, fear, sadness, and guilt. This has generated a spectacular growth in the demand for psychological services, most of them linked to these situations of dissatisfaction and uncertainty in the professional and personal sphere.

### **Differences between urban and rural areas. Mental health disorders, availability of services, willingness to use services, institutional support.**

In rural areas there are fewer doctors and health and social care resources per 100k inhabitants than in urban areas. Resources are more geographically distant, so if there are difficulties in travelling, it is difficult to access health care services, as well as those related to mental health. There are many villages that are widely dispersed, with few services and few mobility facilities.

Differences are also related to management mechanisms, in urban areas there are more mental health support agencies and associations, and primary care physicians refer with some agility to mental health services. This is more complicated in rural areas where resources are more difficult and less efficiently managed.

In rural areas we are also finding many undiagnosed psychological disorders, many with undiagnosed levels of borderline intelligence, many have spent little time in the education system which has not allowed for assessment and treatment in the early stages of their lives. Some decide to go into farming, and these shortcomings impact on their activity as well as on their social and family relationships. They are more prone to family problems, and more likely to have addiction problems, emotional management problems and increased mental health problems.

In rural areas, many stress management disorders are emerging, which have increased the fundamental disorders are anxiety disorders, panic disorders and depression.

Rural areas are characterised by a significant increase in the levels of alcohol and drug use, which is a consequence of lower levels of education, culture and the low level of entertainment and leisure facilities. Rural councils have very limited resources, and no enriching leisure options are available, in addition to the geographical isolation mentioned above. It is a widespread problem among young people, but in the family environment it is often the relatives who alert about the problem and demand support for the affected family members.



The significant increase in suicide attempts is notable, which is alerting about the need to create new strategies for prevention and monitoring of groups at greater risk and with previous attempts.

Public mental health resources are scarce and saturated, with long waiting lists and long consultations, and in rural areas there are few private mental health options compared to what can be found in urban settings. This affects the access and level of services that rural areas enjoy compared to urban areas. Meanwhile mental health professionals are overburdened, with schedules that are difficult to manage, which also impacts on the quality of service provided.

Although things are changing, with greater willingness on the part of institutions, and greater interest on the part of society, the fact is that rural areas will presumably be the last to enjoy the benefits of this change in trend.

### **Profiles of farmers at higher risk of mental health problems (women, young people, small farms, new farms, non-professional farms, etc.).**

- Some results show that 62% of farmers consider themselves to have a medium level of stress, with 14% indicating a high level.
- Women of all ages and young farmers have higher stress levels than more experienced men.
- In correlation with these trends, farmers in charge of expanding farms are more likely to have higher levels of anxiety than those running established farms.
- Similarly, farmers who have a farm management plan (21%) have lower levels of mental stress than those who do not (48%).

Rural women have fewer and fewer job opportunities, have been excluded from agricultural activity, and find it increasingly difficult to access paid work, with high levels of unemployment.

Women are more at risk of suffering from mental health problems, as gender gaps and traditional roles are maintained to a greater extent in rural environments, where the lack of co-responsibility and equality in the home can impact on psychological wellbeing.

On the other hand, young people have fewer tools to manage their emotions and have more difficulties in relieving stress and coping with situations that threaten their mental health. Young people starting out in the sector, lacking experience, have situations of insecurity that can lead to increased risk.

The lack of anonymity in rural environments increases in some cases the stress derived from their social image, in urban areas it is easier to go unnoticed, in villages the "what people will say" is a very conditioning factor, closely linked to the local community to which they belong.

Small farms do not have the resources to mechanise/digitalise and make their farms more efficient, which increases the physical burden and dissatisfaction. They are at a higher risk of falling into situations of exclusion and drifting into a situation of exclusion.

The lack of culture and education has an impact, these people in general have fewer emotional management tools to improve their psychological wellbeing, as well as fewer business management tools to plan and face the challenges of the sector.

The lack of financial resources makes it difficult to access leisure and relaxation activities that allow them to disconnect or to access mental health support services if needed.

People with addictions already have previous problems that can lead to mental health problems.



The lack of access in rural areas to support programmes for people with such problems makes it difficult to adopt solutions. Farmers express the need for specialised services for agricultural problems.

## **Impact of mental health on personal and professional life.**

There are people who do not know how to manage problems and derive in anger, this greater aggressiveness and irritability has an impact on an increase in aggression and situations of family violence and gender violence.

Higher level of complaints and general dissatisfaction.

A lot of frustration, stress, and anxiety. Many end up in depression.

Greater isolation leading to situations of loneliness.

There is greater consumption of psychotropic drugs and drug addicts, as they need to alleviate their discomfort in some way.

There are greater associated medical problems, such as tension problems, cardiovascular problems, sleep problems, eating problems, etc.

On the one hand, there is greater absenteeism from work.

Many of these conditions end up with addiction problems, the stress and frustration are generating many addictions linked to escape, in particular those derived from social networks, video games, mobile phones. These are problems of escape, which leads to a failure to prevent and solve problems. This evasion generates a vicious circle of overwhelm, stress, dissatisfaction, and the search for escape from reality through these new technologies, alcohol or drugs.

## **Existence of stigma associated with mental health.**

A few years ago, it was very difficult to assume that one had a mental health disorder, even more so in rural areas. There are still prejudices linked to mental health, which means that this type of problem continues to be hidden from the public.

Not knowing how to support people with mental health problems generally leads to rejection and isolation, resulting in prejudice and stigmatisation of people with mental health problems. In rural areas, where there is a sense of community, it makes it difficult to recognise a mental disorder, to avoid social isolation.

The male population has been educated not to externalise their suffering, so in crisis situations they tend to somatise, to become more aggressive, and to be affected in their work and family life.

This concealment causes mental health problems to become entrenched and grow, entering a circle from which it is difficult to escape without help.

The reality of people with mental disorders is that they live daily with the effects of stigma and prejudice in different areas of their daily lives. It is true that steps have been taken and actions have been carried out to limit and raise awareness, however, there is still a lot of work to be done. In some cases, the fight against stigma must be more focused on awareness-raising and training, to break down the wall that separates society from the reality of people with mental illness. In others, the effort will



be aimed at political advocacy, lobbying different bodies to ensure that the rights of people with mental disorders are respected.

## Existence of sufficient support in rural areas to improve mental health.

Certain programmes aimed at the most sensitive groups (women, adolescents, unemployed people, etc.) are emerging on a public level from the town councils and on a private level through associations, although these initiatives need to be increased, as for example, now it is not common to find programmes aimed at groups such as farmers.

Covid has made progress, but much remains to be done. There are few resources and initiatives. At the municipal level, courses are being run that focus on the individual, with training in emotional management, emotional skills, etc. The ERACIS strategy (Andalusian Regional Strategy for Social Cohesion and Inclusion), European funds through social services and town councils, for greater self-knowledge and the improvement of tools to improve mental health. Rural associations are doing a lot in addiction prevention for adolescents, with individual and group therapy.

In rural areas it is necessary to have a mental health assistant who is a person close to the community, who could act as an intermediary and bring together the services offered to solve problems affecting mental wellbeing.



## Opportunities to improve these situations (Higher awareness, more training, psychological services, farmer-to-farmer support, family support, institutional support, etc.).

- Improve awareness of the link between mental stability and good farm management techniques.
- Improve farmers' knowledge of the implications of mental health for farm management.
- Improve the training of farmers in farm management and in particular aspects of risk and contingency management.
- Establish specially designed support services for farmers, for the most affected groups such as women and young people.
- Need to strengthen the broadband infrastructure, to improve access to support services for both health and farm management training.
- Prevention is the way to avoid greater evils, it is necessary to act in time to avoid more complicated situations, in the event of symptoms, it is necessary to go to the family doctor to assess the need for mental health help.
- Mental health services exist, but there are not enough resources to cover the high demand, with very long waiting times and with treatments and therapies with few sessions and very spaced out over time.
- There are private resources such as psychologists' offices, associations, women's departments in local councils.



- Work can be done at many levels, the important thing is to ask for help and that the needs of each individual are detected in time. At an individual level, work can be done on thought management, improving diet, physical exercise, working with the family, all of which helps the person to let off steam, find a balance and find emotional solutions.
- Training is fundamental, offering courses to learn about, recognise and combat the main mental health problems. Opening this prevention and resolution training to farmers and their families.
- Involving institutions, associations, cooperatives, it is essential to offer this specific and oriented training to farmers.
- It is essential to raise awareness, promote and give visibility through campaigns, in order to increase sensitivity towards mental health issues in the agricultural sector.

## **Institutions responsible for and public initiatives on mental health.**

Mental health care in Spain is a strategic objective for the Ministry of Health. One of the priorities of this Ministry is to promote mental health, adopting a "strategic initiative" to boost prevention, early diagnosis, treatment, rehabilitation, and social reintegration activities.

Since the approval of the General Health Act and the Report of the Ministerial Commission for Psychiatric Reform, twenty years ago, numerous political, legislative, conceptual, and technical changes have taken place which affect the health of citizens and which have been dealt with differently by the health institutions of the Autonomous Communities, generating enriching diversity but also inequalities.

A joint reflection between the State and the Autonomous Communities' institutions is needed in order to achieve a National Health System that is more supportive and more equitable. The result of this reflection is the document for the Mental Health Strategy.

The health areas are the main organisation of the Spanish health system responsible for the health services and programmes of each Autonomous Community. These health areas are divided into basic zones made up of health centres, hospitals and speciality centres. The health areas are organised according to demographic, geographic, occupational, cultural and other factors.

At the regional level, the Mental Health Units are made up of a network of health centres, distributed geographically, which offer specialised and comprehensive care to people suffering from mental health problems. This network is made up of the following types of facilities:

- Community mental health units: This is the first level of specialised mental health care. It is the outpatient care device with which the rest of the mental health care devices are coordinated.
- Child and adolescent mental health units: Develops specialised programmes for the mental health care of the child and adolescent population, on an outpatient basis and in full or partial hospitalisation.
- Mental health rehabilitation units: The aim of these units is the recovery of social skills and the social and occupational reintegration, on an outpatient basis, of patients with serious mental disorders.
- Mental health day hospitals: Partial hospitalisation device, which is configured as an intermediate resource between the community mental health unit and the mental health hospitalisation unit.
- Mental health hospitalisation units: These meet the needs of mental health hospitalisation in acute crisis situations.



- Mental health therapeutic communities: Its purpose is the intensive treatment of patients with severe mental disorders who require specialised mental health care, in full or partial hospitalisation, on a prolonged basis.

All of them are made up of professionals from different disciplines: Psychiatry, Clinical Psychology, Nursing, Social Work, Occupational Therapy and Administrative Management.

The activity of the Mental Health Units is to attend to the needs of patients and their families with a view to their recovery, through pharmacological and psychosocial treatments (support and counselling, individual, family or group psychotherapy, rehabilitation, nursing care, occupational therapy, guidance, and social support, etc.). This care is provided at the centre and, when the case requires it, at the place of residence.

The access route to the community mental health units, which constitute the gateway to the mental health network, is the primary care family doctor, who, when he or she considers the intervention of specialist mental health professionals to be appropriate. Once the person has been attended to, the unit draws up a treatment plan and, if it considers it necessary, refers the person to one of the more specialised units.

However, on occasions, access to our centres is through the Hospital Emergency Services and, circumstantially, through referrals from other public bodies, such as Social Services, Educational Guidance Teams, Judicial Authorities, etc.

Outstanding problems of the health system regarding mental health:

- Insufficient human resources specialised in mental health.
- Insufficient quality rehabilitation and social reintegration resources.
- There is a lack of well-developed specific programmes for particularly vulnerable groups (children and adolescents, the elderly, immigrants, convicts, etc.) in some territories.
- There is a lack of a more equitable offer and greater collaboration between Autonomous Communities and other Administrations.
- Lack of a generalised integration of the drug dependence care network.
- Deficiencies in the organisation of information, coordination, and evaluation of the mental health sector.
- Need for a more transversal and cooperative articulation of the mental health network within the health area (social services, primary care, specialised care and rehabilitation and social reintegration), which considers the specific needs of the people receiving care in this health sector.
- Insufficient development of the prevention and promotion aspects of mental health, as well as the tasks to be carried out "in and with" the community.

## Organisations working on mental health at national level.

Confederation SALUD MENTAL ESPAÑA (until 2015, called 2015 FEAFES). Non-profit organization of social interest since 1983. It integrates 18 autonomic federations and uniprovincial associations, grouping +300 associations and totaling +47K members.

<https://consaludmental.org>





**FARMRes Guideline**  
**Farmers Assistance Resources for Mental Resilience**  
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Search engine for entities and organisations related to mental health in Spain:

<https://consaludmental.org/directorio-asociaciones/conoce-todas-las-entidades-y-servicios/>

Buscar: Nombre, localidad, programa,...		
ENTIDAD	PROGRAMAS Y SERVICIOS	DIRECCIÓN
AADDMM Terraferma - Associació d'Afectats de Discapacitat Derivada de Malaltia Mental		Catalunya
ABI - Associació Bipolars Girona	Ayuda Mutua para familias - Otras Campañas - Ayuda Mutua para personas con enfermedad mental - Información y Orientación	Carrer de la Rutlla, 20. Catalunya
Adiem Sentit Fundació de la Comunitat Valenciana	Ayuda Mutua para familias - Formación para el Empleo - Centro Especial de Empleo - Club de Ocio - Pisos Supervisados - Centro de Rehabilitación Psicosocial - Ayuda Mutua para personas con enfermedad mental - Sensibilización en Género - Voluntariado - Intermediación Laboral - Psicoeducación - Escuela de Familias - Atención Domiciliaria - Información y Orientación - Actuación de Vacaciones - IMSERSO - Información y Orientación - Psicoeducación para personas con enfermedad mental - Ayuda Mutua para familias - Psicoeducación - Escuela de Familias - Comunicación - Club de Ocio - Ayuda Mutua para personas con enfermedad mental - Hábitos saludables - Voluntariado - Psicoeducación - Escuela de Familias - Atención Domiciliaria - Acompañamiento Integral - Otras campañas - Sensibilización en Género - Psicoeducación para personas con enfermedad mental - Respiro Familiar - Actuación de Vacaciones - IMSERSO - Ayuda Mutua para familias - Ayuda Mutua para personas con enfermedad mental - Atención Domiciliaria - Acompañamiento Integral - Hábitos saludables	CALLE DE LOS TRANSPORTES, 4 Valencia
AFAEMO		C/ Arroyo Fontarrón 369, bajo izq-drcha Madrid
AFAEP	Ayuda Mutua para personas con enfermedad mental - Ayuda Mutua para familias - Información y Orientación - Actuación de Vacaciones - IMSERSO - Voluntariado - Atención Domiciliaria - Acompañamiento Integral - Respiro Familiar	C/ ARTURO SORIA, 204 Madrid
AFEM DE LA FOIA DE CASTALLA		C/ José Pineda, 11 Valencia
AFEM RB	Ayuda Mutua para personas con enfermedad mental - Psicoeducación - Escuela de Familias - Psicoeducación para personas con enfermedad mental - Respiro Familiar - Club de Ocio - Información y Orientación - Atención Domiciliaria - Acompañamiento Integral - Hábitos saludables - Otras campañas	CALLE FRANCISCO VITORIA , 45 Valencia
AFEMAGRA SALUD MENTAL GRANADA NORDESTE	- Campañas de sensibilización ámbito juvenil - - Sensibilización en Género - Información y Orientación - Formación para el Empleo - Ayuda Mutua para familias - Respiro Familiar - Voluntariado - Ayuda Mutua para personas con enfermedad mental - Comunicación - Intervención en infanto juvenil - Psicoeducación para personas con enfermedad mental - Psicoeducación - Escuela de Familias	C/ Solares s/n Andalucía
AFEMAR Salud Mental y TEA de la comarca del Mar Menor	Atención Domiciliaria - Acompañamiento Integral - Sensibilización en Género - Psicoeducación para personas con enfermedad mental - Voluntariado - Psicoeducación - Escuela de Familias - Otros - Intermediación Laboral - Hábitos saludables - Centro de Día - Información y Orientación - Intervención en infanto juvenil - Atención Domiciliaria - Acompañamiento Integral - Comunicación	C/Concejal Mariano Henarejos, 9 Murcia
AFEMPES	Atención Domiciliaria - Acompañamiento Integral - Respiro Familiar - Otras campañas - Intervención en Patología Dual - Ayuda Mutua para personas con enfermedad mental - Psicoeducación - Escuela de Familias - Ayuda Mutua para familias - Información y Orientación - Club de Ocio - Hábitos saludables - Centro de Rehabilitación Laboral - Psicoeducación para personas con enfermedad mental	Calle Músico Antonio Cabeza 24 Valencia



## Initiatives working on mental health in rural areas.

### Public initiatives:

**Mental Health and COVID-19 Action Plan 2021-2024** (100M € budget), this action plan tries to complement to the Mental Health Strategy approved in 2006. It aims to combat the negative effect that the pandemic caused by COVID-19 has had on mental health.

Some included actions:

- Campaign to raise awareness of mental health problems.
- Launching of the suicide hotline.
- Promotion of health training in mental health and incorporation of the specialty of child psychiatry into specialized health training.
- Promotion of emotional wellbeing, focusing on children, adolescents and the most vulnerable social groups.



### Law Proposal of the Spanish Congress

- ✓ **General Mental Health Law** (September 2021). This proposed law intends to guarantee the right to the protection of mental health for all persons and to regulate access to quality health and social care, as well as to establish the corresponding actions of the public authorities to achieve full participation and inclusion in society without stigmatisation or discrimination, while respecting human rights.
- ✓ **Minimum ratio of professionals.** The initiative recognises the right to "comprehensive care" for mental health. Increasing the minimum ratios of professionals to 18 psychiatrists, 18 clinical psychologists and 23 nurses per 100,000 inhabitants.
- ✓ **Suicide prevention.** Specialised training is created for the prevention of suicide and social stigma, and the regulation aims to establish a free telephone helpline, "close and continuous" monitoring of people who have had a history of suicide attempts and "early" prevention and identification protocols for vulnerable groups.
- ✓ **In the workplace.** The proposal assigns to the employer "the protection of the mental health" of his staff as a duty to prevent occupational risks. In this way, the promotion of a healthy working environment and the maintenance of the emotional wellbeing of workers" are contemplated.
- ✓ **Rights of children and adolescents.** The right to receive unbiased information in accessible language about their mental health, to express their opinion freely and to be heard is recognised.
- ✓ **Specific programmes** aimed at primary prevention and the promotion of mental health are also implemented in primary care centres, educational centres and social services.



## Public Initiatives at Regional Level



### Existing personal and occupational training on mental health.

As long as there have been regulations on the prevention of occupational hazards, there have been obligations to prevent psychosocial factors. However, employers are not aware of this and do not offer solutions in this area for themselves or their workers.

At the level of agricultural organisations, organisations of specific groups such as women's groups, which carry out initiatives, programmes, and conferences in which they give visibility to these problems at a professional, family, emotional, etc. level. These initiatives are brief and lack continuity, focused on increasing knowledge and raising awareness, but do not allow time to develop emotional and mental management skills and abilities.

Many companies in prevention already have psychologists and coaches who try to facilitate the adaptation process. This is not as widespread in the agricultural sector, although there are online portals that provide these services, although they are not as well known. Incentives should be provided to empower workers through coaching sessions, which would result in higher levels of productivity and satisfaction in the work environment.

Therefore, in terms of work-related training, associated with the workplace, there are options, but they are not being used adequately and even less so in the agricultural sector, so there is still a great deal to be done.

### Existence of capacity to prevent and solve mental health problems.

On farms with scarce resources and limited education levels, it does not enable farmers to have the capacity to manage mental health conditions. It has been difficult to manage occupational risk prevention, related to physical safety, as required by legislation. Therefore, implementing specific



mental health prevention measures will not be a priority for many of them. In fact, within risk prevention programmes, consulting companies can offer health services for psychological assessment and counselling in the field of mental wellbeing of the workforce, but these services are rarely contracted.

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## Training needs to improve mental health in agriculture.

It is necessary to train in the field of emotional management from an early age, if we are not trained in the emotional field, we will have problems to manage them all our lives.

When a person detects that they have a problem due to anxiety, irritability, negative thoughts, saturation, anxiety, or depression. If you are taught to identify the warning signs, you will know when it is necessary to ask for help, where to ask for help where a multidisciplinary assessment (psychotherapy, medication, etc.) is carried out.

Qualified personnel should be involved in this training, facilitating the presence of psychologists and psychiatrists.

Training is needed to provide resources and tools for different situations:

- Knowledge of disorders, symptoms and signs of the main pathologies.
- Training to self-assess symptomatic conditions or that something is wrong.
- Social skills development programmes.
- Crisis coping programmes.
- Group work where people support and learn from each other.
- Managing losses and improving resilience, to get out of crisis situations.
- Management of thoughts and distortions.
- Decision-making tools.
- Conflict resolution.
- Working on uncertainty and frustration.
- Enhancing and improving resilience, falling down, relativising and getting back up again and dealing with crises.
- Emotional skills.



- Communication and team management skills.
- Enhancing self-esteem.

## **Recommendations on the approach to meet these needs.**

As it is a stigmatised topic, to make it more accessible and interesting and to avoid rejection by farmers, it should be oriented towards wellbeing management, growth management, business management, management skills, etc. The lexicon is important in this sensitive topic, generating healthy lifestyles, professional improvement, healthy leisure, in short, masking mental health issues, focusing on potential improvements, avoiding controversial topics.

With the male population, if working groups are created which are oriented from their point of view, in which the problems are oriented in relation to their specific problems (dissatisfaction, working conditions, working relationship), then they will find meaning and practical solutions can be given to specific problems. However, for particularly sensitive issues, it is possible to work on an individual level.

With women, to empower themselves they look for the group and need to communicate more and express their emotions more. However, for psychological and family situations, individualised psychological care works better.

The family is a whole, if we help one member and the problem remains at home, we will not find a solution. For this reason, it is necessary to work on an individual and family level, in which everyone develops an integral work.

At a methodological level, it must be active and participative, reaching their problems, direct and practical treatment is the best way for them to look for solutions in their lives. In terms of resources and materials, written resources favour knowledge, but farmers do not tend to use texts. It is better to use audio-visual materials, practical workshops, and sharing experiences.

Peer-to-peer sessions can enrich their experience as they share the same language and the same problems, experiences, and solutions. This generates support groups that allow them to accompany each other outside the sessions and share free time with people with whom they have an affinity.

Coaching, mentoring, and training in time management, time organisation, project construction and project evaluation could be very useful for inexperienced young people to feel accompanied and mentored.

## **Skills, competences, tools, strategies to improve mental health.**

Training is needed through courses focused on areas of mental health that can have a greater impact on their work, such as: Emotional intelligence applied to work, Stress and/or frustration management, Resilience, Conflict management. Even business or administrative management programmes for your farms which can generate confidence and security when making decisions or have a greater sense of control over your product. Programmes such as disaster assistance, where families whose crops have been lost or affected can access these resources. Training for diversification and development of initiatives to boost their business. Addiction programmes. Interpersonal skills competencies. Time management, key signs and symptoms in the main disorders.



**Other areas to develop would be:**

- Coping with anxious situations.
- Improving social skills, to make requests, to receive criticism, to be in a group, to manage anger, to pay a compliment, etc.
- Knowing how to manage thoughts.
- Improving resilience, to emerge victorious from complicated situations.
- Problem solving.
- Decision-making.
- Relaxation techniques. Breathing techniques. Anger management.
- Self-confidence. Security and self-esteem.
- Self-control. Empowerment to manage your life.
- Searching for relaxation spaces.
- Sporting activities.
- Communication skills (social, professional, family, etc).
- Knowing how to recognise phases and symptomatology of different disorders for self-assessment.
- Knowing how to ask.
- Knowing how to refuse and say no.
- Self-care, self-knowledge, self-development, self-evaluation.
- Knowing how to plan.
- Business management skills.

**For addictions:**

- Leisure and free time activities.
- Reducing addiction-inducing environments and companies.
- Social and family support.
- Refocusing and goal setting.
- Psychopharmacology to replace the neurotransmitters acquired with drugs.
- Self-knowledge on a personal, professional, and family level.



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