

The hidden farm illness

Even in good times, depression takes its toll on the farm too

By Shirley Byers

Only a decade ago, Gerry Friesen was a successful farmer, a commodity board director, and a member of the Manitoba Farm Mediation Board. Outwardly, he was doing just fine. Inwardly, he was battling severe depression.

“I fooled a lot of people,” Friesen says.

There has long been a stigma around depression on the farm. Now that’s changing, and Friesen is doing his part to change it. He speaks at seminars and workshops about farm depression, he’s open to talking to the media about his depression, and he writes a blog on recovering from depression.



He knows what depression feels like. He knows how difficult it was to seek help. And he wants to make that first step a little easier for other farmers.

STRESS IS A TRIGGER

“We know job stress can be a huge contributor to depression, particularly in farmers and individuals who work in agricultural occupations,” says Greg Gibson, a registered clinical psychologist for Community Health Services at Brandon, Man. “In 2006, the World Health Organization cited farming as one of the most stressful occupations, and they also highlighted that job stress is a precursor to mental health problems.”

Farming is rife with risks and with dangers that are beyond the farmer’s control, starting with uncertain weather, fluctuations in markets, disease outbreaks, input costs, machinery breakdowns, and changes in government policy.

“All of these are things that farmers have little control over, but they’re kind of make-or-break factors,” says Gibson. “And they can all have a financial effect and a psychological effect, and the financial effect can affect the psychology. A lot of these factors can impact and certainly are a risk factor for burnout and depression.”

Friesen knows what stress feels like and the physical symptoms it can trigger. Some 10 years ago at a meeting, he began to experience heart palpitations. “There was a lot of stress in my life at that time,” he says, “issues with Manitoba Pork, my own farm issues — we had to restructure due to financial issues. It was in early 2004 that I finally did go to see a doctor.”

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— Gerry Friesen

The doctor put him on antidepressants and an anti-anxiety medication. “I came to understand the mental health issue better than I used to,” Friesen now says.

MORE WORK ISN'T THE ANSWER

“Looking back, I now recognize — it’s ingrained in us that if we just work harder we will get rid of all these problems,” Friesen says. “So instead of seeking the right kind of help, we tend to try to work harder and work our way through the issues, whether it’s financial stress, whether it’s depression, whether it’s other stresses. That’s just the way men are wired to handle things.”

Friesen was able to hide his depression from the wider community, but his family knew that something was wrong.

“I thought at the time I was doing a really good job of hiding it from them,” Friesen says. “In 2010, I facilitated a project called Men and Depression, and at the time I actually interviewed my wife and kids to see if my depression had had an effect on them. To say it was traumatic is overstating it perhaps, but I was shocked at the response. I thought I had been hiding things from them and then realized that they had understood all too well there was something wrong with me, and the different ways they tried to cope with that.”

For his wife, Friesen discovered, it was a struggle to be married to “that depressed farmer who was trying to cope, was trying to do way more than he should have, and wasn’t dealing with the depression in the right way.”

HELP AND HOPE

For Friesen, the right way to deal with his depression has been a combination of strategies. Initially, he was on antidepressants and an anti-anxiety medication for about a year and a half. After completing that regime, and after a traumatic event in his life, he tried talk therapy but didn’t find the relief he needed. He went back on medication. It was at that time that the farm was sold. He now works in conflict resolution and stress management. Selling the farm gave him temporary relief from a lot of stress, he says.

Self-knowledge has helped as well, Friesen says. “Through the work I’ve been doing in the stress management area I’ve recognized who I am and what my trigger points are, and the fact that there are things that will drag me down.”

“I get depressed when I’m asked to give and I have nothing left to give,” he says. “When I’m very busy with my work, with my mediation stuff and stress management, I get to the point where I am tired and when I become tired, my defenses go down and I feel myself slipping over the edge. And then I have to be very proactive in dealing with that.”

Cognitive behavioural aids such as David Burns’s book *FEELING GOOD* have also proved extremely helpful. Burns’s book refers to the thesis of Dr. Aaron T. Beck, one of the world’s foremost authorities on mood disorders. Beck is globally recognized as the father of the cognitive therapy paraphrased below:

1. When you are depressed or anxious, you are thinking in an illogical, negative manner and you inadvertently act in a self-defeating way.
2. With a little effort you can train yourself to change your thought patterns.
3. As your painful symptoms are eliminated, you will become productive and happy again.

These aims can usually be accomplished in a relatively brief period of time, using straightforward methods.

BREAKING THE WALL OF SILENCE

After facilitating a seminar with the Manitoba Farm Stress Line, Friesen was asked if he would talk about his own depression issues. “Never realizing the impact it would have, never realizing how difficult it would be, particularly at the beginning, but really the benefit out of all that is that people, some I’ve known for years and didn’t realize they were having mental health issues, came to me and said, ‘You know this is what I’m experiencing,’ and together we find new ways of coping and making life better for ourselves.”

These days when he talks at seminars, he often says that the number one thing that helped him was actually starting to verbalize about his depression. He tells a story from the fall of 2005.

“There was a fairly traumatic incident in my life and I remember my neighbour dropping by and he asked, ‘Are you doing OK?’ Of course my normal response in the past would have been, ‘Absolutely. I’m fine.’ But I took advantage of that question that day and I talked for probably half an hour and I spilled the beans,” Friesen says.

Continued on page 45



What to do...

... If you, or someone you know, is having thoughts of self-harm

If someone has thoughts of harming themselves, the most important thing they can do is to seek out support, says Greg Gibson, registered clinical psychologist at Community Health Services for the Prairie Mountain Health Region based in Brandon, Man.

This can be extremely difficult, particularly for someone struggling with depressive symptoms, since they may be plagued with negative thoughts, including: “What’s the use? Nothing will work anyway,” or “I don’t want to bother anyone. I’m not worth it.”

Having people you can talk to and a good support network is vital protection against both self-harm and suicidal thinking. Talking about the inner feelings that fuel your self-harm is potentially useful whoever you talk to, but counsellors are professionally trained to work with self-harm and will support you in finding constructive alternatives.

When someone says he or she is thinking about suicide, ask questions. Be sensitive, but ask direct questions, such as: How are

you coping with what’s been happening in your life? Do you ever feel like just giving up? Are you thinking about hurting yourself? Are you thinking about suicide? Have you thought about how you would do it? Do you know when you would do it? Do you have the means to do it? Asking about suicidal thoughts or feelings won’t push someone into doing something self-destructive and may reduce the risk of the person acting on suicidal feelings.

Look for warning signs, such as: the person talking about death or suicide (such as “I’m going to kill myself,” “I wish I were dead,” or “I wish I hadn’t been born”) and being preoccupied with death, dying or violence; getting the means to commit suicide, such as buying a gun or stockpiling pills; withdrawing from social contact and wanting to be left alone; having mood swings, such as being emotionally high one day and deeply discouraged the next; feeling trapped or hopeless about a situation; increasing use of alco-

hol, drugs, or other risky behaviours; giving away belongings or getting affairs in order; saying goodbye to people as if they won’t be seen again; and behavioural changes, such as increased anxiety or agitation.

Then get help. If a friend or family member talks or behaves in a way that makes you believe he or she might commit suicide, don’t try to handle the situation without help — get help from a trained professional as quickly as possible. The person may need to be hospitalized until the suicidal crisis has passed. If possible, tell a family member or friend right away what’s going on. If suicidal risk is imminent, call 911 or your local emergency number right away. Or, if you think you can do so safely, take the person to the nearest hospital emergency room yourself. If you believe that risk is imminent, it is important to not leave the person alone.

It is also important for the friend or family member to practice self-care and get support themselves, Gibson says. Loved ones and friends who are managing and supporting someone with depression and suicidal urges can fall into burnout and depression themselves. It is important that these supporters also find support and assistance themselves.



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Online Therapy
(only in Saskatchewan)
www.onlinetherapyuser.ca/wellbeing/welcome/

Long-time farmer, Gerry Friesen's blog:
www.therecoveringfarmer.blogspot.ca/



Online treatment for anxiety and depression in Saskatchewan

Although online therapy is very popular in other countries, so far Saskatchewan is the only province offering that service in Canada. Online counselling for depression and anxiety is available free of charge to Saskatchewan residents aged 18 and over who have access to and are comfortable using computers.

"We're currently offering a well-being course basically designed for people who have anxiety or depression," says Heather Hadjistavropoulos, professor of psychology at the University of Regina. "The course consists of five lessons, and with each lesson the person goes onto the computer and learns different information on how to improve well-being and cope with anxiety and depression."

It usually takes one or two weeks to complete each lesson, which comes with online reading material and suggestions, activities, and homework.

Lessons include basic information about depression and anxiety, how common these symptoms are, identifying and challenging

thoughts that might be contributing to the condition, coping with the physical symptoms that go along with depression and anxiety, identifying and working on behaviours that may be contributing to challenges, putting it all together, and continuing to work on long-term well-being.

As well as working on their own, course takers have a therapist they can email during the week. Once a week, that therapist goes online and reads the client's emails and responds to questions and concerns and offers encouragement.

"It's great for people who live in rural and remote areas or have mobility issues or just have other barriers such as family or farming responsibilities," says Hadjistavropoulos. "People can work on this on their own time. Sometimes people feel reluctant or embarrassed about seeking help. Sometimes we find after people work on this they feel more comfortable if they need to go in to see a counsellor in person."

Learn more about this program at: www.onlinetherapyuser.ca/wellbeing/welcome/.

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