

“I’M FINE”: RESOLVING THE FARMER MENTAL HEALTH CRISIS IN RURAL AMERICA THROUGH POLICY INITIATIVES

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I. INTRODUCTION

Over time, the nation has seen great improvement in its awareness and treatment of mental health disorders.¹ These improvements include the legislative branch of the United States passing key legislation that meets the needs of deserving populations, advancements being made in behavioral health-related research that has led to developments in evidence-based practices, and the growing realization of mental health and self-care as integral aspects of life.²

However, this progress (while both welcome and much-needed) has largely ignored a vital part of the population—our nation’s farmers. Individuals in agricultural occupations are at an increased risk of mental health diagnosis and suicide completion than their counterparts within the general population.³ For a nation that has made drastic improvements in their treatment of the mentally ill, there is a very worthy and crucial part of the nation that has not been adequately recognized. Farmers have not yet received the necessary support to continue the work that is vital to the rest of the country’s success.⁴ Additionally, they face a particular stigma against them that makes it more difficult to seek out necessary help.⁵ Key policy, judicial, and administrative changes must be made to protect the lives of both the farmers they seek to target and improve, as well as the rest of the nation that relies on their work being completed.⁶

1. See generally NAT’L ALL. ON MENTAL ILLNESS, STATE LEGISLATION REPORT: TRENDS IN STATE MENTAL HEALTH POLICY (Dec. 2020), [https://nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/NAMI-State-Legislation-Report-Trends-in-State-Mental-Health-Policy-\(2019\)/NAMI-2019-State-Legislation-Report-FINAL.pdf](https://nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/NAMI-State-Legislation-Report-Trends-in-State-Mental-Health-Policy-(2019)/NAMI-2019-State-Legislation-Report-FINAL.pdf) [<https://perma.cc/4HJN-77T4>]; see also Nicole Spector, *Mental Health: How We’ve Improved and Where We Need to Do Better in 2020*, NBC (Oct. 11, 2021, 2:43 PM), <https://www.nbcnews.com/better/lifestyle/mental-health-how-we-ve-improved-where-we-need-do-ncna1108721> [<https://perma.cc/6LR8-PRKQ>].

2. See generally 42 U.S.C. § 201 (1996); 42 U.S.C. § 9401 (1980); 42 U.S.C. § 12101 (1990); 42 U.S.C. § 18001 (2010); Francesca Mongelli et al., *Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States*, 18 FOCUS 16, 16 (2020); Nicole Spector, *supra* note 1.

3. Andrea Bjornestad et al., *An Analysis of Suicide Risk Factors Among Farmers in the Midwestern United States*, 18 INT’L J. ENV’T RES. PUB. HEALTH 3563, 3564 (2021).

4. Deborah B. Reed & Deborah T. Claunch, *Risk for Depressive Symptoms and Suicide Among U.S. Primary Farmers and Family Members: A Systematic Literature Review*, 68 WORKPLACE HEALTH & SAFETY 236, 236 (2020).

5. *Id.* at 237; Successful Farming Staff, *Stigma Still Surrounds Mental Health, Iowa Farmers Say*, SUCCESSFUL FARMING (Dec. 17, 2021), <https://www.agriculture.com/family/health-safety/stigma-still-surrounds-mental-health-iowa-farmers-say> [<https://perma.cc/3KDR-HRLR>].

6. Margarita Alegría et al., *Transforming Mental Health and Addiction Services*, 40 HEALTH AFFAIRS 226, 227 (2021).

II. HISTORY AND PRECEDENT OF CHALLENGES IN MENTAL HEALTH

Throughout the nation's history of crafting policy to address mental health, there have been several efforts both attempted and achieved by legislators and professionals. The United States legislative branch, as well as state governments, have utilized law-drafting efforts, local mental health professionals have made internal policy shifts to directly impact key concerns in their respective areas, the availability of mental health-related research and public awareness of the topic has improved, and organizational governing bodies have weighed in on the response needed to recommend solutions to growing problems.⁷ While all these changes have been impactful on the success of mental health, policy efforts are a tangible and effective way to focus on rural mental health initiatives.

A. Federal Legislation Concerning Mental Health

The United States Congress has made several steps towards meeting the mental health needs of the nation. In 1946, the National Mental Health Act was passed with the primary aim to fund psychiatric research.⁸ This Act was a drastic and welcome change from previous years, as it was an amendment to the already established Public Health Service Act; this extended its reach beyond just physical ailments into the realm of mental disorders.⁹ The Act also formed an advisory council of prominent members within the field to provide insight on evidence-based methods of treating and preventing mental health disorders.¹⁰ The inclusion of actual field professionals onto this advisory council was vital for that research to be completed with patient quality in mind.¹¹ This was an unprecedented opportunity for worthy applicants to receive governmental assistance to fund their mental health-related research, as those sources were previously few and far between if in existence at all.¹²

By 1963, further research was financed by the passage of the then-titled "Mental Retardation Facilities Construction Act," which established resources to build both research centers and residential facilities for individuals diagnosed with

7. See generally 42 U.S.C. § 201; 42 U.S.C. § 9401; 42 U.S.C. § 12101; 42 U.S.C. § 18001; Bjornestad et al., *supra* note 3, at 3563-64; Mongelli et al., *supra* note 2, at 16; STATE LEGISLATION REPORT: TRENDS IN STATE MENTAL HEALTH POLICY, *supra* note 1.

8. National Mental Health Act, 79 Pub. L. No. 487, 60 Stat. 421 (1946); *Our History*, MENTAL HEALTH AMERICA (Apr. 4, 2021, 9:50 AM), <https://www.mhanational.org/our-history> [<https://perma.cc/FY83-EVYR>].

9. National Mental Health Act, 60 Stat. at 421; *Our History*, *supra* note 8.

10. National Mental Health Act, 60 Stat. at 421.

11. *Id.*; *Our History*, *supra* note 8.

12. Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, 99 Pub. L. No. 164, 77 Stat. 282; *Our History*, *supra* note 8.

mental illnesses.¹³ This Act is now referred to as the Community Mental Health Centers Act and has seen its share of amendments over the years, including renewing services and reauthorizing funds as the demand grows in different areas of need.¹⁴ However, the primary purpose of the legislation now prioritizes allocating funding for more community-based services and less facility-focused institutionalization for the mentally ill, largely explaining the name change.¹⁵

The year 1986 brought about more significant legislation in the form of the Protection and Advocacy for Mentally Ill Individuals Act of 1986.¹⁶ The Act reiterated the importance of protecting vulnerable populations—a key example being people with mental illnesses at risk for discrimination and abuse—and set up a system of protections designed to safeguard them from neglect and mistreatment.¹⁷ It both allows for legal remedies on behalf of abused patients as well as sets out the rights and expectations afforded to each person being treated in a mental health facility.¹⁸

Further expansions of healthcare protections and anti-discrimination initiatives were codified by the passage of the Americans with Disabilities Act of 1990, which encompasses both physical and mental disabilities.¹⁹ The Act acknowledged the prevalent discrimination many Americans with disabilities face and provided additional protections in key areas (i.e., employment or housing), where the vulnerability of people can have lasting and dangerous impacts.²⁰

In the mid-1990s, the passage of the Mental Health Parity Act improved access to resources, particularly for health insurance coverage.²¹ An example of this is the way the Act prohibited health insurance providers from imposing retroactive lifetime and annual caps in plans that didn't have such limitations predetermined; this allows patients to understand what coverage their plans provide before seeking

13. Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, 77 Stat. at 282; *Our History*, *supra* note 8.

14. Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, 77 Stat. at 282; *Our History*, *supra* note 8.

15. Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, 77 Stat. at 282; *Our History*, *supra* note 8.

16. Protection and Advocacy for Mentally Ill Individuals Act of 1986, 99 Pub. L. No. 319, 100 Stat. 478; *Our History*, *supra* note 8.

17. Protection and Advocacy for Mentally Ill Individuals Act of 1986, 100 Stat. at 478.

18. *Id.*

19. See 42 U.S.C. § 12101; *Our History*, *supra* note 8.

20. 42 U.S.C. § 12101(a).

21. See 42 U.S.C. § 12101; *Our History*, *supra* note 8.

services.²² While the statute did not force insurance coverage for mental health, it placed behavioral health benefits on more equal footing with physical health benefits, a noble first step.²³ Similar expansions were made in 2008 that refused differentiation between mental health and substance abuse-related benefits with medical and surgical benefits, referred to as “parity” efforts.²⁴

The Food, Conservation, and Energy Act of 2008 established the Farm and Ranch Stress Assistance Network (FRSAN), with the purpose to award grants to community programs that provided behavioral health-related services.²⁵ These included initiatives such as telephone hotlines, support groups, and community outreach.²⁶ Unfortunately, this development was never granted proper funding.²⁷ Later attempts were made to reauthorize the FRSAN and allocate proper funding in more recent years (notably through the first iteration of the STRESS Act and the Farmer’s First Act), but these were ultimately unsuccessful.²⁸

After years of advocacy work, as part of the Patient Protection and Affordable Care Act, mental health became an “essential benefit” subject to the same requirements as any other in that designation.²⁹ This requires behavioral health treatment to be included as one of the mandatory benefits offered for non-grandfathered plans and required plan providers to treat mental health benefits the same as their other covered services.³⁰ As a result, an estimated 20 million people have this type

22. Mental Health Parity Act of 1996, Pub. L. No. 104-204, 110 Stat. 2874 (amended 2008).

23. *See id.*; *Our History*, *supra* note 8.

24. *See* Mental Health Parity and Addiction Equity Act, Pub. L. No. 110-343, 122 Stat. 3765 (2008) (amended 2010); *The Mental Health Parity and Addiction Equity Act (MHPAEA)*, CENTERS FOR MEDICARE & MEDICAID SERVICES (Apr. 4, 2022, 9:28 AM), https://cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet [<https://perma.cc/3BUG-DLQG>].

25. Food, Conservation, and Energy Act of 2008, Pub. L. No. 110-246, 122 Stat. 165 (current version at 7 U.S.C. § 8701).

26. *Id.*

27. Natalina Sents, *Stress Act Introduced to Address Farmer Suicide*, SUCCESSFUL FARMING (Apr. 7, 2021), <https://www.agriculture.com/news/business/stress-act-introduced-to-address-farmer-suicide> [<https://perma.cc/8JL6-7M8K>].

28. *See generally* Facilitating Accessible Resources for Mental Health and Encouraging Rural Solutions For Immediate Response to Stressful Times Act, S. 2712, 115th Cong. (2nd Sess. 2018); *See generally* Natalina Sents, *supra* note 27.

29. Patient Protection and Affordable Care Act, 111 Pub. L. No 148, 124 Stat. 164 § 1302(a)(b)(1)(E) (2010); *Our History*, *supra* note 8.

30. Patient Protection and Affordable Care Act § 1302(a)(b)(1)(E); *The Mental Health Parity and Addiction Equity Act (MHPAEA)*, *supra* note 24.

of mental and physical health coverage due to the Affordable Care Act.³¹ Prior to this legislation, many people with diagnosed mental health disorders found it difficult to secure affordable coverage due to their high risk status of having a pre-existing condition.³² In addition, it expanded the ability of people to seek out services that were not previously covered by their healthcare plans.³³

Later, the Protecting Access to Medicare Act of 2014 set out to expand the accessibility of community-based mental health services.³⁴ Specifically, they devised a pilot program of certified community behavioral health clinics with the hopes of providing more accessibility and coordinated care.³⁵ After seeing impressive results, this was further expanded in 2020, opening the program to more states with more opportunities for additional services to be developed and implemented.³⁶

The Helping Families in Mental Health Crisis Act set out to include mental health as a more fundamental part of health screenings across all age groups.³⁷ These were incorporated into the 21st Century Cures Act, which encouraged states to integrate mental health into primary care services through grant awards and cooperative agreements between providers.³⁸ Potential opportunities for prospective grant awardees included provider training, programs that address both primary care and co-occurring mental health disorders—including ways to treat those alongside existing services—research opportunities to solve both current and new problems in the field, and awareness and outreach programs to reduce stigma in the community.³⁹

The Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (known as SUPPORT) was

31. NAT'L ALL. ON MENTAL ILLNESS, WHAT THE AFFORDABLE CARE ACT HAS MEANT FOR PEOPLE WITH MENTAL HEALTH CONDITIONS – AND WHAT COULD BE LOST, 2 (2020), https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/What-the-Affordable-Care-Act-Has-Meant-for-People-with-Mental-Health-Conditions-What-Could-Be-Lost/NAMI_IssueBrief_ACA_11-10-20 [<https://perma.cc/LG4W-934H>].

32. *Id.* at 2-3.

33. *Id.* at 4.

34. *See generally* Protecting Access to Medicare Act of 2014, 113 Pub. L. No. 93, 128 Stat. 1040.

35. *Id.*

36. *CCBHC Success Center Overview*, National Council for Mental Wellbeing (Apr. 4, 2022, 9:44 AM), <https://www.thenationalcouncil.org/ccbhc-success-center/ccbhcta-overview/> [<https://perma.cc/3585-ZQ4Y>].

37. *Our History*, *supra* note 8.

38. *See generally* 42 U.S.C. § 201.

39. *See id.*

an extension of the policies addressing substance abuse disorders.⁴⁰ Key sections of the Act expanded access to drug disposal locations, allowed necessary flexibility in prescribing medication-assisted treatment programs, established more guidelines for residential facilities for recovering individuals, and authorized funding and initiatives for trauma-informed care.⁴¹

In response to the high number of deaths by suicide in the United States, Congress passed the National Suicide Hotline Designation Act of 2020.⁴² This Act was created to establish a nationwide 3-digit emergency mental health response number akin to the 9-1-1 used for other crises.⁴³ By calling 9-8-8, callers are redirected to a crisis hotline able to provide life-saving resources and support.⁴⁴

More recently, Congress introduced the Seeding Rural Resilience Act as part of the National Defense Authorization Act.⁴⁵ This Act would authorize mental health awareness training programs for federal employees and organize a task force led by the Secretary of Agriculture.⁴⁶ This task force would specifically address the needs of producers in rural areas.⁴⁷ Unfortunately, the latest action on this bill occurred in 2019.⁴⁸

One of the additional attempts made by Congress to address the rural mental health crisis is through the Home-Based Telemental Health Care Act of 2020.⁴⁹ This Act aims to address the need for services that directly target rural communities and provide funding opportunities to support telehealth services.⁵⁰ These services are especially important to farmers as it may be more difficult to find in-person services in rural communities. However, this legislation was referred to the Senate Committee on Health, Education, Labor, and Pensions in June 2020 and there has

40. *Our History*, *supra* note 8.

41. Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, 115 Pub. L. No. 271, 132 Stat. 3894 (2018).

42. National Suicide Hotline Designation Act of 2020, 116 Pub. L. No. 172, 134 Stat. 832 (2020).

43. *Id.*

44. *Id.*

45. *Congress Approves Rural Mental Health Bill as Part of Defense Authorization Legislation*, FARM BUREAU (July 27, 2022), <https://www.fb.org/news/congress-approves-rural-mental-health-bill-as-part-of-defense-authorization> [<https://perma.cc/RBM2-SAYJ>].

46. *Id.*

47. *See* Seeding Rural Resilience Act, H.R. 4820, 116th Cong. (2019).

48. *Id.*

49. *See generally* Home-Based Telemental Health Care Act of 2020, S. 3917, 116th Cong. (2020).

50. *Id.*

been no movement since.⁵¹

In early 2021, Congress made another attempt at revitalizing the Farm and Ranch Stress Assistance Network through their introduction of the Stemming the Tide of Rural Economic Stress and Suicide under COVID-19 Act.⁵² This version had a similar purpose and structure as its predecessors; it was trying to solve the funding source problem and its proposed solution authorized funds for eligible programs meant to support the Network through the use of provider-sought grant awards with stipulations in place for how the funds were designed to be used.⁵³ However, this Act similarly lacked momentum in that its latest action involved it being sent to the Committee on Agriculture, and there has been no movement since.⁵⁴

B. State Legislation Concerning Mental Health

The passage of state-level legislation to address mental health needs is vital given that many regard this area as a responsibility of state governments.⁵⁵ In light of this perspective, many states have taken up the call by drafting their own legislation to meet the needs of their mentally ill citizens. The National Alliance on Mental Illness drafted a report that compiled 2019 legislation from across the country and organized it into priority areas based on the respective aims of the legislature.⁵⁶ These areas include two vital aspects of mental health that policymakers seem to be focused on: early intervention and improving access to care.⁵⁷

A way states have addressed early intervention includes initiatives in the area of childhood development.⁵⁸ Research shows that detecting and targeting early symptoms can lead to long-term improvements over time in mental health disorders.⁵⁹ For example, one such initiative, HB 19-1120, was introduced in Colorado; this developed standards for mental health programming in schools.⁶⁰ Likewise,

51. Home-Based Telemental Health Care Act of 2020, S. 3917, 116th Congress (2020).

52. Stemming the Tide of Rural Economic Stress and Suicide under COVID-19 Act, H.R. 220, 117th Cong. (1st Sess. 2021).

53. *Id.*

54. U.S. Gov't Publ'g Off., *H.R. 220 (IH) – Stemming the Tide of Rural Economic Stress and Suicide under COVID-19 Act*, GOVINFO (Apr. 27, 2021, 4:04 PM), <https://www.govinfo.gov/app/details/BILLS-117hr220ih> [<https://perma.cc/CC3M-YVQR>].

55. STATE LEGISLATION REPORT: TRENDS IN STATE MENTAL HEALTH POLICY, *supra* note 1.

56. *Id.*

57. *See generally id.*

58. *Id. at 9.*

59. *Id.*

60. *Id.*

Iowa's HF 690 created a children's mental health system and established a state board of professionals designed to address similar future needs.⁶¹ This bill creates defined mandatory services in every county in the state, called "core" services, that are intended to be specifically used by children in crisis.⁶²

In addition to childhood developing programming, another area of concern in early intervention for the states was education.⁶³ Adding curriculum that covers mental health is seen as a positive step towards reducing the stigma associated with having a mental illness and to fulfill the request of educators to be given resources.⁶⁴ Texas passed SB 11, a bill that includes suicide prevention and anti-stereotyping curriculum in their school systems and provides staff with trauma-informed training.⁶⁵ These early intervention techniques were designed to target at-risk youth early in their symptoms and prevent larger problems from occurring later in life.⁶⁶ Similarly, Minnesota's "Bend, Don't Break" program was implemented for similar reasons at the adult level.⁶⁷ Funded by the USDA, this program was passed to provide key training and counseling opportunities for agriculture producers.⁶⁸ Thom Petersen, the Minnesota Agriculture Commissioner, hopes this initiative is able to make a positive difference in their state.⁶⁹

Next, states also improved access to services and care by expanding parity efforts, medication access, and staffing.⁷⁰ In 2017, Washington, D.C. passed B2200597, a bill that required health insurers to follow the federal Mental Health Parity and Addictions Equity Act discussed previously and sets restrictions on treatment limitations for mental health disorders.⁷¹ Maine also passed LD 1694 that set similar requirements on their insurers by requiring self-reports of their compliance with the federal Act to state agencies.⁷² Lastly, New Hampshire's SB

61. *Id.*

62. *Id.*

63. *Id.*

64. *Id.* at 14.

65. *Id.* at 15-16.

66. *Id.* at 17.

67. Successful Farming Staff, *USDA Grant Funds Rural Mental Health Initiatives in Minnesota*, SUCCESSFUL FARMING (Nov. 5, 2021), <https://www.agriculture.com/family/health-safety/usda-grant-funds-rural-mental-health-initiatives-in-minnesota> [<https://perma.cc/4TZ7-6J5A>].

68. *Id.*

69. *Id.*

70. STATE LEGISLATION REPORT: TRENDS IN STATE MENTAL HEALTH POLICY, *supra* note 1, at 44.

71. *Id.* at 34; *see* 42 U.S.C. § 12101.

72. STATE LEGISLATION REPORT: TRENDS IN STATE MENTAL HEALTH POLICY, *supra* note 1, at 34.

272 allows enforcement of the federal Act by a state official and sets guidelines for how that official will conduct evaluations of insurers.⁷³

Medication access is often a barrier to receiving adequate behavioral health care due to the restrictions placed on prescriptions.⁷⁴ Attempts to combat this include (1) Maryland's HB 751, which requires the insurer to provide explanation in the event that their prescription requests are initially denied, and (2) SB 93 in Kansas, which requires peer-reviewed practice guidelines be in place prior to denying coverage of a name-brand drug for a cheaper alternative.⁷⁵ This is especially significant for patients that have different reactions and effects from taking certain off-brand medications.⁷⁶

Lastly, states introduced bills that directly targeted staffing deficiencies.⁷⁷ Due to the shortage of mental health professionals in the nation, states looked to creative solutions, such as further training and removing licensing barriers.⁷⁸ One of these solutions includes the creation of reciprocity programs.⁷⁹ When implemented, this allows out-of-state licenses to be used in-state or allows certain non-professional functions to be conducted by non-licensed professionals; Georgia's HB 26, Kentucky's SB 22, North Dakota's SB 2012, and Washington's SB 5054 addressed this growing area.⁸⁰ In addition, Washington's HB 1668 also provided financial incentives in the form of loan repayment programs to qualifying professionals to work in areas of high shortages.⁸¹

III. RECOMMENDED ACTIONS TO IMPROVE RURAL MENTAL HEALTH SERVICES AND PROTECT AGRICULTURE PRODUCERS

While there are a variety of potential solutions to combat the problem of rural mental health inadequacies for farmers, creating significant and innovative policies at the national level may have the most dramatic effect.⁸²

A. Key Areas of Focus to Target Agricultural Producers in Rural Mental Health

73. *Id.*

74. *See id.*

75. *Id.* at 39.

76. *Id.* at 40.

77. *Id.* at 43-44.

78. *Id.*

79. *Id.* at 44.

80. *Id.* at 45.

81. *Id.* at 46.

82. *See* Alegría et al., *supra* note 6, at 226-27.

Areas

In order to provide agricultural producers with the necessary support to improve their mental health, there are three general priority areas that must be addressed by the nation as a whole.⁸³ First, policymakers and communities alike must change their perceptions about mental health and acknowledge the needs of farming communities specifically.⁸⁴ While there are many deserving populations that are in need of this type of legislative focus, the United States relies substantially on the health and well-being of its farmers.⁸⁵ However, policy does not always reflect that importance.⁸⁶ Second, rural mental health entities have little access to services or competent providers to provide these services.⁸⁷ When they do have the resources, many in need of these organizations may find it hard to access them due to logistical accessibility barriers or stigma.⁸⁸ Lastly, models previously used to target mental health issues for other populations with similar obstacles to accessing services can be utilized for farmers: specifically, programs designed for those currently serving in the military or with past military service.⁸⁹

B. Enacting Policies Directly Addressing Rural Mental Health and Agriculture Occupational Needs

The initial step in this proposal is a call to action to legislators, providers affected by mental health policies, and community advocates to prioritize their activism efforts to farming communities. While there are so many admirable and worthy causes, our agriculture producers are in grave danger.⁹⁰ According to the Center for Disease Control and Injury Prevention's 2016 report on the subject, farmers comprise one of the highest occupational suicide rates as compared to the general population.⁹¹ Further, their work makes up a nearly 400 billion dollar industry; however, there has historically been a serious lack of efforts dedicated to combat this issue.⁹² This discrepancy could lead to drastic impacts on both the farmers suffering in silence, unable to come forward for fear of stigmatization, as well as the rest of the country that relies on this industry to provide sustenance and

83. See Reed & Claunch, *supra* note 4, at 236.

84. See *id.*

85. *Id.* at 236–37.

86. Mongelli et al., *supra* note 2, at 16.

87. *Id.* at 19.

88. *Id.* at 16; Reed & Claunch, *supra* note 4, at 237; Successful Farming Staff, *supra* note 5.

89. See discussion *infra* Part III, § D.

90. See Reed & Claunch, *supra* note 4, at 236.

91. *Id.*

92. *Id.* at 236–37.

exports.⁹³

One group in particular that can shift their focus to be impactful, not only to the agriculture population but for the overall efficiency of mental health funding, is the Executive Branch.⁹⁴ Progress can be made through more interagency collaboration, whether by Congressional directive or their own accord.⁹⁵ Federal agencies have the ability to identify individuals with mental illness and provide life-saving services, but there is clear concern with the lack of communication between agencies.⁹⁶ This intergovernmental isolation leaves officials unsure of how they are allocating resources across the board, especially when it comes to how past research grants have been awarded.⁹⁷ By keeping better track of what resources are being provided and by expanding these collaboration efforts (and perhaps including relevant agencies, such as the USDA), farmers may become more of a priority and funding duplication may be decreased.⁹⁸ This is particularly true when considering the sheer amount of commerce that agriculture is responsible for in relation to the little mental health funding people in those occupations are currently receiving.⁹⁹

There are more examples of additional disparities in funding of both research and support programs specifically designed for agricultural producers.¹⁰⁰ Allocations could easily be made for continued research regarding the mental health of farmers and their families.¹⁰¹ Previously compiled data may even be able to be utilized for time-collecting savings, as researchers published in the *International Journal of Environmental Research and Public Health* suggest.¹⁰² The researchers explained there are barriers to the existing occupational data being used in empirical studies; for example, farmers are typically characterized as being a part of broader career groups rather than as their own specific data set category.¹⁰³ This led researchers to conclude that reorganization of the data itself into more usable

93. See *id.* at 236; see generally Nicole Spector, *supra* note 1.

94. See U.S. GOV'T ACCOUNTABILITY OFF., GAO-15-113, MENTAL HEALTH: HHS LEADERSHIP NEEDED TO COORDINATE FEDERAL EFFORTS RELATED TO SERIOUS MENTAL ILLNESS 17 (2014).

95. *Id.* at 16-18.

96. *Id.* at 20.

97. *Id.* at 14.

98. *Id.* at 22.

99. See Sarah L. Hastings & Tracy J. Cohn, *Challenges and Opportunities Associated With Rural Mental Health Practice*, 37 J. OF RURAL MENTAL HEALTH 37, 45 (2013); Reed & Claunch, *supra* note 4, at 236.

100. See Reed & Claunch, *supra* note 4, at 236-37.

101. See *id.* at 237.

102. See Bjornestad et al., *supra* note 3, at 3563.

103. See Bjornestad et al., *supra* note 3, at 3563.

categories and minute differences in the way data analyses are conducted could result in meaningful contributions.¹⁰⁴ More importantly, this would be possible without having to re-collect any additional information.¹⁰⁵

C. Expand Service Accessibility to Agriculture Producers in Rural Farming Communities

Programs such as the Farm and Ranch Stress Assistance Network outlined in the previous section should be properly funded post-repassage.¹⁰⁶ The implementation of programs such as this one would deliver necessary crisis intervention programs, expand accessibility of services, and provide producers with additional, long-term resources.¹⁰⁷ One such initiative is the Protecting Rural Telehealth Access Act, which was introduced in summer of 2021.¹⁰⁸ This bill was designed to expand service accessibility to rural areas through the expansion of telehealth services and waiving some of the geographic restrictions previously placed on these types of services.¹⁰⁹ Most notably, it also allows rural patients, who may not have the same accessibility to internet or equipment as those in urban areas, to utilize audio-only technologies.¹¹⁰ Senator Joni Ernst (IA-R), one of the cosponsors of the legislation, stated that “access to telehealth was critical to helping [patients] in rural areas get the care they need.”¹¹¹

Similar progress could be made by drafting further telehealth services legislation. While some of the advantages are obvious, such as the overall convenience, researchers have identified key benefits of utilizing telemedicine. One example is that farmers in particular are known for not seeking out treatment for mental health due to real or perceived stigmas.¹¹² As one researcher described it, “[r]ural residents recognize each other by their vehicles,” implying potential embarrassment if

104. *Id.*

105. *Id.*

106. *See* Food, Conservation, and Energy Act of 2008§ 8701; Natalina Sents, *supra* note 27.

107. Natalina Sents, *supra* note 27.

108. Protecting Rural Telehealth Access Act, S. 1988, 117th Cong. (1st Sess. 2021).

109. One Pager, Protecting Rural Telehealth Access Act, U.S. Senate (2021) (on file with author).

110. *Id.*

111. Press Release, Manchin Senate Office, Manchin, Ernst, Shaheen, Moran Introduce Bipartisan Bill to Make Rural, Underserved Telehealth Flexibilities Permanent (June 9, 2021), <https://www.manchin.senate.gov/newsroom/press-releases/manchin-ernst-shaheen-moran-introduce-bipartisan-bill-to-make-rural-underserved-telehealth-flexibilities-permanent> [<https://perma.cc/B7AV-2V7A>].

112. Successful Farming Staff, *supra* note 5.

seen parked outside a mental health facility.¹¹³ The availability of telehealth services could reduce at least one barrier for those looking for help.¹¹⁴

Next, the Certified Community Behavioral Health Clinic (CCBHC) model should be expanded to all fifty states with more clarification given on funding sources.¹¹⁵ The Substance Abuse and Mental Health Services Administration criteria for CCBHCs require the entity to offer specific services, such as crisis behavioral health and out-patient treatment options.¹¹⁶ With the rise of CCBHC adoption amongst states, there has been a similar increase in the accessibility of services for individuals seeking out treatment.¹¹⁷ However, because this program was initially implemented on a research basis, there is still an obvious need for further explanation regarding the payment of these services as well as additional support to continue the program.¹¹⁸

Lastly, parity efforts are vital to making mental health services available for more individuals.¹¹⁹ Without any parity protections in place, many insurance plans previously neglected to treat mental health as a covered service, leading to higher costs and visit limits not equivalent to other physical medical services.¹²⁰ Without this necessary coverage, many individuals had been forced to forgo mental healthcare altogether.¹²¹

Not only is policy key to solving parity discrepancies, but there is not always adequate oversight to ensure that agencies are complying with these requirements.¹²² Without compliance, the benefits that individuals are meant to receive are lost, and higher costs and difficulty accessing services return.¹²³

113. Hastings & Cohn, *supra* note 99, at 39.

114. Spector, *supra* note 1.

115. U.S. GOV'T ACCOUNTABILITY OFF., GAO-21-104466, CMS GUIDANCE NEEDED TO BETTER ALIGN DEMONSTRATION PAYMENT RATES WITH COSTS AND PREVENT DUPLICATION 26 (2021); *Policy Priorities*, NAT'L COUNCIL FOR MENTAL WELLBEING (Apr. 4, 2022, 9:54 AM), <https://www.thenationalcouncil.org/policy-agenda> [<https://perma.cc/BU5Z-28QB>].

116. GAO-21-104466 at 11.

117. *Id.* at 18.

118. *Id.* at 19.

119. See WHAT THE AFFORDABLE CARE ACT HAS MEANT FOR PEOPLE WITH MENTAL HEALTH CONDITIONS – AND WHAT COULD BE LOST, *supra* note 31.

120. See *id.*

121. See *id.*

122. U.S. GOV'T ACCOUNTABILITY OFF., GAO-20-150, MENTAL HEALTH AND SUBSTANCE USE: STATE AND FEDERAL OVERSIGHT OF COMPLIANCE WITH PARITY REQUIREMENTS VARIES 42 (2019).

123. *Id.*

D. Implement Rural Health Policy that Use Existing Veterans-Based Models

Policy initiatives that are successful for veterans can likewise be effective for agricultural producers because of the similarity between the two populations. First, veterans, especially those that have experienced combat, have an increased incidence of mental illness.¹²⁴ Second, their ability to seek treatment for their mental illness is inhibited by access to resources and stigma, especially the service-members' own individual negative perceptions about getting help.¹²⁵ Similarly, farmers in rural communities have higher incidences of mental illness.¹²⁶ They also have significant barriers to accessing treatment based on a comparable adverse perception of their own mental health.¹²⁷ Forty-four percent of farmers responding to a survey admitted they would be reluctant to seek treatment because they thought their mental illness made them "weak."¹²⁸ Because veterans have analogous impediments to mental health treatment as farmers, it's only logical that veterans-based policy initiatives could potentially be applied to farmers with similar success.

One example of veterans' legislation potentially transferrable to farmers is a program developed by The American Legion.¹²⁹ The program was created in March of 2019 and was designed to connect veterans with resources.¹³⁰ It works by creating "Buddy Check teams" that reach out to veterans to complete periodic wellness checks.¹³¹ In addition, The American Legion provides mental health resources and training—called "toolkits"—for interested volunteers to participate in these teams.¹³² In late 2021, a bill was passed in the Senate to implement this program in an expanded capacity by directing the Veterans Affairs to devote more resources to this cause.¹³³ The bill also provides more education and training to the

124. Mark C. Brown et al., *Factors Associated with Interest in Receiving Help for Mental Health Problems in Combat Veterans Returning from Deployment to Iraq*, 199 THE J. OF NERVOUS AND MENTAL DISEASE 797, 797 (2011).

125. *Id.* at 797-98.

126. Bjornestad et al., *supra* note 3, at 3563.

127. Successful Farming Staff, *supra* note 5.

128. *Id.*

129. *See Get Involved with Buddy Checks*, THE AM. LEGION (Apr. 4, 2022 9:57 AM), <https://www.legion.org/buddycheck/about> [<https://perma.cc/Y378-REN2>].

130. *Id.*

131. *Id.*

132. *Id.*

133. *The Time to Act is Now to Support Buddy Check Week*, THE AM. LEGION (Nov. 3, 2021), <https://www.legion.org/buddycheck/254192/time-act-now-support-buddy-check-week#:~:text=The%20U.S.%20Senate%20passed%20S, before%20Congress%20recesses%20in%20December> [<https://perma.cc/C2XY-DU8Y>].

Buddy Check teams.¹³⁴ While the Senate passed this initiative, there has been no movement in the House of Representatives.¹³⁵ Despite the current lack of passage in Congress, this program has seen great success across The American Legion¹³⁶—success that could potentially be replicated with a different population.

Finally, the Save Our Servicemembers Act could be applied to the rural health crisis. The bill, introduced by a bipartisan duo of combat veteran Senators, was created to revitalize the way suicide data collection is done, improve inter-agency collaboration, and expand access of resources to veterans.¹³⁷ This is a literal distress signal for veterans based on the shocking increase in suicides during 2020.¹³⁸ The hope is that this legislation will strengthen the current initiatives being put into effect in the Department of Defense.¹³⁹ Similar initiatives that directly address suicide prevention and suicide first aid could be an ideal collaboration opportunity for a more relevant agency, such as the USDA. While this legislation would potentially have a great impact on struggling servicemembers, it is currently still in Committee.¹⁴⁰

IV. CONCLUSION

Despite positive improvements across the board for both mental health awareness and accessibility of treatment¹⁴¹, the backbone of the agriculture industry has been neglected for far too long.¹⁴² Farmers can be further supported by general policy changes that target certain problem areas, such as the farming community's perception of mental health, improving the overall availability of resources, and employing effective methods that have been utilized for similar populations.¹⁴³

134. *Id.*

135. S. 544, 117th Cong. (1st Sess. 2021).

136. THE AM. LEGION, *supra* note 129.

137. 'We need to put out the S.O.S.': Ernst, Kelly Press Pentagon for Action Following Uptick in Military Suicides, ERNST S. OFF. (Oct. 20, 2021), <https://www.ernst.senate.gov/news/press-releases/we-need-to-put-out-the-sos-ernst-kelly-press-pentagon-for-action-following-uptick-in-military-suicides> [<https://perma.cc/F7X2-NDZW>].

138. *Id.*

139. *Id.*

140. Save Our Service Members Act, S. 3013, 117th Cong. (1st Sess. 2021).

141. Spector, *supra* note 1.

142. Reed & Claunch, *supra* note 4, at 236-37.

143. *Id.* at 236; Mongelli et al., *supra* note 2, at 16.