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Recognising and Managing Distress Among Farming Clients: An Evaluation of Brief Training for Rural Financial Counsellors and Other Non-Clinical Rural Support Workers

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ABSTRACT

Objective: To evaluate the impact of a tailored, brief, 3-h training program to help Rural Financial Counsellors and other non-clinical rural support workers recognise and manage distress experienced by their farming clients.

Setting: Rural, regional and remote Australia.

Participants: Rural support workers ($N=75$; primarily Rural Financial Counsellors and Family and Business mentors) undertaking a 2-part, online training programme for recognising and managing distress in farmers.

Design: Individual questionnaires were collected before the first workshop, after the second workshop, and 3 months post completion of both workshops.

Results: Seventy-five participants provided pre-training data. A series of mixed models for repeated measures identified significant improvements in participants' confidence in recognising and managing farmers' distress pre- to post-training. Specifically, increases in confidence in differentiating mild distress from distress requiring professional help ($F=11.30$, $p<0.001$), skills to use time well ($F=14.17$, $p<0.001$), recognising distress ($F=9.16$, $p<0.001$), dealing with the needs of distressed farmers ($F=22.93$, $p<0.001$), talking to farmers about their wellbeing ($F=16.47$, $p<0.001$), knowing *when* to refer farmers for additional support ($F=19.10$, $p<0.001$), knowing *where* to refer farmers for additional support ($F=14.00$, $p<0.001$), were maintained at the 3-month follow-up. Pre- post-training, participants' behavioural intentions to refer their clients to a farmer-specific mental health intervention (www.ifarmwell.com.au) increased ($F=48.26$, $p<0.001$), which was maintained at 3-month follow-up. The training did not significantly change participants' quality of life or work stress.

Conclusions: Findings suggest that a brief, tailored training programme significantly increases rural support workers' confidence in recognising and managing distress in their farming clients.

1 | Introduction

A number of studies have identified the important role of 'accidental counsellors' in rural communities; that is, non-health care, non-clinical professionals who can provide

support to farmers outside of their traditional roles, such as Veterinarians, Advisory and Extension Agents, or Rural Financial Counsellors (RFCs) [1–3]. This role is especially important given the numerous barriers to help-seeking from traditional health and mental health services that farmers are

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Summary

- What is already known on this subject
 - Rural Financial Counsellors and other non-clinical rural support workers often encounter farmers experiencing distress.
 - Many reports feeling ill-equipped to manage farmers' distress.
 - Little is known about the best way to assist members of the non-clinical rural workforce with managing distressed farming clients.
- What this study adds
 - A brief, 2-part, 3-h training programme improved rural support workers' confidence to recognise and manage farmers experiencing distress.
 - Gains in confidence to recognise and manage farmers' distress remained high 3 months after the training.
 - The training also increased rural support workers' intentions to refer clients to a farmer-specific mental health intervention (www.ifarmwell.com.au).

known to face, including a lack of services, minimisation and normalisation of problems, stigma and stoicism [4, 5], the significant stressors to which they are exposed [6], and their elevated risk of suicide [7]. A longitudinal cohort study reported in 2016 also found that farmers were half as likely to seek professional mental health support than other employed people in rural areas, regardless of location [8]. This further supports the importance of supporting 'accidental counsellors' who may encounter distressed farmers in non-clinical settings through their roles.

Across regional and rural Australia, the Federal Government funds RFC services to provide primary producers with financial advice and education [9]. They are generally viewed by farmers as highly valued and trusted community members [1] and although not part of their official brief, they often find themselves in a unique position to identify and help farmers in distress [10]. RFCs routinely refer their clients to mental health-related services [1], although this can be difficult due to the lack of appropriate, timely services and reluctance on behalf of the client. In times of increased stress, such as during drought, RFCs report that they are increasingly consulted by farmers in significant distress [11] and research has highlighted they often feel ill-equipped to handle these additional challenges and referrals [10]. This has prompted recommendations that RFCs be given at least basic training in counselling techniques to help them identify farmers in distress and refer them to appropriate resources [1, 12]. A previous study conducted by our research group in 2019 reiterated these recommendations. The study found that RFCs believe that farmers' distress impedes the financial counselling process. It also highlighted that RFC were keen to refer distressed clients to sources of support, provided that they were familiar with the resources themselves and the resources were considerate of the farming way of life [13]. In line with this, Mental Health First Aid (MHFA) training has been shown to be beneficial in this cohort. A 2016 study involving financial counsellors across Australia found that MHFA significantly improved the

counsellors' mental health literacy and confidence in providing help [14]. However, this study recruited financial counsellors from both regional and metropolitan areas and was not specific to financial counsellors in rural settings or specifically focused on supporting farming clients.

There is limited recent research that has examined the mental health literacy needs of non-clinical rural support workers. A 2008 study found that a 12-h MHFA training course provided to 99 rural support workers and community volunteers, which included only five RFCs, in the Australian state of New South Wales, was associated with a significant increase in their ability to recognise symptoms of depression and reported confidence to be able to refer distressed clients to appropriate sources of help [15]. A 12-h MHFA training for Advisory and Extension Agents [16] and Farm Advisors [17] in Australia has also been shown to increase mental health knowledge and confidence in helping someone with a mental health problem. However, the feasibility of engaging rural support workers in training of this length is questionable due to funding and time constraints, and there is a clear need for more evidence on the effectiveness of MHFA programmes across a variety of outcomes and settings [18].

A recent review of farmer mental health interventions [19] also identified several non-MHFA programs from New Zealand [20], Canada [21] and the US [22], which are briefer than the standard 12-h MHFA format and have shown a positive impact on mental health knowledge and confidence. In Australia, one study was identified that provided a brief 4-h non-MHFA training to frontline agricultural workers; the SCARF (Suspect, Connect, Ask, Refer, Follow-Up) program was a wellbeing and suicide prevention workshop offered under the Farm-Link project funded by the Commonwealth of Australia Department of Health's National Suicide Prevention Program. The program was shown to increase suicide literacy and confidence in helping others [21]. Based on these findings, it is hypothesised that brief, tailored mental health and wellbeing training for rural financial counsellors and other rural support workers will improve their confidence in recognising and managing distress in their clients.

In 2020, in collaboration with Rural Business Support SA and funded by the Country SA Primary Healthcare Network and the Qantas Regional Grant Scheme, a training program was developed to address these issues and trial it among a sample of RFCs in Australia. Funding was subsequently obtained from the South Australian Department of Primary Industries to expand this training to Family and Business (FaB) Mentors, who are non-clinical workers trained to provide support to primary producers experiencing challenges. The training program was designed to be a brief introduction to help participants recognise and manage distress in farmers. The course ran for 3 h, spread across two sessions. This format is thought to be more accessible and acceptable to rural support workers, where there is limited funding and time available to complete a full MHFA course. The aim of this paper was to evaluate the impact of the training on rural support workers' [1] confidence to recognise and manage distress in their farming clients and [2] their behavioural intentions to refer their clients to a farmer-specific mental health intervention. Secondary aims were to examine the impact of

training on participants' quality of life, work stress, and their satisfaction with the training.

2 | Method

Ethics approval was granted by the University of South Australia Human Research Ethics Committee (Protocol ID:203034).

2.1 | Intervention Description

The training was developed and delivered by A/Prof Kate Gunn, a clinical psychologist and expert in rural mental health from the University of South Australia. Training was conducted between May 2020 and May 2022.

The training consisted of a 2-h workshop followed by a 1-h workshop 3 weeks later. Table 1 outlines the curriculum, which was informed by the research on RFC's experiences with managing distress in farmers conducted by Gunn and Hughes-Barton, [13] adult learning theory [23], and behaviour change theory to explain and help address barriers to farmers following through on referral to wellbeing services [24]. The training curriculum also covered the essential elements of gatekeeper training (i.e.,

knowledge, skills and abilities, attitudes and self-efficacy), as recommended by Hawgood et al. [25]. Training was initially intended to be in-person but was moved online via Zoom due to COVID-19. Training followed a similar structure for all sessions, with minor variations due to the practical requirements of each group. It was provided free to participants and completed within their work roles.

2.2 | Evaluation Design

This evaluation was an uncontrolled pre- and post-test design, with three time points: [1] pre-training, [2] post-training, [3] 3-month follow-up.

2.3 | Participants & Recruitment

Participants were those working with farmers and rural communities in Australia in a non-clinical position; herein 'rural support worker'. Participants were aged 18 years or older, who were taking part in a training program for recognising and managing distress in farmers within their role. Participants read an information sheet and completed a consent form prior to enrolment in the evaluation. Participants were able to take part in the training regardless of whether they consented to take part in the evaluation.

2.4 | Measures

Each participant completed a short online survey at three timepoints: (T1) prior to the first workshop, (T2) at the end of the second workshop, and (T3) 3 months following the second workshop. At T1, participants were asked their age, gender, work postcode, job title, number of years in this role, previous work experience, and formal qualifications. Participants were also asked if they had previously participated in an interview study about their experiences interacting with distressed farmers, as some of the workshop participants may have been involved in a prior study conducted by our research group [13]. The Australian Statistical Geography Standard [26] was used to describe participants' level of remoteness based on their work postcode.

2.5 | Confidence in Recognising and Managing Distress

Self-report survey items were developed from the Confidence in Suicide Management scale [27, 28] and informed by previous evaluations of suicide prevention training [29, 30]. Four items assessed confidence in using time well with individuals who are distressed, recognising distress, and dealing with the needs of distressed individuals. Additional items were added to assess confidence in talking to farmers about their wellbeing and in knowing when and where to refer farmers for additional mental health support [31]. The original 0–10 visual analogue scale (VAS) format was adapted to a 0–100 format for compatibility with the other VAS measures used in this study. The VAS anchors were 0 (not at all confident) to 100 (extremely confident).

TABLE 1 | Outline of topics covered in the workshops.

Workshop 1
<ul style="list-style-type: none"> • How to recognise distress in farmers • Why managing distress is important • How to talk to farmers about distress • Strategies that have been shown to work when dealing with distressed farmers • Strategies that do not work when dealing with distressed farmers • Introduction to ifarmwell • Some practical strategies from www.ifarmwell.com.au to test for yourself
Workshop 2
<ul style="list-style-type: none"> • Strategies to look after your own wellbeing • Clues someone may be at risk of suicide • What to say to encourage distressed farmers to agree to access further help <ul style="list-style-type: none"> ◦ If no obvious, immediate risk of suicide ◦ If you believe they may be at risk of suicide • Sources of support to refer farmers to • Barriers to having this type of conversation with distressed farmers, and how to overcome them • Extra tips on referring farmers to a General Practitioner • Extra tips on referring farmers to ifarmwell • Key things to remember when communicating with this group

2.6 | Quality of Life

Quality of Life was assessed via a single-item visual analogue scale ranging from 0 (worst imaginable quality of life) to 100 (best imaginable quality of life). Single-item VAS quality of life scales have shown good test-retest reliability, sensitivity to change, and convergent validity against more comprehensive multi-item measures [32].

2.7 | Work Stress

Work-related stress was assessed via a single-item visual analogue measure asking participants 'In general, how do you find your job?', with anchors 0 (not at all stressful) to 100 (extremely stressful). The question was based on previous studies using a single-item measure from the Bristol Stress and Health at Work Survey in the United Kingdom [33–35].

2.8 | Behavioural Intentions

Questions assessing participants' behavioural intentions were based on the Continuing Professional Development-Reaction questionnaire [36]. The scale examines five constructs associated with behaviour: Beliefs about Consequences, Social Influence, Moral Norm, Beliefs about Capabilities, and Intentions. Items can be adapted to reflect the targeted behaviour (i.e., referring farmers to www.ifarmwell.com.au). For this study, we used the Intention (2 items), Beliefs about Capabilities (3 items) and Beliefs about Consequences (2 items) constructs as these were considered most relevant to the targeted behaviour. Items are measured on 7-point Likert scales. For each construct, total scores were calculated as the average of items, with higher scores indicating greater intention, belief in capability, and belief in *positive* consequences of referring farmers to www.ifarmwell.com.au.

2.9 | Behaviour

To assess behaviour, participants were asked if they had referred any farmers to the ifarmwell intervention (Y/N) and, if so, how many farmers they had referred.

2.10 | Program Evaluation

Satisfaction with the training was assessed using a single-item scale ranging from 1 (not at all satisfied) to 7 (extremely satisfied). Subsequent questions, rated on Likert scales from 1 (not at all) to 7 (a great deal) asked participants 'To what extent did the training course...': *Provide you with new strategies to connect distressed farmers with appropriate wellbeing focused services?*; *Provide you with new strategies to look after your own wellbeing?*

2.11 | Procedure

Participants were emailed a link to the appropriate Qualtrics survey in the week prior to the first session, immediately following the second session, and 3 months post-training. Participants were sent

two reminder emails following each survey distribution. Survey emails and reminders were sent by a member of the research team other than the facilitator, to maintain separation between the provision and evaluation of the training. Further, the facilitator was not involved in the analysis of results. The survey was anonymous.

2.12 | Statistical Analysis

Analyses were conducted in Stata BE version 17.0. All participants who provided baseline data were included in the analysis. Demographic characteristics and program evaluation data were analysed descriptively. Univariate logistic regressions were used to compare the demographic characteristics of participants with data at two or more time points ('completers') with participants who only provided baseline data ('non-completers').

A logistic regression compared referral to ifarmwell (yes/no) over time. Changes in outcomes over time were examined for confidence, quality of life, work stress and behavioural intentions. Confidence questions were analysed at the item level, consistent with past research e.g. [29]. A series of mixed models for repeated measures using restricted maximum likelihood estimation were conducted. This procedure uses all available data and includes all participants who provided baseline data, even if they did not complete post-training measures [37].

The variable 'participant' was included in the model as a random effect. Time (pre, post, follow-up) was included as a fixed effect. Fifteen participants (20%) reported that they had participated in a previous interview study about their experiences interacting with distressed farmers [13]. This variable (participation yes/no) was included as a fixed effect in all models. All models also controlled for age and years of working in their current role. Including a random slope for time (to account for individual patterns of change) did not substantially improve model fit and was not included in the final model.

3 | Results

3.1 | Response Rate

One hundred and seven people participated in the training and 75 people provided data pre-training (70.1% response rate), 47 participants completed the post-training survey, and 43 participants completed the follow-up survey. Analyses to investigate potential attrition bias identified no differences between completers and non-completers in age (OR=1.00 [95% CI=0.95, 1.05], $p=0.979$), gender (OR=0.65 [95% CI=0.23, 1.79], $p=0.400$), years in their current role (OR=0.92 [95% CI=0.83, 1.03], $p=0.151$), or remoteness ($F=1.54$, $p=0.202$).

3.2 | Participant Demographics

The average age of participants was 50.9 years (SD=10.8, Range 25–72 years) and the average number of years working in their current role was 3.69 (SD=4.52, Range 0–23 years). As shown in Table 2, approximately half of the participants were male ($n=38$, 50.7%), most were from South Australia ($n=39$, 52.7%) and most

TABLE 2 | Participant characteristics at baseline.

Characteristic	n (%)
Gender	
Male	38 (50.7%)
Female	37 (49.3%)
Remoteness	
Major city	4 (5.4%)
Inner regional	22 (29.7%)
Outer regional	32 (43.2%)
Remote	14 (18.9%)
Very remote	2 (2.7%)
State	
South Australia	39 (52.7%)
Queensland	16 (21.6%)
Victoria	18 (24.3%)
Northern Territory	1 (1.4%)
Job type	
Rural Financial Counsellor and/or Small Business Counsellor	58 (77.3%)
Family and Business Mentor	13 (17.3%)
Other (incl. executive officer and support officers)	4 (5.3%)

participants worked in an outer regional ($n=32$, 43.2%) or inner regional ($n=22$, 29.7%) area. Most participants were either a Rural Financial Counsellor or a small business counsellor ($n=58$, 77.3%) and another 13 participants were FaB mentors (17.3%).

3.3 | Confidence in Recognising and Managing Distress

Table 3 shows the results from the mixed models examining changes in confidence from pre- to post-training and at the 3-month follow-up. Confidence in differentiating mild distress and distress requiring professional help ($F=11.30$, $p<0.001$), confidence in skills to use time well ($F=14.17$, $p<0.001$), confidence in recognising distress ($F=9.16$, $p<0.001$), confidence in dealing with the needs of distressed farmers ($F=22.93$, $p<0.001$), confidence in talking to farmers about their wellbeing ($F=16.47$, $p<0.001$), confidence in knowing *when* to refer farmers to get additional support ($F=19.10$, $p<0.001$), and confidence in knowing *where* to refer farmers to get additional support ($F=14.00$, $p<0.001$) all showed significant change over time. Specifically, all variables showed significant improvement from pre- to post-training, which was maintained at the 3-month follow-up.

3.4 | Quality of Life and Work Stress

Models for both quality of life ($\chi^2(5)=10.26$, $p=0.068$) and job stress ($\chi^2(5)=1.98$, $p=0.853$) were not significant, indicating no significant impact of the training on these outcomes over time.

3.5 | Behavioural Intentions

Table 4 shows the results from the mixed models examining behavioural intention constructs. Pre- to post-training, intentions to refer to www.ifarmwell.com.au ($F=48.26$, $p<0.001$), beliefs about one's capability to refer farmers to www.ifarmwell.com.au ($F=34.97$, $p<0.001$), and beliefs about the positive consequences of referring farmers to www.ifarmwell.com.au ($F=18.46$, $p<0.001$) all increased and remained high at the 3-month follow-up.

3.6 | Program Evaluation

Participants were highly satisfied with the training, with a mean score of 6.32 (SD=0.63) on a scale of 1 to 7. Participants also agreed that the training provided them with new strategies to connect distressed farmers with appropriate wellbeing-focused services (M (SD)=5.74 (1.10), scale 1–7) and to look after their own wellbeing (M (SD)=5.50 (1.30), scale 1–7).

4 | Discussion

This evaluation study found that a two-session, 3-h training program significantly increased rural support workers' confidence in recognising and managing distressed farmers. Rural support workers, including rural financial counsellors (RFCs), often encounter distressed clients in their work [1, 10, 11, 13]. Yet those performing these roles have not been specifically trained to manage mental health issues and often feel out of their depth in doing so [10, 13].

The results of this study are consistent with Bond et al. [14], which showed that a 12-h Mental Health First Aid (MHFA) training significantly improved financial counsellors' confidence in dealing with distressed clients. Our results extend this to the rural setting, and show that even briefer interventions of this type, can lead to meaningful change. In particular, findings that brief, tailored training addressing distress in farmers can increase confidence in differentiating mild distress and distress requiring professional help, confidence in recognising distress, talking to farmers about their wellbeing and knowing *when and where* to refer farmers to get additional support, is very pleasing. Further, in a previous study conducted by our research group, RFCs reported that they wanted to refer clients to resources that they were familiar with and that were tailored to farmers' unique way of life [13]. As such, the current training introduced participants to www.ifarmwell.com.au, which is designed by farmers for farmers to help them cope with stressors that are out of their control and get the most out of life [38, 39]. The current evaluation found that the training session increased participants' intentions to refer clients to ifarmwell, their belief in their capability to do so, and their belief in the positive consequences of this referral. Three-month follow-up also identified a significant increase in the number of referrals to ifarmwell, showing a subsequent impact on participants' behaviour and confirming the finding from our earlier study that increased familiarity with appropriate support services is likely to lead rural support workers to increase referrals to them. This finding is important because it suggests that we can increase farmers' use of mental health services by tailored training to give rural support workers

TABLE 3 | Descriptive statistics and fixed effects from the mixed models for repeated measures, examining changes in confidence, quality of life, and job stress.

Outcome	Pre-training (T1)			Post-training (T2)			Follow-up (T3)		
	M (SE) ^a	M (SE) ^a	p	M (SE) ^a	B (SE)	95% CI	M (SE) ^a	B (SE)	95% CI
Confidence									
I am confident that I could differentiate mild distress, and distress requiring further professional help ^b	74.61 (1.55)	83.36 (1.86)	<0.001	4.97, 12.52	8.75 (1.93)	4.97, 12.52	80.73 (1.91)	6.12 (1.97)	2.25, 9.99
I am confident that I have the skills to use my time well, with farmers who are distressed ^c	72.02 (1.65)	81.99 (2.00)	<0.001	5.71, 14.24	9.97 (2.17)	5.71, 14.24	81.57 (2.06)	9.56 (2.23)	5.19, 13.92
After working with an individual a few times, I would be confident that I could recognise if they are distressed ^d	81.00 (1.34)	87.24 (1.57)	<0.001	3.30, 9.18	6.24 (1.50)	3.30, 9.18	84.96 (1.61)	3.96 (1.54)	0.95, 6.97
I am confident in dealing with the needs of farmers who are distressed ^e	68.49 (1.87)	81.61 (2.18)	<0.001	9.08, 17.16	13.12 (2.06)	9.08, 17.16	78.43 (2.23)	9.94 (2.12)	5.79, 14.09
I am confident talking to farmers about their wellbeing ^f	73.54 (1.71)	84.48 (2.05)	<0.001	6.81, 15.07	10.94 (2.11)	6.81, 15.07	82.87 (2.10)	9.33 (2.16)	5.09, 13.56
I know when to refer farmers to get additional wellbeing and mental health support ^g	72.67 (1.80)	84.04 (2.09)	<0.001	7.49, 15.25	11.37 (1.98)	7.49, 15.25	81.62 (2.14)	8.95 (2.03)	4.97, 12.93
I know where to refer farmers to get additional wellbeing and mental health support ^h	76.37 (1.78)	88.28 (2.16)	<0.001	7.30, 16.52	11.91 (2.35)	7.30, 16.52	84.60 (2.22)	8.22 (2.41)	3.50, 12.95
Quality of life ⁱ	81.84 (1.42)	83.72 (1.56)	0.098	−0.35, 4.11	1.88 (1.14)	−0.35, 4.11	80.76 (1.58)	−1.08 (1.18)	−3.39, 1.22
Level of work stress ^j	49.34 (2.99)	54.03 (3.57)	0.217	−2.76, 12.14	4.69 (3.80)	−2.76, 12.14	52.07 (3.68)	2.73 (3.91)	−4.94, 10.40

Note: T1 is the reference category in all models. All models control for prior interview participation, age and years in current job (data not shown).

^aMarginal mean.

^bModel statistics $\chi^2(5) = 30.80, p < 0.001$.

^cModel statistics $\chi^2(5) = 41.84, p < 0.001$.

^dModel statistics $\chi^2(5) = 25.97, p < 0.001$.

^eModel statistics $\chi^2(5) = 51.34, p < 0.001$.

^fModel statistics $\chi^2(5) = 41.73, p < 0.001$.

^gModel statistics $\chi^2(5) = 39.65, p < 0.001$.

^hModel statistics $\chi^2(5) = 31.32, p < 0.001$.

ⁱModel statistics $\chi^2(5) = 10.26, p = 0.068$.

^jModel statistics $\chi^2(5) = 1.98, p = 0.853$.

TABLE 4 | Descriptive statistics and fixed effects from the mixed models for repeated measures, examining changes in behavioural intention constructs.

Outcome	Pre-training (T1)	Post-training (T2)				Follow-up (T3)			
	M (SE) ^a	M (SE) ^a	B (SE)	95% CI	p	M (SE) ^a	B (SE)	95% CI	p
Intentions ^a	4.66 (0.14)	6.12 (0.17)	1.45 (0.17)	1.13, 1.78	<0.001	6.00 (0.17)	1.33 (0.17)	1.00, 1.67	<0.001
Beliefs about capabilities ^b	5.02 (0.13)	6.26 (0.15)	1.23 (0.16)	0.91, 1.56	<0.001	6.10 (0.16)	1.07 (0.17)	0.75, 1.40	<0.001
Beliefs about consequences ^c	5.50 (0.13)	6.41 (0.15)	0.91 (0.16)	0.61, 1.21	<0.001	6.06 (0.15)	0.56 (0.16)	0.25, 0.86	<0.001

^aModel statistics $\chi^2(5) = 102.83, p < 0.001$.

^bModel statistics $\chi^2(5) = 76.27, p < 0.001$.

^cModel statistics $\chi^2(5) = 40.76, p < 0.001$.

appropriate tools for this unique cohort. This may help overcome some well-established barriers to farmers' help-seeking, such as stigma, lack of awareness, and normalisation of problems [1, 4].

The results of the current study are also consistent with Sartore et al. [15], which demonstrated a positive impact of a 12-h MHFA course on rural support workers' recognition of mental health disorders and confidence in their ability to provide help. The cohort of rural support workers in Sartore et al. [15] comprised mostly participants with administration/management, community coordinator, or volunteer roles, whereas the current sample comprised mostly RFCs. Additionally, the current study provided a much shorter 3-h training course spread across two sessions. This is consistent with evaluations of briefer non-MHFA programs that have been conducted in other countries such as New Zealand [20], Canada [21] and the US [22], and a suicide prevention education workshop conducted in Australia [21].

While there are benefits to more comprehensive MHFA training, many organisations may not have the financial and time-based capacity to provide such training to their workers. The current study provides evidence for the effectiveness of a brief course in recognising and managing distress in farmers, which may be more feasible for organisations to adopt. Importantly, these effects were maintained at the 3-month follow-up, showing that a brief training can have a lasting impact on support workers' confidence and behavioural intentions. Future research should look to examine longer-term impacts on confidence and actual service uptake by farmers whom rural support workers refer for further help.

Finding alternate avenues for support is important, given that farmers may face significant barriers to accessing help [4, 5, 40]. In the absence of widespread help-seeking from professional sources, 'accidental counsellors' are valuable gatekeepers. Further research should explore the experiences of other cohorts who have regular contact with farmers and rural communities, such as mechanics or agronomists, and whether this type of training may also be beneficial for these groups.

Equally important is ensuring that these 'accidental counsellors' are themselves being supported. The content of this training

covered the competencies described by Hawgood et al. [25] as key elements of gatekeeper training. This should help to ensure that participants are properly prepared to manage situations with distressed farmers. Satisfaction with the training was high, and participants' increased referral to ifarmwell following the sessions suggests that the training provided relevant practical strategies. Interestingly, the current training did not have a significant impact on participants' quality of life or job stress. Participants' quality of life was high at baseline, with a mean score of 81.84 on a scale of 0–100. Additionally, participants' baseline work stress was relatively neutral, with a mean of 49.34 on a scale of 0–100. It may be that these measures were not sensitive enough, and a greater impact may be seen in participants who enter the training with low quality of life and/or high work stress. At minimum, the training did not reduce quality of life or increase work stress, suggesting that this approach is appropriate and safe.

4.1 | Limitations

Due to COVID-19 restrictions, this training was conducted via Zoom, and it is possible that face-to-face training would have had a different impact. However, Bond et al. [14] found no difference in the effectiveness of online or face-to-face MHFA training for financial counsellors, and online training may allow this kind of support in rural and remote locations that are difficult to access and more expensive to facilitate. Another limitation is the lack of a control group; however, research on MHFA trials has shown that effect sizes from controlled and uncontrolled studies do not significantly differ [41], and a control group was not feasible in this instance. Following participants over a longer time period would also provide a stronger evaluation of the impact of this training on confidence and behaviour over time. Although most participants who undertook the training completed the initial survey, there was a high attrition rate (37.3% drop off between baseline and post-training). This was not unexpected; however, future research should seek to replicate these results in a larger sample. Additionally, participants in the study were completing the training as part of their role, and further evaluation of this training in rural workers more broadly would provide additional evidence of impact, and registration of future evaluations as clinical trials should be considered.

5 | Conclusions

The results of this evaluation suggest that a brief, tailored training programme can improve the confidence of rural support workers in recognising and managing distress in farmers. Furthermore, introducing rural support workers to a farmer-specific mental health intervention (www.ifarmwell.com.au) increased intention to refer farmers and actual behaviour in referring farmers to this resource. Leveraging the roles of non-health care, non-clinical rural support workers who have regular contact with farmers may help to overcome some of the common barriers that stop farmers from accessing mental health support. Brief training programmes such as this one may also help to support these ‘accidental counsellors’, who are already encountering distressed farmers but who may feel ill-equipped to manage these situations.

Author Contributions

Gemma Skaczkowski: methodology, data curation, formal analysis, investigation, validation, visualization, writing – original draft, writing – review and editing. **Donna Hughes-Barton:** investigation, data curation, writing – review and editing. **Sophie Loxton:** writing – original draft, writing – review and editing. **Kate Gunn:** conceptualization, funding acquisition, methodology, visualization, project administration, supervision, writing – review and editing.

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Ethics Statement

Ethics approval was granted by the University of South Australia Human Research Ethics Committee (Protocol ID:203034).

Conflicts of Interest

Author K.G. designed and delivered the training that has been evaluated in this paper and assisted with the design of the evaluation. Data collection and analysis was conducted independently. No further conflicts of interest are declared.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

References

1. J. Fuller and J. Broadbent, “Mental Health Referral Role of Rural Financial Counsellors,” *Australian Journal of Rural Health* 14 (2006): 79–85.
2. N. Stanley-Clarke, “The Role of Agricultural Professionals in Identifying, Mitigating and Supporting Farming Families During Times of Stress: Findings of a Qualitative Study,” *Australian Journal of Rural Health* 27 (2019): 203–209.
3. D. Hossain, D. Gorman, R. Eley, and J. Coutts, “Value of Mental Health First Aid Training of Advisory and Extension Agents in Supporting Farmers in Rural Queensland,” *Rural and Remote Health* 10 (2010): 1593.

4. G. Skaczkowski, M. Hull, A. E. Smith, J. Dollman, M. Jones, and K. M. Gunn, “Understanding Farmers’ Barriers to Health and Mental Health-Related Help-Seeking: The Development, Factor Structure, and Reliability of the Farmer Help-Seeking Scale,” *Journal of Rural Health* 40, no. 1 (2024): 64–74.
5. M. J. Hull, K. M. Gunn, A. E. Smith, M. Jones, and J. Dollman, “We’re Lucky to Have Doctors at all; A Qualitative Exploration of Australian Farmers’ Barriers and Facilitators to Health-Related Help-Seeking,” *International Journal of Environmental Research and Public Health* 19 (2022): 11075.
6. K. M. Fennell, C. E. Jarrett, L. J. Kettler, J. Dollman, and D. A. Turnbull, “Watching the Bank Balance Build Up Then Blow Away and the Rain Clouds Do the Same: A Thematic Analysis of South Australian Farmers’ Sources of Stress During Drought,” *Journal of Rural Studies* 46 (2016): 102–110.
7. U. Arnautovska, S. McPhedran, and D. De Leo, “A Regional Approach to Understanding Farmer Suicide Rates in Queensland,” *Social Psychiatry and Psychiatric Epidemiology* 49 (2014): 593–599.
8. B. Brew, K. Inder, J. Allen, M. Thomas, and B. Kelly, “The Health and Wellbeing of Australian Farmers: A Longitudinal Cohort Study,” *BMC Public Health* 16 (2016): 988.
9. Department of Agriculture FaF, “Rural Financial Counselling Service (RFCS),” 2024, <https://www.agriculture.gov.au/agriculture-land/farm-food-drought/drought/rural-financial-counselling-service>.
10. M. Alston, “It’s Really Not Easy to Get Help: Services to Drought-Affected Families,” *Australian Social Work* 60 (2007): 421–435.
11. M. Alston and J. Kent, *Social Impacts of Drought: A Report to NSW Agriculture* (Centre for Rural Social Research, Charles Sturt University, 2004).
12. Agriculture Advancing Australia Rural Financial Counselling Service Program, *The Way Forward. Review of the Rural Financial Counselling Service Program* (Commonwealth of Australia Department of Agriculture, Fisheries and Forestry, 2005).
13. K. M. Gunn and D. Hughes-Barton, “Understanding and Addressing Psychological Distress Experienced by Farmers, From the Perspective of Rural Financial Counsellors,” *Australian Journal of Rural Health* 30 (2022): 34–43.
14. K. S. Bond, A. F. Jorm, B. A. Kitchener, and N. J. Reavley, “Mental Health First Aid Training for Australian Financial Counsellors: An Evaluation Study,” *Advances in Mental Health* 14 (2016): 65–74.
15. G. M. Sartore, B. Kelly, H. J. Stain, J. Fuller, L. Fragar, and A. Tonna, “Improving Mental Health Capacity in Rural Communities: Mental Health First Aid Delivery in Drought-Affected Rural New South Wales,” *Australian Journal of Rural Health* 16 (2008): 313–318.
16. D. Hossain, D. Gorman, and R. Eley, “Enhancing the Knowledge and Skills of Advisory and Extension Agents in Mental Health Issues of Farmers,” *Australasian Psychiatry* 17 (2009): S116–S120.
17. D. Hossain, D. Gorman, R. Eley, and J. Coutts, “Farm Advisors’ Reflections on Mental Health First Aid Training,” *Australian e-Journal for the Advancement of Mental Health* 8 (2009): 105–111.
18. NICE, “Preventing Suicide in Community and Custodial Settings (NG105),” in *NICE Guideline* (NICE, Public Health England, 2018).
19. T. Younker and H. L. Radunovich, “Farmer Mental Health Interventions: A Systematic Review,” *International Journal of Environmental Research and Public Health* 19 (2022): 244.
20. K. Morgaine, L. Thompson, K. Jahnke, and R. Llewellyn, “Good-Yarn: Building Mental Health Literacy in New Zealand’s Rural Workforce,” *Journal of Public Mental Health* 16 (2017): 180–190.
21. M. Perceval, P. Reddy, V. Ross, T. Joiner, and K. Kolves, “Evaluation of the SCARF Well-Being and Suicide Prevention Program for Rural Australian Communities,” *Journal of Rural Health* 36 (2020): 247–254.

22. C. Cuthbertson, C. Eschbach, and G. Shelle, "Addressing Farm Stress Through Extension Mental Health Literacy Programs," *Journal of Agromedicine* 27 (2022): 124–131.
23. M. S. Knowles, *The Modern Practice of Adult Education: From Pedagogy to Andragogy* (Adult Education Company, 1980).
24. S. Michie, M. M. Stralen, and R. West, "The Behaviour Change Wheel: A New Method for Characterising and Designing Behaviour Change Interventions," *Implementation Science* 6 (2011): 42.
25. J. Hawgood, A. Woodward, P. Quinnett, and D. De Leo, "Gatekeeper Training and Minimum Standards of Competency," *Crisis* 43 (2022): 516–522.
26. Australian Bureau of Statistics, "1270.0.55.005—Australian Statistical Geography Standard (ASGS): Volume 5—Remoteness Structure, July 2016: ABS," 2018.
27. L. Appleby, R. Morriss, L. Gask, et al., "An Educational Intervention for Front-Line Health Professionals in the Assessment and Management of Suicidal Patients (The STORM Project)," *Psychological Medicine* 30, no. 4 (2000): 805–812, <https://doi.org/10.1017/s0033291799002494>.
28. R. Morriss, L. Gask, L. Battersby, A. Francheschini, and M. Robson, "Teaching Front-Line Health and Voluntary Workers to Assess and Manage Suicidal Patients," *Journal of Affective Disorders* 52 (1999): 77–83.
29. M. Ferguson, J. Dollman, M. Jones, et al., "Suicide Prevention Training—Improving the Attitudes and Confidence of Rural Australian Health and Human Service Professionals," *Crisis* 40 (2019): 15–26.
30. N. Procter, M. Posselt, M. Ferguson, et al., "An Evaluation of Suicide Prevention Education for People Working With Refugees and Asylum Seekers," *Crisis* 43 (2022): 205–213.
31. E. Davis, D. Young, K. M. Gilson, et al., "A Capacity Building Program to Improve the Self-Efficacy of Key Workers to Support the Well-Being of Parents of a Child With a Disability Accessing an Early Childhood Intervention Service: Protocol for a Stepped-Wedge Design Trial," *JMIR Research Protocols* 8 (2019): e12531.
32. A. G. de Boer, J. J. Lanschot, P. F. Stalmeier, et al., "Is a Single-Item Visual Analogue Scale as Valid, Reliable and Responsive as Multi-Item Scales in Measuring Quality of Life?," *Quality of Life Research* 13, no. 2 (2004): 311–320, <https://doi.org/10.1023/B:QURE.0000018499.64574.1f>.
33. A. Smith, "The Scale of Perceived Occupational Stress," *Occupational Medicine* 50 (2000): 294–298.
34. A. Smith, "Perceptions of Stress at Work," *Human Resource Management Journal* 11 (2001): 74–86.
35. A. Smith, S. Johal, E. Wadsworth, G. Davey Smith, and T. Peters, *The Scale of Perceived Stress at Work: The Bristol Stress and Health at Work Study* (HSE Books, 2000).
36. F. Légaré, F. Borduas, A. Freitas, et al., "Development of a Simple 12-Item Theory-Based Instrument to Assess the Impact of Continuing Professional Development on Clinical Behavioral Intentions," *PLoS One* 9 (2014): e91013.
37. M. A. Detry and Y. Ma, "Analyzing Repeated Measurements Using Mixed Models," *JAMA* 315 (2016): 407–408.
38. K. Gunn, A. Barrett, D. Hughes-Barton, et al., "What Farmers Want From Health and Mental Wellbeing-Focused Websites and Online Interventions," *Journal of Rural Studies* 86 (2021): 298–308.
39. K. M. Gunn, G. Skaczkowski, J. Dollman, et al., "Combining Farmers' Preferences With Evidence-Based Strategies to Prevent and Lower Farmers' Distress: Co-Design and Acceptability Testing of Ifarmwell," *JMIR Human Factors* 9 (2022): e27631.
40. M. J. Hull, K. M. Fennell, K. Vallury, M. Jones, and J. Dollman, "A Comparison of Barriers to Mental Health Support-Seeking Among Farming and Non-Farming Adults in Rural South Australia," *Australian Journal of Rural Health* 25 (2017): 347–353.
41. G. Hadlaczky, S. Hökby, A. Mkrtchian, V. Carli, and D. Wasserman, "Mental Health First Aid Is an Effective Public Health Intervention for Improving Knowledge, Attitudes, and Behaviour: A Meta-Analysis," *International Review of Psychiatry* 26 (2014): 467–475.