

**Caring Cards: A Peer-to-Peer Mental Health Intervention in Agricultural Communities**

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### **Introduction/Need for Innovation**

Less than 25% of Kentucky's mental health professional needs were met as of the fourth quarter of FY 2021 (Health Resources and Service Administration, 2021). Access to mental health professionals within Kentucky's agricultural communities is even more limited as services cluster around urban areas. Thus, farmers face significant chronic mental health care and outcomes disparities due to the lack of access to and distance from clinicians, as well higher health-care costs due to rural area low patient volumes (Taylor, 2019). Community-based mental health, as well as suicide prevention programs, have been cited as key to addressing the increasing worldwide suicide rate and are essential to addressing morbidity and mortality in the agricultural sector (Coppens et al., 2014; Kral et al., 2009). Communities can implement specific suicide prevention strategies relevant to their context and cultures. The Caring Cards program seeks to strengthen interpersonal connections within agricultural communities by providing a space for personal correspondence to promote peer support and network building.

Thwarted belongingness and perceived burdensomeness are the major interpersonal risk factors for suicide according to Joiner's Interpersonal-Psychological Theory of Suicidal Behavior (Van Orden et al., 2010). Caring Cards are a way to address thwarted belongingness by bolstering farmer social networks and peer-to-peer support. Caring Cards initiatives are based on the idea of "Caring Contacts," where individuals who are admitted to a hospital following a suicide attempt receive semi-regular contact from hospital staff or other caring individuals. Many individuals contacted as part of Caring Contacts expressed positive feelings of being part of the program (U.S. Department of Veterans Affairs, 2021). Caring Contacts has been shown to decrease rates of suicide in individuals who were admitted to a hospital after a suicide attempt over a two-year period: 1.80% of patients who had received letters went on to suicide compared to 3.52% of patients who did not receive letters (Motto & Bostrom, 2001). Studies that evaluate the effect of various post-discharge interventions generally show reductions in suicide deaths, attempts, and ideation as a result of the intervention (Luxton et al., 2013). Caring Cards takes support out of a clinical setting and into a peer-to-peer setting. Originally implemented in the veteran community to address high rates of suicide, Caring Cards initially involved veterans with mental health concerns by sending handwritten cards to their peers. According to the 2017 Census of Agriculture, 11% of the nation's producers are veterans or are currently serving in the armed forces as compared to 6.9% of the general US population (USDA, 2020).

### **How it Works/Methodology**

The Southeast Center for Agricultural Health and Injury Prevention (SCAHIP) has developed 5 Caring Cards for distribution. The design and messages of the cards were evaluated at numerous community-level events. Upon approval of pilot funding, the team will identify 3 small, bounded communities through agriculture extension in which to test the cards (e.g. gardening club, cattleman's club, 4-H club leaders. etc.). Once a partnership is established, the Caring Cards and envelopes will be sent to the organizations for them to distribute and disburse. Participants are asked to write personalized messages on the inside of the cards and either mail or hand deliver the cards to someone whom they believe is facing a difficult time. Each card has a QR code on the back which, when scanned by the recipient, will take them to a brief survey.

The cards have simple designs with positive messages inspiring gratitude, comfort, and positive affirmations. For example, one message, "Thinking of You," was included to address

geographic, occupational, and social isolation present within agricultural communities. The insides are left blank for the senders to write personalized messages to the recipient. In fact, personalization is encouraged. The cards were designed to have minimal influence on the sender's message while still being aesthetically appealing.

### **Results to Date/Implications**

To address mental health concerns within the agricultural community, the team developed 5 Caring cards for distribution and introduced them in a number of agricultural domains, such as county Farm Bureau meetings, the Kentucky State fair, and farmer appreciation days where the cards were made available to community members for free. A total of 1439 cards were distributed. During these events, community members were polled on their opinions about the cards, such as which cards they felt were most visually appealing and which messages they felt were most important for farmers to hear. Many individuals stated that they would like to be involved in the program and that mental health and suicide were important concerns to address within their communities. Based on positive reception at these events, Caring Cards are now pending pilot funding where they will be piloted in 1-3 bounded communities. New cards will be designed and distributed to the partner communities where they will be available for members to send to one another, sharing messages of compassion and support. Since cards will be sent and received from within the community, interpersonal connection and integration should be increased among participating individuals.

### **Future Plans/Advice to Other**

Pending pilot funding approval, Caring Cards will be implemented in 1-3 bounded communities, such as commodity subgroups within a county. Cards will have a printed QR code which participants can scan and take a quick survey which will inform the social networks participants are a part of as well as impact of the cards on mental wellbeing. The period of pilot testing will be used to gauge effectiveness and allow for adjustments to be made. Following the pilot study, further dissemination and implementation of Caring Cards throughout the Southeast region and into other regions would be ideal. Besides the identified bounded communities, various organizations could create and send Caring Cards in the future, such as teachers, youth organizations, Farm Bureau, and Women in Ag. Due to the personal, community-level nature of the Caring Cards program, uptake by individual communities is necessary for farmers in that community to reap the benefits.

### **Costs/Resources Needed**

The designing, purchasing, and printing of the cards was the largest expense. Through funds provided by the Southeast Center for Agricultural Health and Injury Prevention, the cards and envelopes were funded for each participating youth organization. The cost was approximately \$0.17 per 1-2-color card, \$0.26 per 4-color card, and \$0.10 per envelope. Additional costs may be incurred through dissemination of the cards (do cards need to be mailed or shipped), while resources (space, displays) may be needed if the cards were to be housed at different sites. For the sustainability of the project, organizations will be asked to provide resources to assist in the production costs of the Caring Cards.

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