North Central Region Extension Task Force on Rural and Youth Mental Health

Final Report – March 21, 2025

SUMMARY

Overall, mental health is at historic lows, and those concerns are exacerbated among rural and youth populations. Both rural and youth populations experience a disproportionate burden within the North Central Region. Of the 12 states in the North Central region, 11 suffer from suicide rates above the national average, suggesting a need for comprehensive regional mental health prevention and care approaches.

Cooperative Extension systems in the North Central Region have a rich history of collaborative work, resulting in innovative applied research, education, and outreach. Building from this history, we propose a regional, interdisciplinary applied research and extension network with a focus on promoting rural and youth mental health. **The goals of the "Rural and Youth Mental Health Network" will be to:**

- Generate novel interdisciplinary applied research and practice to promote positive mental health and well-being among rural and youth populations in the 12 North Central Region states.
- Translate research findings to guide extension outreach and education.
- Catalyze resource sharing and collaboration across the North Central Region.

Administratively led at a Land-Grant University within the 12 state North Central Region, the Rural and Youth Mental Health Network will connect Extension professionals representing different states and program area disciplines. The Rural and Youth Mental Health Extension Research Network will leverage existing assets across the region, while building applied research and outreach connections with health sciences schools and colleges. The Rural and Youth Mental Health Network will facilitate multi-sector programming partnerships necessary to achieve model goals. By leveraging expertise and resources across program area disciplines, comprehensive and innovative solutions to mental health challenges emerge, resulting in more holistic and effective interventions that improve community health outcomes. Potential funding partners include federal and state agencies and numerous philanthropic organizations.

In this report, we outline the statement of need and core constructs to guide the applied research, outreach, and education efforts stemming from the Rural and Youth Mental Health Network. **Critical investments to achieve the goals of the Rural and Youth Mental Health Network include:**

- Leverage new funding resources for Extension specialists and local programming positions with expertise in mental health promotion. Positions could be co-funded and/or co-located with clinical or non-clinical partners (e.g., schools).
- Mobilize interdisciplinary expertise across the North Central Region to guide multi-state applied research opportunities. New funding will support one state in the North Central Region to lead and coordinate the Rural and Youth Mental Health Network.
- Activate resource sharing, capacity building, multi-state program delivery, and evaluation supported by the Rural and Youth Mental Health Network.

Finally, we propose several recommendations to enhance the feasibility and potential of the Rural and Youth Mental Health Network.

BACKGROUND

The Extension Deans & Directors of the North Central Region conceptualized the Rural and Youth Mental Health Task Force in summer 2024. A core component of the North Central Region Rural and Youth Mental Health Task Force charge consisted of defining a regional support model for rural and youth mental health to 1) enhance local delivery of Extension programming to address rural and youth mental health, 2) expand North Central Region expertise on rural and youth mental health, and 3) foster points of connection and collaboration across the North Central Region. The Taskforce scope included the twelve 1862 Land-grant Universities of the North Central Region.

The Rural and Youth Mental Health Taskforce comprised an interdisciplinary group of Extension professionals representing eight states. Taskforce members include:

- Amber Canto, co-chair, Wisconsin
- Kathleen Quinn, co-chair, Missouri
- Courtney Cuthbertson, Illinois
- Josie Rudolphi, Illinois
- Rachael Clews, Kansas
- Beth Nacke, Nebraska
- Kea Norrell-Aitch, Michigan
- Jenifer McGuire, Minnesota
- Karen Funkenbusch, Missouri
- Michael Wilcox, Purdue and NCRCRD
- Larissa Duncan, Wisconsin
- Angie Abbott, Extension director liaison, Purdue
- Chad Higgins, Extension director liaison, Missouri
- Robin Shepard, NCCEA Executive Director

The Rural and Youth Mental Health Task Force completed their work during October 2024 – March 2025. During fall 2024, the Rural and Youth Mental Health Task Force met approximately bi-weekly via Zoom and for an extended hybrid in-person/virtual meeting on November 18, 2024. The final report was drafted and edited in January – March 2025.

STATEMENT OF NEED

Rural and youth[1] mental health in the North Central region of the U.S. has suffered. Both rural and youth populations experience a disproportionate burden within the North Central Region. Suicide rates have increased in the U.S. from 10.4 per 100,000 people in 2000 to 14.2 per 100,000 in 2022, an increase of about 37% (CDC, 2025). In the North Central Region, 11 of the 12 states have suicide rates exceeding the national average. Within the region, suicide is the second leading cause of death for youth ages 5-24 (CDC, 2025). In 9 of the 12 North Central region states, the percentage of adults reporting poor or fair mental health is higher than the national average (CHR&R, 2024). Approximately 1/3 of high school students report poor mental health (CDC, 2025). Seven of the 12 North Central region states experience greater mental health professional shortages than the national average (HRSA, 2024). Recent mental health trends in the North Central region suggest a need for comprehensive regional mental health prevention and care approaches. (See appendix A for North Central Region and state specific data and sources).

The *deaths of despair* framework, which tends to focus on suicide, alcohol-related deaths, and overdose deaths, urges us to consider how cumulative social disadvantage over a person's life leads to a sense of hopelessness such that their mechanism to cope led to their death (Case and Deaton, 2017). In other words, the deaths of despair framework shifts our attention from deaths themselves to focusing on what may contribute to the sense of hopelessness or despair in the first place. For example, noting that those with the least education experienced the greatest increases in suicide, alcohol-related deaths, and overdose deaths, Case & Deaton (2015) highlighted how educational attainment was connected to economic factors contributing to reported declines in mental health, daily functioning, and ability to work. The *deaths of despair* framework has largely been used to explain deaths among non-Hispanic white people and in rural populations, with critiques that it is new terminology for health disparities. Even with such critiques, the *deaths of despair* framework can be useful in Extension through using research to identify areas of need, and intentionally planning programs and initiatives that strategically center conditions and characteristics linked with despair.

Research over the past ten years clearly demonstrates that trends in mental health outcomes and well-being across the United States are shaped by different factors at individual, interpersonal, family, community, and society levels (Karriker-Jaffe, Katherine J., et al., 2024). Suicide rates in rural communities, for instance, have been strongly linked to firearm access, economic distress, and less access to behavioral health care (Mohatt et al., 2021). Economic insecurity (Knapp et al., 2019) and rurality (Lee et al., 2023) have been associated with higher mortality rates from suicide and alcohol-related causes of death.

[1] We define rural environments based on the USDA's Economic Research Service- Rural Urban Continuum Codes (RUCC). Rurality may be defined differently by funders and as such, should be considered in proposal development. There is not a universal definition for youth. For this report, we define youth as people aged 24 and under to provide flexibility for funder and program context across multiple geographies (e.g., rural, urban, suburban).

Among youth, increased rates of feelings of sadness or hopelessness, depression and anxiety may be tied to social media use, negative relationships with peers, academic pressures, drug and alcohol use, and societal pressures (HHS, 2021).

The North Central Region's rural and youth populations are diverse. State and regional rates of mental health indicators may mask disparities in mental health indicators. The suicide rate for male agricultural workers (47.9%) is greater than for males working in all other industries combined (32.0%) (Sussell, 2023). Parents and caregivers report higher levels of stress compared to other adults (HHS, 2024). Female and LGBTQ+ high school students are more likely than their peers to report poor mental health, persistent feelings of sadness or hopelessness, and suicidal thoughts and behaviors (CDC, 2024). White high school students are more likely than Asian, Black, and Hispanic students to report poor mental health, while American Indian or Alaska Native youth experience the greatest rates of poor mental health among all race and ethnicity groups (CDC, 2024). Subpopulations may experience the impact of social and political determinants of health differently, including economic stability, discrimination, relationships with peers and family, community context, and access to quality health care, driving the mental health disparities we see today (Hoffmann et al., 2022, Alegría et al., 2018).

Understanding the risk and protective factors associated with mental health outcomes can help shape multi-level responses tailored to a specific community and population context. Risk factors associated with mental health outcomes include adverse childhood experiences (ACEs) such as experiencing abuse, witnessing violence or drug misuse, lack of social connectedness and positive relationships, and other social determinants of health such as economic instability and food insecurity (CDC, 2021, Alegria et al., 2018). Importantly, protective factors associated with mental health outcomes include positive coping and problem-solving skills, supportive relationships with friends, family, and partners, connectedness to school, community, and other social institutions, and availability and access to health care (HHS, 2021).

REGIONAL MODEL

We propose a regional, interdisciplinary applied research and extension network with a focus on promoting rural and youth mental health. **The goals of the "Rural and Youth Mental Health Network" will be to:**

- Generate novel interdisciplinary applied research and practice to promote positive mental health and well-being among rural and youth populations in the 12 North Central Region states.
- Translate research findings to guide extension outreach and education.
- Catalyze resource sharing and collaboration across the North Central Region.

We integrated several research and outreach models to come to consensus on core components to guide the research and practice approaches of the Rural and Youth Mental

Health Network. First, we start with a community centered, relationship forward approach to all work. To do this, relationships with communities must be robust and trustworthy. This requires reimagining efforts not as problem-solving with top-down university-driven control, but as enabling community-driven solutions that leverage existing strengths and wisdom. Crucial strategies include participatory methods, such as co-creation, where community members actively shape goals and success metrics. Adopting a flexible systems-thinking approach is essential, weaving in cultural and contextual factors, including intergenerational knowledge and lived experiences, to create solutions that deeply resonate. Interdisciplinary approaches are also critical, promoting collaboration across sectors such as health, education, and the arts, while strength-based methods amplify existing community assets to drive meaningful and measurable outcomes.

The core components can be integrated into strategies to achieve the regional model objectives as previously outlined by North Central Region Extension Directors. Regional Model Objectives:

- **Enhanced Local Delivery of Extension Programming:** Tailor community-focused initiatives to effectively address rural and youth mental health by working with local communities to adapt programs to local needs, optimizing the use of existing resources, and utilizing innovative outreach methods to improve accessibility and impact. Communities identify assets and strengths and work collaboratively with Extension to develop programming meeting the community where it is.
- **Expanding NCR Extension Expertise:** Strengthen the North Central Region Extension network's capacity by offering targeted training, developing specialized resources, and forming strategic partnerships to enhance proficiency and support in rural and youth mental health.
- **Fostering Connection and Collaboration:** Build a robust framework for collaboration across the North Central Region by creating interconnected networks, fostering partnerships across sectors, and promoting the exchange of knowledge to unify efforts and maximize the impact on mental health in rural communities and among youth.

STRATEGIES TO ACHIEVE REGIONAL MODEL OBJECTIVES

New resource investments can bolster existing North Central Region assets to form the Rural and Youth Mental Health Network. Once formed, the Rural and Youth Mental Health Network will advance resource sharing, capacity building, multi-state program delivery, and evaluation strategies. Critical investments and strategies to achieve the regional model objectives include:

1. **Leverage new resources to invest in Extension mental health experts, clinical integration, and non-clinical program positions**. Expanding the number of Extension specialists and local programming positions with expertise in mental health promotion will guide effective design, implementation, and evaluation of

rural and youth mental health programs. Positions could be co-funded and/or co-located with clinical or non-clinical partners. For example, Extension health educators could be co-located at schools to support coordinated school health activities and promote youth mental health and well-being. While Extension does not provide clinical care, partnerships with health care and social services partners can strengthen the coordination and accessibility of health care in areas with limited access, leading to greater mental health resilience across communities. Cross-campus partnerships between Extension, health sciences, and agriculture can facilitate opportunities for rural clinical training to cultivate a high-functioning ecosystem of support to enhance service access. Cross-training mental health providers builds cultural competence, fostering trust and improving care delivery tailored to the unique challenges of rural and agricultural populations, ultimately enhancing health outcomes and community resilience.

2. **Mobilize interdisciplinary expertise across the North Central region to guide multi-state applied research opportunities.** Interdisciplinary research and practice are necessary to address the complexity of mental health and well-being. Existing assets and expertise across the North Central Region, along with new position investments with mental health expertise, can be mobilized to contribute to the Rural and Youth Mental Health Network. For example, each North Central Region state can identify 1-2 areas of expertise in Extension programming disciplines (e.g., health, positive development, family and consumer sciences, community development, agriculture) to support the Rural and Youth Mental Health Network, ensuring regional and interdisciplinary representation. New funding will support one state in the North Central region to administratively lead and coordinate the Rural and Youth Mental Health Network.
3. **Provide professional development and build staff capacity to integrate mental health and emotional wellness into Extension programming.** Embedding mental health within a broader wellness framework reduces stigma, normalizes discussions, and provides consistent support, benefiting individuals and families across communities and enhancing overall emotional well-being. This requires strengthening staff capabilities across Extension program areas to integrate evidence-based prevention and health promotion strategies and trauma-informed care principles into programming to effectively build protective capacities and manage mental health challenges. As a result, Extension programs will be more inclusive and compassionate, align with national standards, and have higher engagement and effectiveness.
4. **Prioritize community-engaged practices in program development.** Aligning programs with local needs and building community trust to ensure that programs are culturally sensitive, relevant, and sustainable will drive long-term success while empowering communities to take ownership of mental health initiatives. This includes developing asset-based, community-driven ecosystem approaches through coalition building and enhancing facilitative leadership skills. Extension professionals benefit from training that develops their ability to guide collaborative processes, foster inclusive discussions, and help communities create actionable

plans based on local assets. Programs that teach facilitation methods can strengthen Extension's capacity to convene diverse stakeholders, navigate complex conversations, and support communities in developing their own sustainable solutions to mental health challenges.

5. **Invest resources in novel data visualization across the region.** Facilitating data-driven decision-making by visualizing trends, impacts, and resource needs leads to greater transparency and collaboration, enabling targeted, effective programming and resource allocation.
6. **Share resources and training on best practices/models, with scaling across states.** By building consistency and broadening reach through proven approaches, scalable models ensure that effective mental health programs are accessible across diverse contexts, enhancing community well-being across the North Central Region and supporting sustainable mental health outcomes in various settings.
7. **Develop shared metrics for multi-state impact.** Establishing a standardized framework for evaluating program success and comparing outcomes enhances accountability, fosters data-driven decisions, and ensures that mental health initiatives are continuously improved and aligned with regional needs. Furthermore, utilization of shared metrics across the North Central Region can support Extension's ability to communicate about the value and impact of our collective efforts.

POTENTIAL FUNDING PARTNERS

Various federal, state, and private organizations provide funding opportunities for programs focused on rural and youth mental health. Historically, key federal sources have included the Health Resources and Services Administration (HRSA), which offers grants to support mental health services in underserved areas, including rural communities. HRSA's Rural Health Care Services Outreach Program and the Mental Health Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), are notable examples. These grants have often prioritized initiatives aimed at expanding access to mental health care, integrating behavioral health services, and addressing unique challenges faced by rural populations. SAMHSA has also funded community-based programs that focus on mental health prevention, early intervention, and treatment services for youth in high-risk areas, including rural areas.

State-level funding for rural and youth mental health programs is also crucial, as many states have dedicated initiatives to address mental health disparities in rural areas. In the North Central Region, states have received federal funding through SAMHSA and HRSA, and they complement this with state-level grants targeting mental health services in rural communities. State health departments and mental health authorities often work in collaboration with regional and local organizations to deliver mental health resources in these areas. Additionally, states may offer funding opportunities for initiatives aimed at supporting school-based mental health programs or providing training for mental health

professionals in underserved regions, thus increasing local capacity to address youth mental health needs.

Private foundations and corporate philanthropies also play a significant role in funding rural and youth mental health initiatives and become more critical as the federal funding landscape shifts. National and regional foundations, such as the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and the Bush Foundation, have supported programs aimed at reducing mental health disparities and improving access to care for youth, particularly in rural or underserved areas. Private foundations may fund innovative pilot programs, community-based interventions, and research that explores new models for mental health-related program delivery. In addition, corporate social responsibility programs from companies like Blue Cross Blue Shield, which operates across many Midwestern states, provide funding for local mental health projects. These philanthropic entities often prioritize initiatives that focus on early intervention, resilience building, and the integration of mental health services into schools and community settings, all of which are a good fit for Extension approaches and priorities.

See Appendix B for a list of potential funding and strategic partners that operate at the national and regional level (specific state-level partners are not included).

REGIONAL CONFERENCE

The annual North Central Cooperative Extension Association conference provides an opportunity to bring together Extension leaders across the North Central to further advance the vision and goals for the Rural and Youth Mental Health Network. The conference agenda could reflect the previously outlined strategies to shape shared understanding and awareness of the potential for an interdisciplinary Extension response to address rural and youth mental health. Extension Directors and Program Leaders can recommend speakers relevant to the panel discussions.

Example panel discussions and presentations:

- State of the states: an overview of rural and youth mental health in the North Central Region
- Destigmatizing mental well-being: public health and community-engaged frameworks to promote mental well-being across the lifespan
- Starting with strengths: North Central Region's assets and opportunities to promote rural and youth mental health
- Cross-sector partnerships to advance rural and youth mental health well-being.

RECOMMENDATIONS

There are several steps that Deans & Directors and Program Leaders across the North Central Region can begin taking while advancing a proposal for new funding to support the Rural and Youth Mental Health Network.

1. Invest in a philanthropic donor development staff position to develop and pursue major private funding opportunities for regional innovation in mental health promotion and prevention of "deaths of despair."
2. Share sample position descriptions of existing mental-health focused roles in the Region. Pursue opportunities to further refine Extension position descriptions to emphasize mental health related experience and opportunities. Add mental health focused positions where possible.
3. Support a regional working group and gathering of existing Extension staff to exchange best practices and research and evaluation on rural and youth mental health. Ensure a dedicated facilitator is appointed for the working group. The North Central Regional Center for Rural Development is a potential source of seed funding to catalyze the working group. A regional working group can connect to existing national initiatives convened by Extension Foundation.
4. Identify existing impactful 4-H and positive youth development programs for youth around mental health, stress reduction, and mindfulness. Encourage expansion of these programs across the region.
5. Explore opportunities for coordinated regional training for Extension staff to raise awareness, destigmatize mental health concerns, and build skills for integrating mental health promotion activities across program areas.
6. Establish continuous communication channels among Extension staff and external partners to improve transparency and resource sharing. This ensures that Extension stays responsive to emerging community needs.
7. Explore and encourage connections with state and national public health associations around mental well-being frameworks.

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Appendices

Appendix A: Rural and youth mental health data indicators for the North Central Region.

See attached Excel spreadsheet.

Appendix B: Potential funding & strategic partnerships.

The following table outlines potential funding partners to support North Central Region's efforts in rural and youth mental health. This non-exhaustive list includes both private and public sources.

Name	**Sector**	**Focus**	**Website**
Substance Abuse and Mental Health Services Administration	Government/federal	Mental health	https://www.samhsa.gov/
USDA National Institute for Food and Agriculture	Government/federal		https://www.nifa.usda.gov/
American Foundation for Suicide Prevention	Non-profit	Suicide prevention	https://afsp.org/research-grant-information/
National Institute of Mental Health	Government/federal	Mental health	https://www.nimh.nih.gov/
North Central Regional Center for Rural Development	Regional	Rural community resilience	https://ncrcrd.ag.purdue.edu/
Robert Wood Johnson Foundation	Non-profit	Health	https://www.rwjf.org/en/grants/active-funding-opportunities.html
Kresge Foundation	Non-profit	Health	https://kresge.org/grants-social-investments/current-funding-opportunities/
The Wellcome Trust	Non-profit	Mental health	https://wellcome.org/grant-funding
Mental Health America	Non-profit	Mental health	https://mhanational.org/
Centers for Disease Control and Prevention	Government/federal	Health	https://www.cdc.gov/grants/index.html
Health Resources and Services Administration	Government/federal	Healthcare services	https://www.hrsa.gov/grants/find-funding
U.S. Department of Health and Human Services	Government/federal	Health	https://www.hhs.gov/grants-contracts/index.html
Bill & Melinda Gates Foundation	Non-profit	Health	https://www.gatesfoundation.org/
Annie E. Casey Foundation	Non-profit		https://www.aecf.org/grant-making
Blue Cross Blue Shield Foundations	Corporate		Varies by state
U.S. Department of Education	Government/federal	Education (including school-based mental health)	https://www.ed.gov/grants-and-programs/apply-grant/available-grants
Cigna Group Foundation	Foundation arm of healthcare corporation	Health (including youth mental health)	https://www.thecignagroup.com/our-impact/esg/healthy-society/community/foundation/
Rare Impact Fund	Fiscally sponsored project of the	Youth Mental Health	https://rareimpactfund.org/

	Hopewell Fund, a 501(c)(3) public charity		
Morgan Stanley Alliance for Children's Mental Health	Corporate	Child & Adolescent Mental Health	https://www.morganstanley.com/about-us/giving-back/childrens-mental-health-awards
RBC Foundation	Corporate	Youth Mental Well-being	https://www.rbccm.com/en/citizenship/foundation-usa/funding-partnerships-grants.page
American Legion Child Welfare Foundation			http://www.cwf-inc.org/grantseekers
Upswing Fund for Adolescent Mental Health	Philanthropic donor fund (funded by Melinda French Gates & others)	Mental health and well-being of adolescents who are of color and/or LGBTQ+	https://theupswingfund.org/what-we-fund
Bloomberg Philanthropies	Philanthropic	Health data, health coalitions, reversing opioid epidemic	https://www.bloomberg.org/
Born this Way Foundation	Philanthropic	Mental health	https://bornthisway.foundation/
OTHER STRATEGIC PARTNERSHIPS			
National Alliance on Mental Illness (NAMI)	Non-profit	Mental health	https://www.nami.org/
National Council of Mental Wellbeing	Non-profit	Mental health	https://www.thenationalcouncil.org/about-us/
National 4-H	Non-profit	Youth Development	https://4-h.org/about/impact-areas/emotional-wellbeing/
4-H Mental Health & Wellbeing Champion Group	Non-profit	Youth Mental Health	https://access-equity-belonging.extension.org/about/mental-health-and-well-being/
Future Farmers of America	Non-profit	Agriculture	https://www.ffa.org/