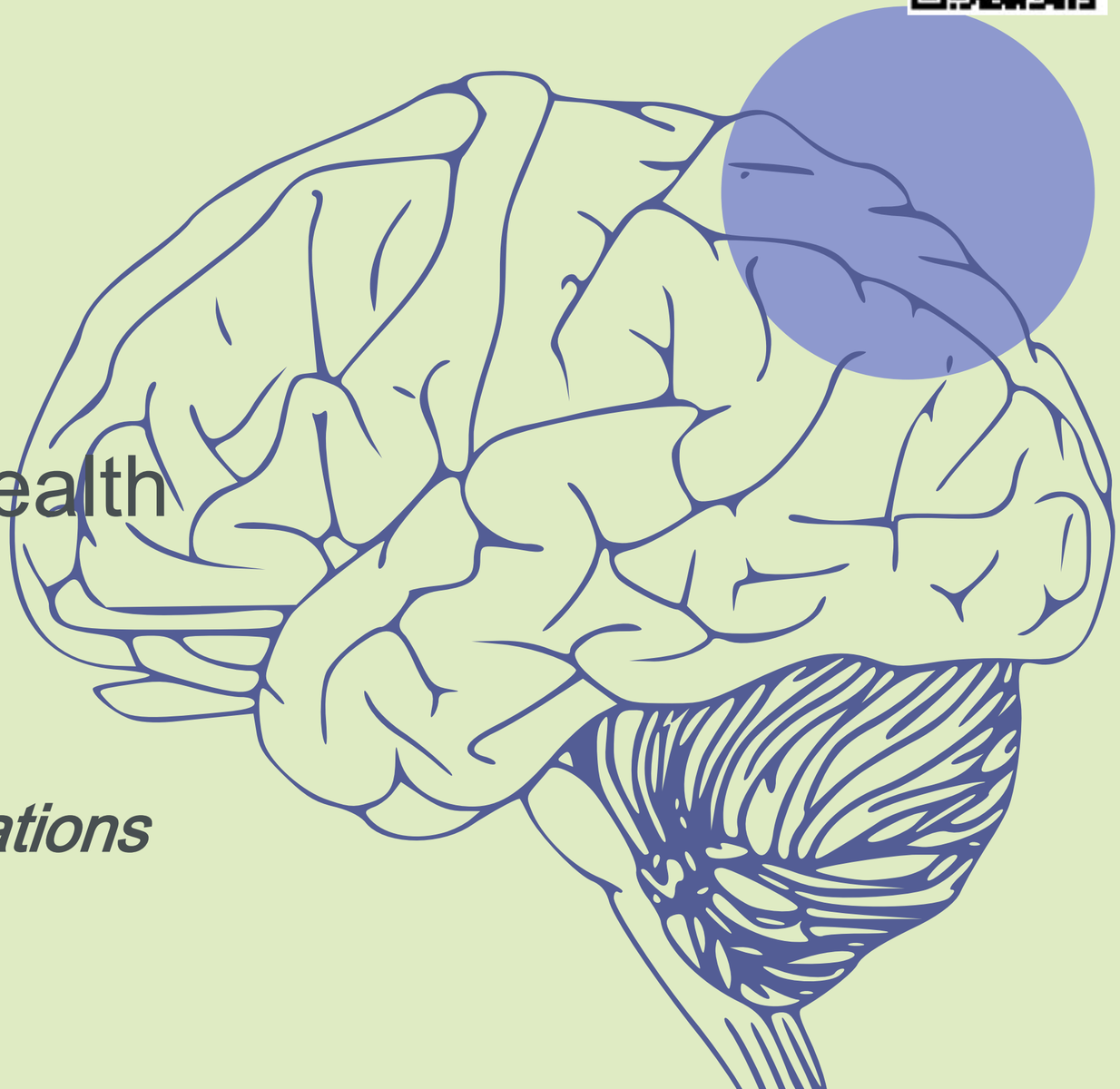
NORTH CENTRAL REGION

EXTENSION TASKFORCE

on Rural and Youth Mental Health

Final Report and Recommendations

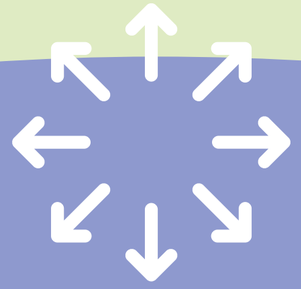


BACKGROUND

CHARGE:

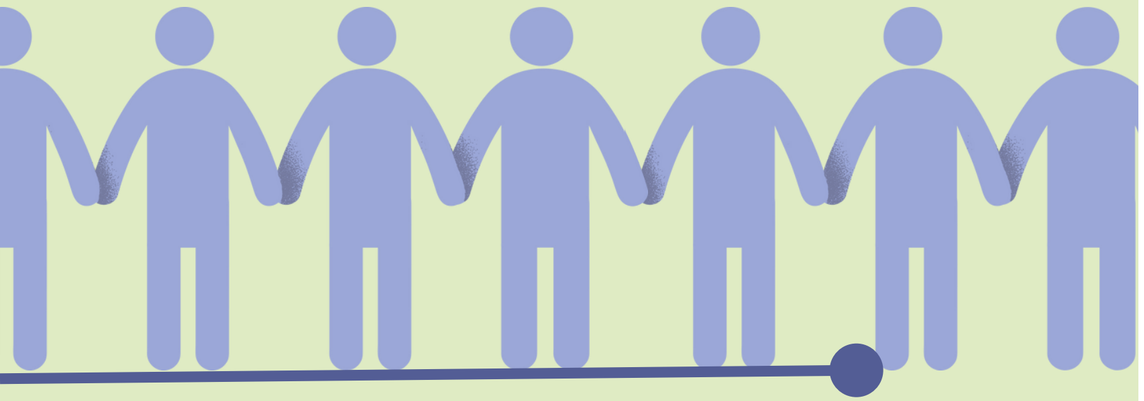
Define a regional support model for rural and youth mental health to:

Enhance local delivery of Extension programming to address rural and youth mental health



Expand NCR expertise on rural and youth mental health

Foster points of connection and collaboration across the NCR



TASKFORCE MEMBERSHIP

- **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

TASKFORCE PROCESS & TIMELINE

Summer 2024

Extension Deans & Directors conceptualized and charged Rural and Youth Mental Health Taskforce

September 2024

Members invited

October 2024

Work began with approximately bi-weekly meetings

November 2024

Hybrid Zoom/in-person extended working meeting

January - March 2025

Report drafting and editing

March 2025

Report submitted to Extension Deans & Directors

KEY DEFINITIONS

HEALTH:

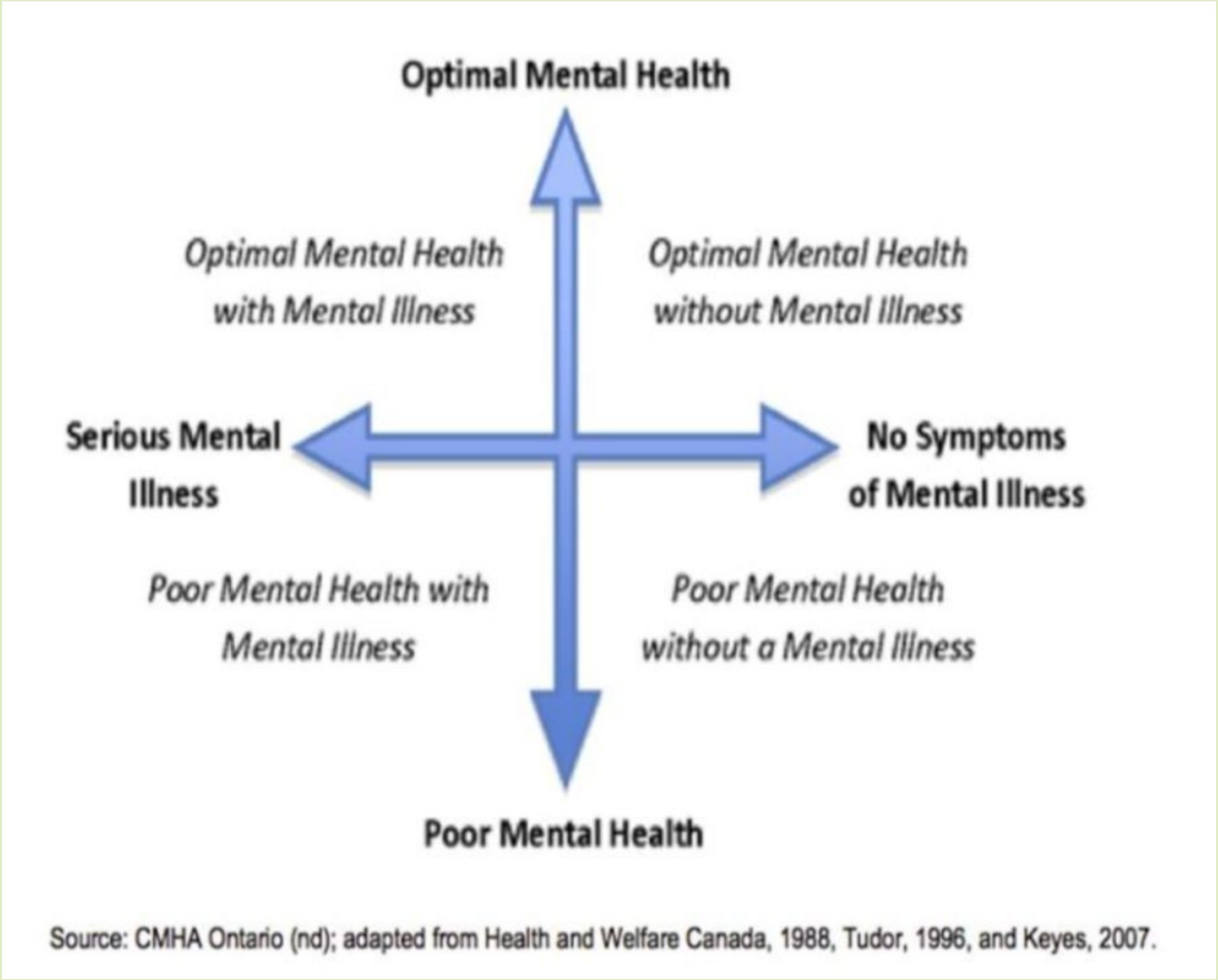
"a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"

WHO, 1948

MENTAL HEALTH:

"a state of
a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community"

WHO, 2025



Source: CMHA Ontario (nd); adapted from Health and Welfare Canada, 1988, Tudor, 1996, and Keyes, 2007.

Michels & Hagen, 2014.

STATEMENT OF NEED

Suicide rates exceed national average in 11 of the 12 NCR states

Adult poor or fair mental health exceeds national average in 9 of the 12 NCR states

1/3 of high school students report poor mental health

7 of 12 NCR states experience greater mental health professional shortages than the national average

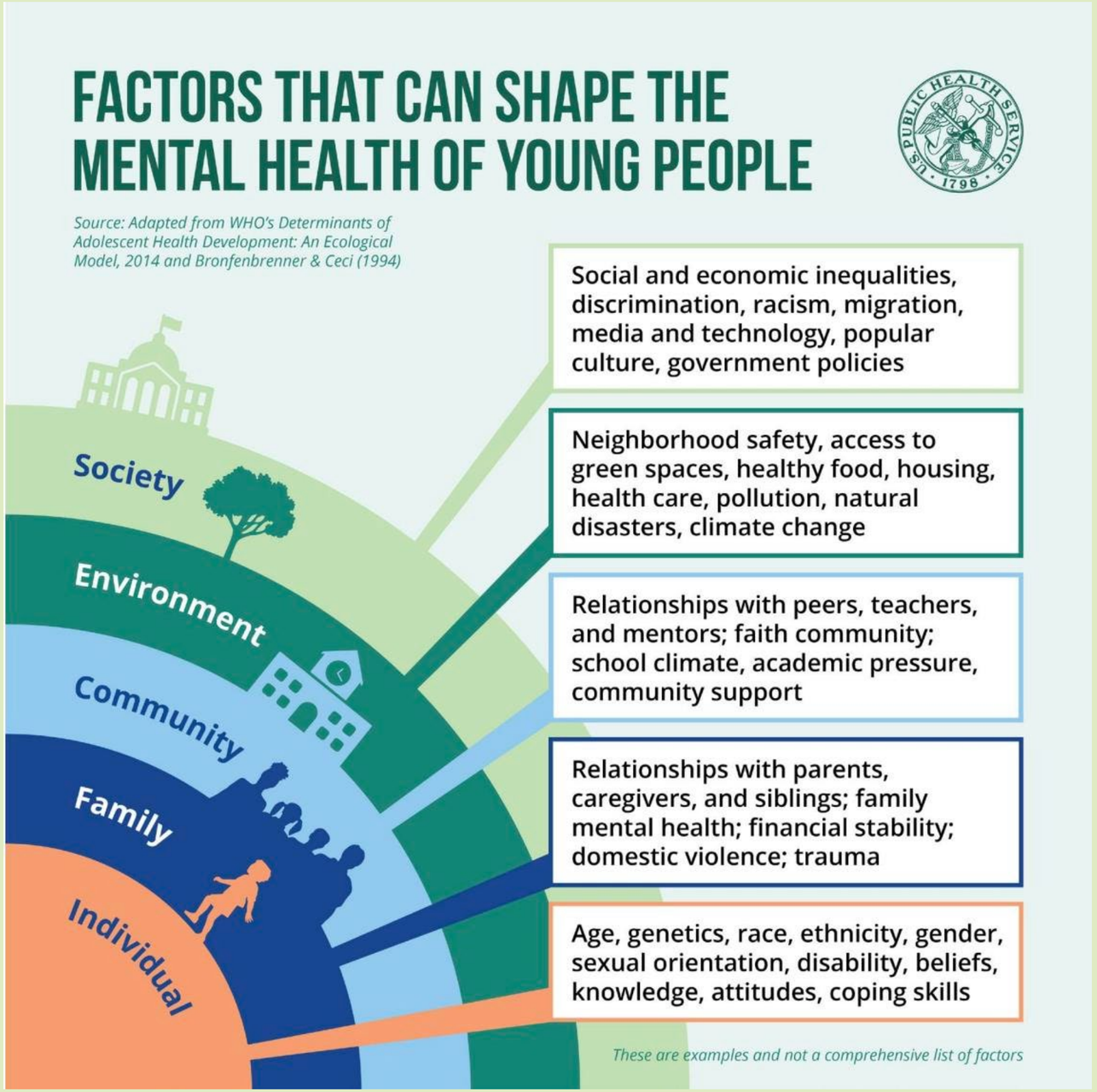
SEE APPENDIX A

STATEMENT OF NEED

1 State rates may **mask disparities** in mental health across subpopulation groups

2 Mental well-being disparities are driven by **social**, **structural**, and **political** determinants of health

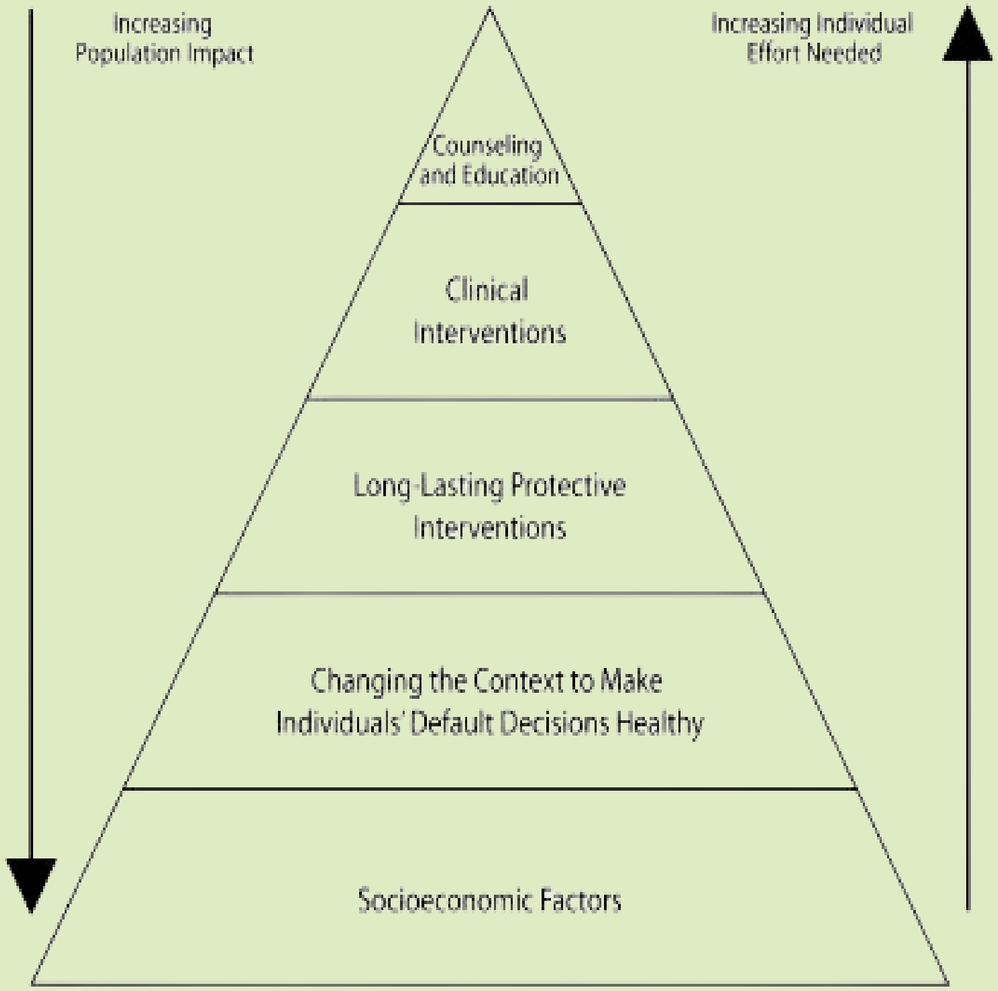
DETERMINANTS OF MENTAL HEALTH AND WELL-BEING



U.S. Dept HHS, 2021. https:// www.hhs.gov/surgeongeneral/reports-and-publications/youth-mental-health/index.html

EXTENSION'S ROLE:
PROMOTING MENTAL WELL-BEING

- **IDENTIFY & ADDRESS SOCIAL & STRUCTURAL DETERMINANTS**
- **WORK ACROSS SECTORS**
- **PROMOTE PROTECTIVE FACTORS:**
  - Positive **Coping Skills**
  - Supportive **Relationships**
  - Community & Social **Connectedness**



Frieden, 2010. pmc.ncbi.nlm.nih.gov/articles/PMC2836340

REGIONAL MODEL: RURAL AND YOUTH MENTAL HEALTH NETWORK

GOALS

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

PILLARS TO GUIDE RESEARCH TO PRACTICE

Community centered, relationship forward

Flexible systems-thinking

Interdisciplinary and cross-sector collaboration

CRITICAL RESOURCE INVESTMENTS & STRATEGIES

01

Leverage new resources to invest in Extension mental health experts, clinical integration, and non-clinical program positions

02

Mobilize interdisciplinary expertise across the North Central region to guide multi- state applied research opportunities.

03

Activate resource sharing, capacity building, multi-state program delivery, and evaluation supported by the Rural & Youth Mental Health Network

POTENTIAL FUNDING PARTNERS

FEDERAL

Health Resources and Services Administration (HRSA)
Substance Abuse and Mental Health Services Administration (SAMHSA)

STATE

PRIVATE FOUNDATIONS & CORPORATE PHILANTHROPIES

Robert Wood Johnson Foundation
W.K. Kellogg Foundation
Bush Foundations
Blue Cross Blue Shield

RECOMMENDATIONS TO DIRECTORS & PROGRAM LEADERS

THREE PRIORITY AREAS:

Regional coordination: create & staff a Regional Working Group to mobilize interdisciplinary expertise and map regional assets.

Workforce development: invest in mental-health-focused positions, share position descriptions, and provide cross-state training.

Partner & funder engagement: prioritize donor development and build continuous communication channels with external partners.

REGIONAL COORDINATION: ESTABLISH THE NETWORK & WORKING GROUP

- Support a regional working group and mobilize interdisciplinary expertise
- Identify existing areas of strength, programming assets, and program delivery models
- Develop shared metrics to capture regional program impact

WORKFORCE DEVELOPMENT: POSITIONS AND CAPACITY BUILDING

- Share sample position descriptions for mental -wellbeing focused roles across states.
- Coordinate regional training for Extension staff to raise awareness, destigmatize mental health, and build staff skills
- Explore and encourage connections with state and national public health associations

PARTNER & FUNDER ENGAGEMENT: WHO, HOW, AND WHY

- Prioritize donor development efforts
- Establish continuous communication channels among Extension staff and external partners

CURRENT CONTEXT

FEDERAL PRIORITIES AND LANDSCAPE

- Make Our Children Healthy Again Strategy
- SNAP-Ed funding elimination
- Rural Health Transformation Program

GROUP DISCUSSION

How does this proposal build on existing priorities and assets within your respective states and program areas?

Where do you see opportunities to bolster interdisciplinary and systems-based approaches to promote mental health and well-being across the region?

What other opportunities exist within the current context? What else should we be tracking?

REFERENCES

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