

Dr. Ken Duckworth:

We're very fortunate to have Jeff Winton speaking to us about rural mental health in America. For a lot of reasons, this is a topic that we, I can need to learn more about. I live in Boston where you can't throw a softball without hitting a mental health practitioner. They may not take your insurance but they do exist and they're everywhere. And when I met Jeff and learned about his story, it just turned out that today is National Rural Health Day. I want to emphasize, we are not that good. We do our webinars on Thursday afternoons and this happened to be the time slot but this is a critical issue. Mental health care in rural America is under a lot of pressure. People's mental health, farmers across America are under a lot of pressure for a lot of reasons. Let's go to the next slide.

So, if you want to chat with somebody, this is not a suicide prevention lifeline. But if you want to chat with somebody, something stimulates you, you want to be heard, call the NAMI helpline 1-800-950-NAMI, that's 10:00 a.m. to 10:00 p.m. Monday through Friday. We have a lot of calls coming in, a lot of texts, a lot of chat and it's staffed by 300 plus volunteers, amazing people. Next slide. Speaking of volunteering, if any of you decide you want to give back and you've benefited from anything that NAMI or another organization has helped, we have a way to help you help others and that's [nami.org/volunteer](https://nami.org/volunteer). We'd love to have you. We will train you, support you and love you up in service to other people. Next slide, please.

I'm going to get questions in the Q&A that are not related to today's talk. So, I want to anticipate with you that we have 70 or so amazing resources on [nami.org/asktheexpert](https://nami.org/asktheexpert). Everything from how to get somebody to accept help to the latest in bipolar disorder, understanding self-harm, fireside chat with Marlene Freeman, that is on the risks to moms postpartum mental health. So, if you have a topic that isn't covered today, I bet we've attended to it and I bet we've had an amazing resource, talk about it and take your questions. So, I won't be asking Jeff, our expert today, questions that aren't related to rural mental health. Don't take any offense, this happens every time. Next slide.

All right. So, Jeff Winton, remarkable person. So, he's a Cornell grad, he went to the Ag and Life Science School at Cornell. First person ever on Ask the Expert who's an ag school graduate. And Jeff was both a communications whiz, he did a lot of work at a major Fortune 100 company but also he created this remarkable organization that I want to tip my cap to, Rural Minds. Jeff's going to tell you about the origin story of that but, when I happened to meet him and I was very fortunate to be seated next to him, he told me that his family has been working in farming for generations.

So, Jeff is both a dairy farmer, a founder of this cool organization devoted to working the problem in rural mental health and is a communications expert. So, he's from central casting on tackling the issue of rural mental health. So, I just want to thank you, Jeff for your generosity of time, for your creativity in creating this entire organization. Jeff's going to give his contact information at the end if you want to reach out to him and I encourage you to ask questions which we're going to try to get to during our conversation. Jeff is going to do a nice presentation and then we're going to take your questions. So, I think that's everything, Hagen. And Jeff, thank you again and take it away.

Jeff Winton:

Thank you very much, Ken, and thank you, Hagen, for helping to advance the slides during the presentation. It's an honor for us to be the guest on this series today. It's especially appropriate since, as you heard, it's National Rural Health Day which is a national proclamation of support for the healthcare providers that work in rural America and for those people such as me and my family who live in rural America who depend on the providers that many times aren't as plentiful, as what Ken said, they were in Boston. As a matter of fact, when he said you can't throw a softball without hitting a psychiatrist, I would say, where I'm talking to you from which is my dairy farm over on Lake Erie in western New York, you can't throw a softball without hitting a cow. So, it's almost milking time here at the farm, fortunately, I am

not milking, the farm team will be arriving soon and it's a very busy time on a family dairy farm but we're just delighted to be here and to be able to share some of the work that we are doing.

We are a new organization, we were just launched four years ago and we have a video that is hot off the press. As I just told Ken and some of the other folks from NAMI, this will be the first audience it's actually been shown to. Thanks to the generosity of Pfizer, we did this video, we will play it for you momentarily. It was primarily filmed on my family dairy farm where I'm talking to you from today as well as another nearby farm where we have helped a family that was struggling. So, without further ado, Hagen, could you please play the video and then we'll jump into some of the other content.

My name is Jeff Winton and I am the founder and the chairman of Rural Minds. I was raised on a family dairy farm in Chautauqua County, New York. I'm from a long line of dairy farmers, my father was a dairy farmer, my grandfather was a dairy farmer. Life on a farm is one filled with extreme blessings, things that I'm incredibly grateful for but there are also hardships. Many people that don't live on a farm think of the beauty and the bucolic nature of a farm and they romanticize what it would be like to live on a farm but underneath that facade, in many cases, there are struggles and there are hardships. You're taught from a very young age to be independent, to pull yourself up by your bootstraps, to be self-sufficient and not to talk about your issues and, certainly, mental health is one of those things.

Rural Minds is a result of a family tragedy that happened in my farming family. My nephew Brooks who worked on the family dairy farm, by all measures, he was the life of the party. He was a very happy, very gregarious young man who had friends from all walks of life. One day, as I was leaving the wedding reception for his brother, Brooks gave me a big hug and said, "Uncle Jeff, thank you so much for everything you've done for my family," and I didn't think anything of it because he was a very grateful, very appreciative young man. Two days later, I happened to be driving past Brooks's house and I saw police cars, I saw an ambulance and I knew something terrible had happened. I jumped out of my truck, went running down the driveway and the woman across street grabbed me with tears coming down her face and said, "Jeff, don't go any further. I just found Brooks in the backyard of his house and I think he's dead," and, at that point, the world stopped.

The coroner came and his cause of death was death by suicide. He was the absolute last person that we would've ever expected who would've taken his own life. Clearly, he was suffering in silence. Because of the shame that comes with mental illness and suicide in particular, there was some question as to whether or not my family should even talk about why my 28-year-old nephew died and it was my mother who was a true matriarch of our family, tears coming down her face, she said, "Pastor, this is going to stop with my family. We are going to, not only talk about it, we are going to start at Brooks's funeral which was two days later." After that funeral was over and we had other farm families lined up to tell us their story. Because of my mother's bravery and her honesty, other farm families felt, well, if the Wintons can talk about this, then we can talk about it and, all of a sudden, the floodgates opened and this movement started.

Rural Minds is the only national non-profit organization that is focused on mental health equity for the 46 million people that live in rural America. We have designed programs that are specific to people in rural America and also taken other resources that have been designed by other organizations and gotten them in the hands of the people that we represent.

Heather Woodis:

If I could tell Jeff what it means to me, I would say it's a lifeline, it's a lifeline. It's powerful, it's life affirming for me to know that there are people who care about this person that I love so much and he's changing how mental is looked at in our communities and he's changed it specifically for my family. I'm so thankful to him for being a voice for all of us when we didn't always have one.

Jeff Winton:

It's estimated that young people that live in rural America are 74% more likely to die by suicide than young people that grow up in urban and suburban areas. Another estimate I've seen is that farmers are three and a half times more likely to die by suicide than any other occupation. That's tragic and that's heartbreaking but there is help and there is hope and that's the role that Rural Minds is here to play.

Speaker 4:

What would you tell Brooks now?

Jeff Winton:

Well, first I would tell him that I love him and that I miss him and that life hasn't been the same without him. In a way, as much as I miss him every day, I feel his presence because I'm doing what I know he would want us to do. I'm proud that people that we represent have a place, a place that represents who they are, that reflects who they are, that understands who they are and someone who is going to help them.

Thank you, Hagen. We'll go back to our slides now. While Hagen's pulling the slides up, folks, basically, in a nutshell, you've seen my presentation now in video format. I hope you don't leave but, if you have to leave, I think you get the foundation of who we are and why we exist. As the video said, we are the only national non-profit organization that is focused solely on 46 million people who live in small towns across this country. Folks, that's 14% of our population and many times people in rural America like my family are hidden. They're working very hard in occupations like farming, like fishing, like lumber, like mining and they don't always have the opportunity or the ability to advocate for themselves or to talk about what's happening in rural America.

When my nephew died, by the way, he died in 2012, I started calling a number of other non-profit organizations that I had had the good fortune of working with when I worked in the healthcare industry previously. And it was with the encouragement of organizations including NAMI, by the way, that we decided that there was a need for an organization that was focused solely on this segment of our population because there are a lot of unique challenges in reaching people in rural America that we will be going into. And the reason that we didn't launch our organization shortly after my nephew died in 2012 was because, when he died, he left behind three-year-old twins, a boy and a girl, and the family collectively decided that we wanted the children to have as much of a normal childhood as they could without their father, of course.

And so, it was only when they became teenagers that we decided to launch Rural Minds. Here's a picture of the kids. They were three years old there, this was taken literally a week before my nephew died. He had taken the kids to Niagara Falls to see the falls and, at that point, we realize now looking back, he was planning this and wanted his kids to see Niagara Falls for the first time with their dad. The kids are now 16, doing great, they're getting involved in our cause. We had a fundraiser on Sunday that my great nephew Brendan came to, he had just bought a new car and couldn't wait to show Great Uncle Jeff his new set of wheels out in the parking lot. So, I'm very proud of these kids and I'm very excited about what they're going to be able to do for our organization now in memory of their dad. Next slide.

And we've already seen that so next slide. So, the mission of rural minds is to serve as the informed voice of mental health in rural America and to help provide mental health information and resources and a lot of what we do is storytelling. That's why my family's story is so incredibly important and those of you who work in this field, which I would dare to guess is most of you, is that you understand the power of storytelling. As the video said, when my nephew died, we told the story as much as we knew during his funeral and we did have a few things that we started to put together based on a note he left behind when he died for when his children were old enough to understand this. That was really the basis for the talk that I gave at his funeral that really did start this movement thanks to the bravery of my mom. And we're really focused on hoping that, one day in rural America, there's no more silence, suffering or stigma.

As you know because you work in this field, mental illness and substance use disorder is highly stigmatized no matter where you are but that certainly is the case in rural America where we are taught not to talk about our problems from the time we are little. We are taught that we should be able to overcome anything that confronts us and we are taught that we should be able to pull ourselves up by our bootstraps because of our independence that's inherent in farming life and other occupations in rural America. And as you all know, being in the field, this is not the case. This is an illness just like cancer is, just like cardiovascular disease, just like diabetes and we have to start treating it as such in rural America. And as I give talks such as this as I travel around this country because we are national in scope even though we're based here at my farm in upstate New York, that is one of the premises of the work we're doing and what I talk to people about is we have to start looking at this as an illness and an illness, in many cases, that has genetic predisposition which comes as a surprise to many of the people that we encounter. Next slide.

This is a staggering statistic that many of you may have seen but suicide rates in rural America are nearly 50% higher than they are in large urban areas. As the video said, farmers are three and a half times more likely to die by suicide and that rate I fear is going to grow now due to many things that are happening in this country that I will get to that have an impact. Young people are 74% more likely to die by suicide than their urban counterparts and we have a new youth program that we're excited about that we'll touch upon here very soon. And the suicide rates among young people is growing much faster than it is among their urban and suburban peers. So, obviously, this is a very troubling runaway train that we are trying to slow down and eventually stop. Next slide.

So, these are some statistics and I'm not going to dwell on a lot of the stats that I have here today because you can find them on our website which is [ruralminds.org](http://ruralminds.org) and, at the end of the talk, I'll show our contact information but nearly three quarters of rural counties lack a psychiatrist. We have a lack of healthcare in general in rural areas but, certainly, when it comes to mental health workers, we have a true paucity of healthcare workers that are available for people such as my family here in rural New York. This is a statistic that I think many people find very troubling is that nearly 30% of rural American families have no broadband, have no internet and it's not because they can't afford, it's because it just isn't available. I have it, obviously, here at my house because I'm using it right now but my farm manager who lives on the farm just down the road where he raised his family, he's been with us for 20 years, he does not have broadband at his house because, when it was installed on this very rural country road, they decided for some reason that my house was the last one they were putting it in because there was no return on investment to take the broadband any further than where my house is.

So, while telehealth has helped many of us especially since COVID, telehealth has still not a panacea for people in rural America. I was in downstate Illinois recently doing a veterans program and, believe it or not, in this small town in downstate Illinois, they don't even have cell service there. So, things that the rest of us take for granted, that's just part of our daily existence don't necessarily exist in many of the rural areas across this country. Next slide.

So, these are some of the barriers that we run into in rural America. And again, growing up here, I instinctually knew this but I moved back to the family farm four years ago when we started Rural Minds because I determined that, if I was going to be effective in the work I was doing to advocate for people in rural America, I had to become one of them again. I've owned this farm for many years but, due to my former career, I was living in more suburban and urban areas. And let me tell you, friends, once I moved back to the farm almost four years ago, it was an absolute shock to me what I encountered. For example, I waited six months to get into a primary care physician because we have such a shortage of primary care physicians in this part of upstate New York.

We've talked about some of these so I'm not going to go into those but, in small towns, everybody knows everything about you and about your family and it's a blessing and a curse. The blessing part is such as when my nephew died, the news travelled fast that one of the Winton boys had died and people came from around the area with more tuna casseroles than we could eat and with just some outpouring of help

and support and compassion, that's the blessing part. But the downside is, when you're in a small town, it's hard to keep secrets, it's hard to keep things confidential. And because of the stigma that exists in rural America, many people are very nervous, even if healthcare does exist, to have their pickup truck parked outside the local mental health clinic because, all of a sudden, the news is going to travel like wildfire that someone is having a mental health issue in that family.

We have a extreme lack of providers, as I've already mentioned, so you may have to wait several months. And because of the nature of the occupations people in rural America have, they don't have the luxury like I do and many of you do to pick up and travel two or three hours to the nearest healthcare provider. They have a 9:00 to 5:00 job that's hourly in many cases and, if they don't work, they don't get paid and so it's difficult for them to go away. In rural America, we have no mass transportation. We have no buses, we have no trains, we have no cabs, heck, we don't even have Ubers or Lyfts here. And so, if you don't have reliable transportation and have to travel a long distance, that's a major complication. Next slide.

We've already talked about the internet. Healthcare coverage is something that is literally keeping me up each and every night because, with what is happening in this country with the cuts to Medicaid and with the issue with the Affordable Care Act and all the other things that I don't have to tell you about, we are going to see some extreme and very negative implications for people in rural America. Many people in rural America rely on the Affordable Care Act and so the last statistic I saw is that nearly 5 million people, in addition to the people who already are uninsured, will be uninsured once many of these things go into effect. Rural hospitals closing. Here in the county I'm talking to you about, there's a possibility that every single hospital in the county where I'm speaking to you from, again, we're in New York, we're not even in Mississippi or Montana or some of the really urban states, we are going to have to travel much longer distances.

We have a weakening agricultural economy and one thing that many of you are aware of is, due to the trade wars we're having with countries like China right now, many of the farmers that we advocate for have no markets for their products. The soybean farmers are, in particular, in dire straits right now because China had been our biggest customer of soybeans and, due to the trade wars and due to the money we have now given Argentina, another large soybean producer, guess what, the Chinese are now buying their soybeans from Argentina, not from America. Now, supposedly, they're going to start buying a few here and there but we will never recover those markets and that is a tremendous pressure and a tremendous stress on the people that raise our food. We also now, as you may be aware, have a concern about the beef market. Our administration is saying we're going to start importing beef also from Argentina, again, a country we gave 40 billion to. And that is of great concern to the beef producers here in the United States that we support.

Immigration. Many of you may not be aware that we rely on immigrant workers on farms and the agricultural community in this country. Over half of the workers that work in agriculture currently are undocumented workers and, in the last four months, we have lost 155,000 workers for our farms that were already struggling due to the fact that no one wants to work on a farm. It's very hard work, it's a 24-hour seven-day proposition and, in all due respect to my fellow Americans, many Americans don't want to work the hours that you have to put in but many of the foreign guest workers will gladly come here but, now, even the ones that are documented are extremely concerned and they are leaving. So, we're getting to a point where we have no one to milk our cows, we have no one to pick our citrus, we have no one to feed our beef cattle, we have no one to take care of the livestock and the crops that all of you rely on.

I would assume, by now at this point in the day, you have all had something to eat and the chances are pretty good that the food you had to eat was produced here in the United States by an American farmer. I would suspect and I would hope that most of you're wearing clothing right now, those clothes that you are wearing, in many cases, are from the fiber that our American farmers are raising. So, guess what? If we can't find the help to raise the food here in this country ourselves, we are going to be buying food and we are going to be buying clothing from Argentina, from China, from Brazil, from other markets. So, this is a



tremendous source of stress currently and something that personally and our organization is spending a great amount of time on. Next slide.

So, I won't go through a lot of this because, again, you can find these on our website as well as you'll have access to this presentation after it's over and I want to make sure we have plenty of time for Q&A. But only 12% of physicians practice in rural communities even though 46 million people live here, hence, the reason I had to wait six months to get into a primary care physician. So, if primary care physicians are at such a shortage, you can imagine what kind of a shortage we face when it comes to mental health providers. So, we are hoping that many young people going into college to become our healthcare providers of the future will choose psychiatry and other forms of mental health but we are working now diligently to ensure that young people, through our youth program that we'll be talking about, understand that there is a great need and hoping that people will choose this as they look at what profession they are going to pursue.

One statistic again that I continue to be amazed at, the last one, is 61% of the areas that are deemed health professional shortage areas by the federal government are located in rural areas. I think most people think that we have urban healthcare deserts and, in many cases, we do but, as you can see, over half of those that have been deemed as these shortage areas are in small towns and rural areas across the United States of America. Next slide.

So, regardless where you live, the city, the suburbs or the country, we depend on the mental and physical wellness of the people living in small towns to help us to raise our food and to raise our fiber, as I said before. So, this is not only a matter of compassion, it's a matter of practicality, it's a matter of financial stability to be able to rely on a food and fiber source here in our own country. Next slide.

This slide is an eyesore so I won't go into it but basically what this slide is trying to show is that Rural Minds was founded on collaboration like we're doing now working with NAMI, working with MHA, working with a lot of the other wonderful organizations that exist. We work with the other mental health organizations who have been very supportive of our work, we work with other agricultural organizations, we work with other organizations that represent people in rural America. We are very community based because that's the basis of rural America, it's all about grassroots activation. So, in our work, when we go into a local community, we try to determine where people are already going for their trusted information, where they've been going, in many cases, like my family for many generations. So, we are not necessarily starting new support groups and new places for people to go but what we're doing instead is identifying where they're going, where they trust people, in many cases, their friends and their neighbors, and then we're getting our content on the agendas for their groups.

I just did a program on Monday night for a community dinner that was held at a church that had a number of people from that particular church there and that is where people in this community where I live go each month in addition to, of course, worshiping there if they are a member of that church. But that's where they go once a month for programming and they trust the content and they, by association, also trust the people such as myself who are presenting that information because that organization has invited them in. So, that is critically important in rural America, you have to earn our trust. You can't expect us to go into cities or to places that are foreign to us to attend support groups, it just won't happen. People in rural America want to be met where they're at and that's in their own community. Next slide.

Let's go past that as well, Hagen, in the spirit of time. So, this is a program that we launched a little over a year ago, the Rural Mental Health Resilience Program and our partner for this program was the National Grange which some of you may be aware of and, certainly, we may have some Grange partners on this call today. But the Grange is 159 years old, it's the oldest agricultural non-profit in the country and it's located in 1,500 rural areas across this country. And when we decided that the time was right to launch Rural Minds, the Grange was one of our first partners that we reached out to who fortunately have embraced us and have helped us get our messaging into those 1,500 communities where they have existed for many, many years. They've been a tremendous partner and I hope, if you're not familiar with the

National Grange, that you will look into them. They're based in Washington currently but they have locations, again, in most of the states across this country. Next slide.

This program is basically a program that we put in place so that people in local rural communities could put on town halls, could put on community coffee chats, could have discussions about various topics relating to mental health. And so, we have put together materials and you can find them all again on our website, [ruralminds.org](http://ruralminds.org), they're all downloadable, they're materials that people can use from fact sheets to PowerPoint presentations to press releases. It's basically a meeting in a box that has been very helpful for many of these rural communities that don't have the time or necessarily the financial resources to be putting on meetings from scratch so we've made it easy for them to do what I'm doing tonight but to do that at their local community whether it's at a church, at a PTA meeting, at a volunteer fire department meeting or what have you. So, I would ask you to take a look at these materials and please use them, we're continuing to add to this program. Next slide.

This is the Rural Youth Program which we are in a pilot situation right now. We have launched this as a pilot in the state of New York and Pennsylvania and we're partnering with the FFA. It used to be called the Future Farmers of America but they've shortened the name to FFA. 4-H, Cornell, my alma mater is very involved as well as the youth of the National Grange. We're also getting local school districts in rural America involved in this program because they are equally concerned as we are at some of the statistics that I've shared with you. So, we will have more to talk about with this program moving forward. Once we learn from the rollout in New York and Pennsylvania, we will then make modifications that have been pointed out to us and then we'll be rolling this out across the country. But it's basically a peer-to-peer program because, many of you know, young people are more likely to talk to other young people than they are their parents or their clergy or their teachers. So, this is a program where we are helping to train young people to be the eyes and the ears of the community and be there to support each other. Next slide.

This is a veterinarian program that we launched with the veterinarian college at Cornell. Many of you may not know this but veterinarians also have a very high rate of suicide and so we have put together a program, it's an online program you can find on our website but we're doing a lot now to support the veterinarians across the country because, again, they are the lifeblood, in many cases, of rural America and they are the eyes and ears. Especially on farms like where I live, our veterinarian is here very often to help us care for our cattle and so we are doing what we can to train veterinarians to, not only take care of themselves which is critical, but then to help be there for people on farms such as my farm where they might come across a client who is suffering and struggling. So, we are going to continue to be adding to this program as well. Next slide.

We have a number of webinars that we do. We have one coming up on December 4th that I'd like to invite you all to, the topic is alcohol use disorder among rural women. It's a huge problem. We have a thought leader from the Mayo Clinic and a woman who is going to be on the call telling her story about her journey. And so, again, these are free. These are just some of the people that have been on our webinars in the past. You can go to our website and listen to past recordings but, again, we would highly recommend you join us. It's by pre-registration just like this one was and you'll find the link on our homepage along with our video that I just shared, that's also on our homepage. So, if any of you would like to use that in any of your work locally, we would be honored and humbled if you choose to do that. We also have a newsletter that our team works very hard on that I'd ask you to please sign up for and we're also very active on social media, on most of the platforms that you're all accessing. So, we would ask you to also follow us as we continue to fight this fight here in rural America. Next slide.

This is the newsletter I spoke about and then our progress report that we did, you can find this, it's an annual report, if you will, and we'll be putting out another one here in the very near future. Next slide. We're doing more and more in Washington as you can imagine. I have been in Washington two weeks out of the last month and I'm having many very meaningful conversations with lawmakers now that people are going back to work, hopefully, I'll have even more. But as I mentioned, we've got a major issue in this country due to decisions being made in Washington and so partnering with some of our other partners

who have lobbyists. Again, we're a young, growing organization but we don't necessarily have lobbyists of our own but we work with groups that do. And so, my role as the chairman and Chuck Strand, our executive director who's on with us tonight who does an incredible job, we are meeting with those insiders in Washington along with our director of policy Don Hannaford to ensure that people don't forget about the 46 million people including the farmers that are being exponentially impacted currently. Next slide.

We do a lot of media outreach. This is just a smattering of some of our more recent media, you'll see some publications here that you recognize such as the Washington Post, we just had a letter to the editor published there. We've been on the BBC three times in the last month. We've been in USA Today. Some of these other publications I'm sure you may not have ever heard of but they are the cornerstone of rural America. And so, our work is twofold. We're getting our story out to mass media, the media that all of you, I'm sure, follows but there's a whole ecosystem of media that reaches people in rural America. I tell people that, despite what people think, people in rural America aren't necessarily watching Fox News or MSNBC but they probably are watching RFD TV which is a rural television network. So, it's important, if you want to reach people in rural America, again, to go where they are and use the media that they frequently access and the media that they trust. Next slide.

These are just some of the many companies and organizations we work with. You see the NAMI logo up there, NAMI has been incredibly supportive since we launched our organization. We work with a lot of other non-profit organizations and we work with a number of for-profit organizations who have been very kind and very generous in supporting our programming that I've talked to you about. Next slide. The Grange I've already talked to you about. There's a video that I would ask you to take a look at that, again, really helps to shine a light on this issue in rural America. And it was partially filmed in North Carolina, in very rural North Carolina and it was partially filmed here at my farm in upstate New York. But it's the story of a young woman who's been very instrumental in our work reaching young people in rural America, she's part of this pilot I just spoke to you about and an incredible human being that is going to go on to do wonderful things but it is a reflection of her story and her family's story. Next slide.

The Cornell. We're doing a lot of work with Cornell, I mentioned the veterinary program but Cornell is doing more and more to support the agricultural community here in New York State and so you'll see a lot of the programming that we've done that's on our website in conjunction with Cornell, the Land Grant University. Next slide. FarmNet I won't go into detail but this is a New York based program that provides free financial and mental health support for anyone involved in agriculture. And if any of you have any interest in this, I would recommend you contact me or contact us through Rural Minds or FarmNet and we can tell you more about it. And I won't go into detail because it's solely a New York program but we're hoping that this will be expanded to other states here in the future. Other states including South Dakota are already looking at this. Next slide.

And here we are. And I think I might've run a couple minutes over but we still have plenty of time for Q&A. This is our contact, again, going to [ruralminds.org](http://ruralminds.org). I also want to give you my direct email address. And my associate Kim who's on here with me does a tremendous job ensuring that I see emails because of the number I get. But if anyone wants to contact me directly, you can send me an email at Jeff, J-E-F-F, at [ruralminds.org](http://ruralminds.org) and I promise you I will respond and, again, you can reach us through our website. So, with that, again, I'd like to thank NAMI, I'd like to thank Dr. Duckworth and the rest of the good people at NAMI for inviting us to be here. Hopefully, I've planted some seeds, no pun intended, of what we're facing in rural America and I would ask you to help us in joining our work to advocate for the 46 million people that we represent. Thank you very much.

Dr. Ken Duckworth:

Well, Jeff, thank you. Powerful, compelling, and sobering talk, there's a lot of hard information here. I want to emphasize many people said I'd like to invite you to NAMI's lunch and learn, how can I partner with you, how can I help you so I'm going to ask you just to repeat your email because a lot of the



interactions among the 400 people who attended this webinar are going to be ways that they can connect. There's a rural NAMI group, they want to be part of this. There's a person who's interested in queer mental health, how can I help with this. So, I want to emphasize, so it's [jeff@ruralminds.org](mailto:jeff@ruralminds.org).

Jeff Winton:

Right.

Dr. Ken Duckworth:

Fantastic.

Jeff Winton:

And you can also go to our website which, again, is [ruralminds.org](http://ruralminds.org) and that will also put you in touch with someone who monitors our website each and every day. And I am fine with even giving you my phone number, that's how critical our work is. I'm going to give you this number, it's (908) 872-2682. If anyone wants to call me or text me, I would highly recommend you do so because we need all of you. We are a small organization representing a tremendous piece of this population and I would welcome opportunities to come and speak to your organizations and to enlist your help in fighting this fight that we're up against right now so thank you.

Dr. Ken Duckworth:

I just want to say, I developed Ask the Expert in about 2007. We didn't have a webinar series, it was a phone call. We had 1,000 people on with Marsha Linehan, people are doing their dishes, dogs are barking, it was very NAMI. And I just want to say, Jeff, you are the first person in Ask the Expert history, 20 years, where I just made up the idea that the smartest people should be a resource to the NAMI community and anybody else who wants to join, you're the first person to give their phone number out. So, this is a moment in the history of Ask the Expert. It says a lot about you, Jeff, that you are willing to lend your phone number. So, I just want to say this is an extraordinary offer from a very devoted person who has a lot to offer. It's all about partnerships and the people, the 400 people who joined this call are interested in helping in one way or another. So, I just want to acknowledge that, never seen that before, one of a kind, amazing.

So, let's go to a couple of the questions. Let's talk about the Native American indigenous population. What have you learned in that? If anybody is interested in that, they can contact Jeff and share a vision for how to work the problem. But have you done any work with that population? Have you learned anything from that work?

Jeff Winton:

We have not in all honesty. And again, please keep in mind that we are only four years old and so we have had to be very deliberate with the very small team we have and limited resources in what we've tackled. And because my background is in agriculture and farming and that's my nephew's story whom this organization was founded for, we started with the farming community. And about the time a year ago that we were planning on branching into some of these other areas is when this farm crisis hit, when all of these decisions were being made in Washington that are destroying the fabric of rural America. And so, we have been very, very focused on helping the agricultural community. That doesn't mean that the indigenous people are any less important, I am talking to you in an area where we have lots of indigenous people. I'm talking to you in an area where we have lots of Amish people and the Amish have a very high incidence of mental illness as some of you may know.

So, we have many other subsets of the rural population that we will be addressing moving forward. What I would say humbly is that we have a lot to learn about the indigenous people, we have a lot to learn about

veterans. And with any of the people that are on this call have a heart for those particular populations, please, by all means, reach out to us and help us know more and learn more about the unique characteristics. The one thing, Ken, that I would say is I think many people look at rural America as being very homogenous and it's anything but that, we have a lot of diversity in rural America. I've already talked about the fact that we have a lot of foreign guest workers who, many cases, tend to be from South America. We have a lot of people especially up in the upper Midwest, up in Minnesota from Southeast Asia, immigrants from Southeast Asia that live up there. We have the indigenous people, we have a lot of other people representing the Black and Brown communities that are here in rural America. The LGBTQ community, it's alive and well in rural America. They're not just in big cities, we represent them as well. So, it is a very diverse group of people that we will be reaching but we just need to catch our breath if we can and learn from others and we'll be focused on those populations. So, excellent question, thank you.

Dr. Ken Duckworth:

Yeah. Here's a question that came in. We got 300 questions or so in advance of this talk and I'm just picking out a few that I found compelling for this moment. How can I improve mental health from the pulpit? So, this is a person in the faith community and the faith community can be important to some subset of the people in rural America so, let's just ... What do you think about that? What are your thoughts about that?

Jeff Winton:

Well, I'm going to give you an anecdotal story because I think it illustrates what can and should be done. So, the church that I belong to here in rural America has a brand-new pastor who ... The former pastor had a heart for mental health and was very supportive of what we were doing with Rural Minds knowing that we were based here even though we're national in scope but the new pastor has really taken this upon herself to ensure that this is something that is incorporated into practically every Sunday service. And we routinely have a lot of clergy people, whether they're Christian pastors or rabbis, the universalist church has been very, very involved in our work who are incorporating a lot of these messages of hope and help knowing that many of their congregants, many of their parishioners are suffering. So, it's a matter of just being as honest and as caring as possible and ensuring that it's not a topic that we stay away from because we think we're going to alienate people.

I've seen in my own church over the last year, it's quite the opposite and, as a result, many other people in the church have gotten involved in our work because it starts at the top. The pastor set the tone, said this is something that we're all struggling with in this rural area, you need to be part of the solution. And guess what? When people become part of the solution, we then learn their stories because there's hardly anyone that we encounter that hasn't been touched somehow by mental illness, suicide, suicide ideation or substance use disorder.

Dr. Ken Duckworth:

So, this is basically about leadership from the pulpit and engaging the audience, the congregation in a community of conversation?

Jeff Winton:

Absolutely.

Dr. Ken Duckworth:

That's the linchpin to it.

Jeff Winton:

It's a safe place. People already are going there because they feel safe and they feel heard so what better place than a community of faith to have these very heartfelt conversations.

Dr. Ken Duckworth:

We had a person send in a question in advance from rural North California. So, a good ways away from you, Jeff, but I suspect you've run across this problem. This is distrust of science and academic findings and I wanted to know if you had any perspective on that. Let's just stipulate this is not unique to Northern California, let's just develop that a little bit. Have you seen it? What has helped with it, if anything? Do you get into acceptance about it? How have you found that issue?

Jeff Winton:

Absolutely. Well, first of all, whoever submitted that question, if you'd like to know more about what we're doing in Northern California, again, please reach out because California Grange, the group I talked to before, is doing a lot in this area especially in Northern California so we have some resources we can provide to you. I have the benefit, as you heard at the beginning during my introduction, of having worked in the healthcare industry, in the pharmaceutical industry in particular, for 40 plus years so I have a good understanding and appreciation for science and the role that science plays. So, in my own work, when I go out and have conversations, I speak about science, I use science and I use facts to illustrate what we are up against. Again, we are a non-profit organization that is non-partisan so I always walk that line but I always ensure that, regardless of what the topic is, that we're using science and we're using facts to demonstrate this issue.

As I mentioned before, as most of you know, there is a genetic predisposition to a great deal of what we're talking about. And even though we know that, people that we represent and people that we speak to in rural areas have never really stopped to think about, oh, yeah, that's right, Aunt Millie had this issue and my cousin Johnny had this issue. Just like with the other physical illnesses we talk about, people need to understand, again, the science and the genetics that this is something that they need to be vigilant about. So, we're starting, as they say, with low-hanging fruit in many cases, starting to talk about things that maybe more urban audiences already know but, again, it's a matter of meeting people where they're at and ensuring that we're laying that foundation so that we could build upon it.

Dr. Ken Duckworth:

Before we start with this question, I want to let people know that NAMI's working on the AI chatbot problem. This is a technology solution, in quotation marks, for the shortage of practitioners. We're going to be discussing that on our December 11th Ask the Expert at a different time because our speaker attends to his toddler every afternoon after school. So, that'll be very unusual, one of a kind but this is a related question. So, we're going to set aside bots and technology solutions, in quotation marks, for access to mental health. This question I thought knocked my socks off. Amazon sent me an email and wants to be my primary care doctor. What do you think of that in rural healthcare? Do you have an opinion about that? What do you think about that?

Jeff Winton:

I have a very strong opinion about it. Quite honestly, we look for help wherever we can get it but people in rural America are suspicious and you've got to earn their trust. And I've had a number of people, even if they have access to broadband and the internet, saying I am not going to go to a session with a mental health provider on Zoom because I've not met them, I've not shaken their hand, I don't know who else is in the room. Interestingly enough, conversely, just Monday when I spoke at this meeting, I had a psychiatrist in the audience that's retired now and he said that he's not even using that now on a part-time

basis because he has found that he doesn't get the full essence of a person when he is trying to consult someone who may have a mental health issue because he said you can't assess their hygiene, you can't assess how they're dressed and how they may look because we can hide a lot of things on screens like we're on.

So, it's a double-edged issue but, from a patient standpoint, I can tell you that this has been a reoccurring theme that we've run into is that, if they have access, they may go to the primary care physician for a telehealth session if they've met them but they want to meet the person first to make sure they're a real person, to make sure that they have something in common with them and then they would consider it. So, we are a long ways in rural America to having somebody like Amazon providing our healthcare.

Dr. Ken Duckworth:

Got it, yeah. So, like AI chatbots, it's capitalism first and trying to fill in for a lot of blanks. I want people to know that the NAMI policy team and advocacy team generated something like 140,000 contacts with congressmen about the Medicaid cuts and, as we all know, Medicaid lost by a vote or two and that wasn't because NAMI wasn't doing their job and probably many of you participated in that. With the Medicaid cuts that are slated to happen soon, let's talk about rural hospitals in America and how bad is it going to be.

Jeff Winton:

Well, it's already a crisis situation in many areas. Again, I grew up in this area and, when I moved back, even though I came back and forth to visit my family often, I was shocked when I moved back here at how few hospitals were left and that was way before all of these decisions were made. Personally, I'll tell you, I travel to Cleveland, Ohio to the Cleveland Clinic to get some specialized healthcare I need, that's a two and a half to three-hour drive if we're not in the middle of a blizzard. And between here where I live and Cleveland, you can pretty much count on a blizzard six months of the year. And so, we already have an issue that we have been fighting and it's even worse.

If you get out to Montana, for example, I'm going out there right after Thanksgiving to work with the Montana Grain Growers, the people that raise the soybeans and corn and all of those things who are really hurting right now because of the soybean issue I told you about. But in some cases out there, Ken, they have to drive four hours, five hours to get to the nearest hospital or the nearest primary care physician. So, we've got a problem that has been existing for a long time but this has just thrown gasoline on the proverbial fire and I am very, very frightened about what is about to happen. As I said, it's what keeps me up at night now.

Dr. Ken Duckworth:

Well, I don't want to quit on a dark note. I want you to know I got an email from someone who said this is one of the most compelling and motivating talks I have ever heard. And so, this person's probably attended 400 Ask the Experts so, ditto, that's pretty good. I just want you to hear that, Jeff, because what you're taking on is profound.

Jeff Winton:

Thank you.

Dr. Ken Duckworth:

It matters and there are reasons for concern. I want you to know that the 700 NAMI affiliates, a lot of them cover rural areas. NAMI Montana, I went out to Helena, that's not a big town and it didn't take long to get yourself in the middle of a very open space. NAMI-

Jeff Winton:

And we're working with them, by the way.

Dr. Ken Duckworth:

Terrific. NAMI Oklahoma. We have a lot of activity. NAMI Alaska. We have presence in a lot of rural areas.

Jeff Winton:

Yup, absolutely.

Dr. Ken Duckworth:

So, there's a lot of opportunities for partnership. And it should be noted it took us 25 years to have an Ask the Expert series, the NAMI is coming up on 50 years old. So, what you've accomplished in four years and how open and willing you are to work with people is exemplary and so I feel like the trajectory of Rural Minds is extremely positive. I want us to stay in touch, I want to thank you. When I said earlier that we're not that good, my team is that good, we did it on Rural Health Day but what I was referring to is I couldn't predict it would be on a Thursday because we don't move the webinar for anyone except our next speaker, John Torous. So, with that, I want to say, Jeff, it was a privilege, I want to thank you. Could you please repeat your email and number because of this generosity of spirit that you continue to show?

Jeff Winton:

Absolutely. Again, my email is Jeff, [jeff@ruralminds.org](mailto:jeff@ruralminds.org) and my phone number is (908) 872-2682. And again, you can go to our website, there's an 800 number there I should know but I don't and also a general email box that, if you don't want to contact me directly, which is fine, you can contact us through our website as well.

Dr. Ken Duckworth:

Fantastic. Absolutely fantastic, Jeff. Hagen, let's please go to the next slide. So, I want to let you know what's coming. Facts, Myths and Misconceptions about AI. Dr. John Torous is the king of informatics at the Beth Israel Deaconess Hospital in Boston and is really the national leader on thinking about the risks and benefits around AI and mental health chatbots. That's going to be at a different time because of his toddler focus which I think is exemplary. So, it's in the earlier afternoon that day so, for many of you who will join us, it will not be at 4:00. We're going to have a panel on Thursday, January 29th, Caregiver Roles in Recovery. This is a topic near and dear to many of us. We'll be hearing from siblings, parents, children of and it's going to be a conversation about caregiving. Next slide, please, Hagen.

NAMI has books, this is the shameless commerce division. All the royalties from our books go to NAMI. Our first book was written by yours truly and I interviewed 130 real people who used their names, some of them from rural America, some of them from Urban America and I asked them what helped them. Apparently, this was fairly radical because nobody had done that before. So, that book is available wherever books are sold. Our friends at Amazon are selling it for about 15 bucks, 14 bucks these days. The NAMI second book for parents and caregivers is, again, interviews with real people who used names to say what had helped them. So, this is a conversation with teachers and other caregivers. The book is done well, we like it, keep going, operators are standing by to take your order. All right, next slide, Hagen.

You are not alone. This an informational webinar, we don't provide medical advice. We're good, but we're not that good. If you are moved to donate to NAMI to support this free program, be fantastic. Next slide, please. My email is [ken@nami.org](mailto:ken@nami.org). It's not as good as [jeff@ruralminds.org](mailto:jeff@ruralminds.org). But if you have a specific



question for me, I'll do my best. Asktheexpert@nami.org is where you would send an idea for a webinar that you have not seen and want to see. All right? So, fantastic, let's go to the next slide please. I want to thank everybody for joining today. Jeff, I want to thank you and your vision for this entire endeavor. The generosity of spirit is quite compelling and I could feel it and I think this is going to be one for the ages in terms of our Ask the Expert series so thank you.

Jeff Winton:

Thank you very much. We appreciate the opportunity.

Dr. Ken Duckworth:

Take care, everybody. I'll see you December 11th on AI and mental health at a slightly earlier time. Bye now.