

You Can't Rub Dirt in It

Kansas Rural and Frontier Mental Health Report

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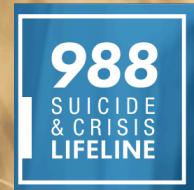
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Kansas



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FORWARD: This report is a work of nonfiction composed of interviews and observations gathered, compiled and distilled by this writer, a career journalist based in Kansas, across the state from March to December 2025. The purpose of this report is to provide the big picture of mental health in rural and frontier areas using a NAMI Kansas philosophy of “nothing about us without us” to connect Kansans and serve as a primer for a more in-depth book exploring this topic.

This report features personal accounts from Kansans interviewed by the writer as well as previous reporting conducted by the writer, or previous reporting conducted by other media outlets as cited within the report. Data cited in this report is provided by NAMI Kansas and other agencies as noted.

Some of the accounts may be harrowing. Discretion is advised for readers who are sensitive to subjects of suicide, addiction, trauma, and mental illness. In this writer’s opinion, this report is a small glimpse at a population of Kansans who have historically suffered in silence. More time and resources will be required to thoroughly document their stories and solutions implemented across Kansas for the purpose of sharing up-to-date information via elevated voices.

THE OPEN FRONTIER

Driving across the width of Kansas, it's easy to see just how vulnerable everything is.

From Topeka to Pittsburg, Wichita to Concordia, Colby to Dodge City, and points in between, Kansans and their livelihoods are subject to the same elements of time and nature. Land that was a glacier bottom millions of years ago, the same land that served Indigenous tribes long before the arrival of outside settlers, is now pockmarked with areas of urban development interspersed with large privately-owned fields and rangelands.

An abundance of ideal farm and ranch land reinforces Kansas as an important and necessary producer of agricultural products such as wheat, sorghum, corn, soybeans, beef, eggs, milk, cheese, and other dairy items. On any given weekday, one can drive across the state and see people hard at work, from the smallest family farms to giant corporate operations.

Plumes of orange dust wafting from fields indicate a farmer's office hours, tending long days aboard their tractors or combines, depending on the season. An invisible cloud of methane that some locals refer to as 'the smell of money' hangs like a sheet near Dodge City, marking passage across cattle country.

It's also a state of fluctuating weather patterns due to its geography within the Central and High Plains.

Tornadoes, hail, floods, wildfires, and drought — all of it has the possibility of decimating valuable crops, animals, equipment, and livelihoods.

In a notable case, the residents of Greensburg in Kiowa County live with a collective form of post-traumatic stress after a 205-mph EF-5 tornado killed 12 people and leveled the farm community at night on May 4, 2007. A massive reconstruction effort followed with an emphasis on environmentally conscious building that received nationwide support. Today, Greensburg is a 100% sustainable community, but residents are fully aware of the peril their town will continue to face because of its location within the heart of so-called Tornado Alley. The threat of another potentially damaging storm is never dormant.

On May 18, 2025, the resiliency of Greensburg residents was tested as the town nearly suffered a second strike in less than 20 years. Under similar conditions to the 2007 storm, sirens blared throughout the town after dark as the tornado roared closer. Fortunately, the town was spared a second blow as the tornado moved northeast (derailing a train as it left Kiowa County), but the people of Greensburg were left with the emotions of 2007 all over again. Today, they are even more vigilant about severe weather impacting their community because of historical precedent.

Farmers, ranchers and rural Kansans generally are humbly resilient people; they have to be in order to endure the vulnerability of nature's whims.

A state born from a bloody and difficult history, Kansas has retained a spirit of self-independence and moxie that's observable in many smaller communities, where a handshake and a smile get a person a long way. Some of those places can feel as if they have not changed much over time with regard to personal interactions.

Such is the case in many of Kansas' frontier and rural counties where that 'time capsule' sensation can be felt but isn't necessarily part of a community's plan. One contributor to that sensation is the vastness of the land compared to the density of population.

According to University of Kansas data from 2024, 37 counties are classified as frontier counties, or those with fewer than six people per square mile (including Kiowa County). Of the 105 total counties in Kansas, 33 are considered rural, with six to 20 people per square mile. The majority of those counties are located west of Wichita.

It means many Kansans have to drive considerable distances to receive medical care, usually in Wichita or the Kansas City metro, where healthcare facilities are larger and have more options. A simple trip to the doctor can become an all-day affair when travel times are applied.

Residents of frontier Morton County in the far southwestern corner of the state are one example of how long distances to surrounding towns can create pockets of isolation, leaving some people feeling stuck and alone. An overarching attitude of self-reliance can breed stigma about mental illness and suicide over time, creating a diaspora that is not ready when it is impacted by mental health challenges.

That stigma, in this reporter's observations, is further ingrained by a lingering sense of scarcity that dates to the Great Depression. Generational trauma may exist among some Kansas families who have formed a connection with the land to survive. A philosophy of frugality and conservatism has carried on through generations and is now revealing itself in the expanding discussion of mental health.

In all 105 Kansas counties, gaps exist in mental health understanding and access to care. The gap is wider in the state's rural and frontier places, where a generally older population has the tendency to ignore mental health needs in pursuit of their livelihoods or because of distance-related barriers to accessing said care.

In Morton County, the gap is closing because of discussions following several losses which impacted the area, particularly the town of Elkhart, within the past decade. For example, two well-liked ag professionals died by suicide within a short time period, shocking the community.

During interviews and conversations with officials from the Morton County Health Department in August and September 2025, this reporter failed to learn more about the people who have died by suicide in that county because of local respect for privacy. More time and resources will be required to develop connections among community members for the purpose of respectfully elevating their voices.

Morton County as a whole is a close-knit community of about 2,500. Residents there recognize each other by their vehicles, and many wouldn't dare have their pickup trucks spotted by friends or neighbors parked in front of any kind of mental health facility, thus adding to stigma about receiving care. This reporter placed cards at businesses around town in an effort to inspire any kind of contact about the topic of mental health in the community. No contact resulted.

In an interview with Morton County Health Department administrator Kendra Walsh, it was made clear that Elkhart residents feel any losses deeply, and that the communal grief from suicide may be compounded by Morton County's status as a frontier county. Due to efforts from Walsh, her colleagues at the health department and mental health professionals across the state, more people are finding support and seeking care for their mental health needs. A statewide effort is underway in rural and frontier counties to de-stigmatize suicide and mental illness by talking openly about it.

Nick Levendofsky is part of that conversation. Levendofsky is the executive director of the Kansas Farmers Union and has a family history of farming in Republic County in north-central Kansas. His home region has been shaken by suicides in the past two years that included a local ag producer and at least one youth. He says those incidents led Republic County residents to “step back and realize there is a problem,” opening local discussions for how to prevent further tragedies and eliminate stigma about seeking mental health care in rural areas.

“It’s taken a lot of difficult conversations and a lot of hard work,” Levendofsky says. “I think it’s important to not avoid the conversation because it’s out there, it’s happening. It’s just a matter of going about it in a way that is respectful and thoughtful of everybody involved.”

It’s hard to have a conversation with neighbors, however, when they live miles away on unpaved roads, mobile connectivity is unreliable in rugged areas, and every rural resident seems to have a towering to-do list. Thus a sense of isolationism forms and is aggravated by the simple facts that Kansas is huge, people are busy, and nature is not fully predictable. That combination over decades can lead a person down the darkest path imaginable.

Data from the Centers for Disease Control and Prevention indicate ag producers have a higher suicide rate than other professions. The CDC report, published

in 2020 with data sourced in 2016, found that men who worked in agriculture were at a greater risk, with a ratio of 43 deaths by suicide per 100,000 people. Statewide, the suicide rate for men is 19 per 100,000 people. According to data from the Kansas Department of Health and Environment, more than 500 Kansans died by suicide in 2023.

Levendofsky is experienced in the ebbs and flows of being an ag producer. The stressors they encounter are unique to their environment and type of work. Not every mental health professional is knowledgeable in farming or ranching, and that further stirs stigma about spotting one's pickup parked at the local clinic. In response to the suicides in Republic County, Levendofsky says he and other community members held meetings to talk openly about things like depression, isolation and seeking help, all to find solutions for improving rural mental health care access and education.

“You’ve got to know your audience,” he says. “You’ve got to know where they’re coming from and what they’re dealing with. You’ve got to make people feel comfortable ... but you also have to give them the opportunity to have this kind of conversation privately. Not everybody’s going to be comfortable with being in the open. We’ve got to get over that hurdle, and that can be hard to do for a lot of folks, especially if they didn’t grow up in a setting where they could be open and honest.”

RIPPLES

As if a pond disturbed by a pebble, the ripple effect of suicide leaves behind a wake of grief and questions.

Isabelle Blackwood knows how those ripples can spread. Blackwood shared her life story at a mental health awareness event called Roots to Resilience held in rural Minneapolis, Kansas, in June 2025. Hosted by the Ottawa County Health Department, the event brought about a dozen people to the Minneapolis Public Library to listen to stories of lived experience.

Blackwood's home of Clay Center is an agrarian community of about 4,000 people located 95 miles northwest of Topeka and 59 miles northeast of Salina. Clay County is classified as densely-settled rural with a dozen residents per square mile. Farming is the primary profession in the area, including Blackwood's family.

When she was in 7th grade, Blackwood's older brother, Ian, died by suicide. She told the group at the Roots to Resilience event that "depression took him from us." Ripples of grief impacted her, and she began to struggle with her mental health. She closed herself off socially, her grades fell, and she didn't have anybody to talk to about how she felt. Her father was also quietly struggling. His coping method for stress was alcohol, like many rural and frontier Kansans, and his

continued drinking led to divorce and physical health problems.

Blackwood's father is one example of Kansans who use substances to cope with mental health struggles. Drinking alcohol while working the land has become a more common practice among ag producers as a method of warding off negative thoughts during moments of isolation. It's also a form of instant gratification that helps people avoid their emotions, further compounding rural stigma about mental health and 'toughing it out.'

Per data from the American Farm Bureau Federation, 59% of rural adults say there is some stigma in the agriculture community about stress and mental health. Older men and teens are particularly at risk of depression or suicidal thoughts because of a tendency among those groups to bury feelings, not discuss them.

Blackwood, now a student at the University of Kansas, wants more farm and ranch families to talk to each other about mental health to eliminate stigma and avoid potential crises.

"You can't rub dirt in depression," she says. "One conversation can change someone's life so much."

In Pottawatomie County in northeast Kansas, Thomas Eisenbath is also opening tough conversations about rural mental health.

Eisenbath uses a phrase he coined, 'V-squared,' which stands for validation and vulnerability. It's his way of making it easy for farmers and ranchers to engage in those tough chats. A farmer and rancher himself, Eisenbath was named the Kansas Farm Bureau 2025 Rural Minds Matter Young Advocate of the Year for sharing his connections to mental health struggles and normalizing the conversation about seeking care throughout the ag community.

In an October 2025 article from the Kansas Farm Bureau, Eisenbath describes how his family's life changed when he lost an uncle to suicide in 1997. He was then motivated to become a louder voice for getting mental health assistance in rural areas. Part of the issue he discovered was a gap in coverage of mental health professionals across the state.

In a 2021 K-State Research and Extension article, behavioral health extension specialist Bradley Dirks used the phrase 'mental health desert' to describe rural and frontier Kansas because of sparse availability and distance required to connect with mental health experts.

At a November 2024 Standing in the Gap event hosted by NAMI-Kansas in Plainville, NAMI volunteer Tara Gwynn said Kansas has an average of one mental health care provider for every 450 residents. In frontier counties such as Rooks County in north-central Kansas, that figure is more like one provider per 4,000 people.

RESILIENCY, ADVERSITY, and KANSANS

Blackwood and Eisenbath are examples of how young Kansans are finding resiliency through open discussions about overcoming their adversities. Mental health professionals say there is more work to be done.

According to Esther Kency, crisis director for the Central Kansas Mental Health Center in Salina, three farmers have died by suicide in the agency's five-county region in north-central Kansas in the past three years. She notes that the actual number may be much higher because of an unwillingness for families to label their loved one's death as suicide. She and this reporter infer that some deaths have been labeled as farm accidents because of ongoing rural stigma related to suicide. More research and connections will be needed to gain more information about this trend.

As a result, Kency and her team have developed an outreach program specifically to provide ag producers in the region with more information and tools to manage their mental health. Seed and feed stores, local co-ops, and gas stations have free pamphlets available with helpful tips and contact information. As part of her work, Kency wears western boots that "aren't just for show"; they help connect her with her rural upbringing while also bridging gaps among communities.

“We are just your neighbors,” Kency says. “There’s not anything fancy or judgy about us. We just want to help people.”

Building common resiliency among rural and frontier Kansans was made more difficult during the pandemic. Lockdown conditions in 2020 fueled feelings of isolation among many people, including Rachael Clews’ sister, who was living alone and feeling intense depression at the time.

Thanks to Clews’ training in the QPR method (Question, Persuade, and Respond), she was able to help her sister overcome those feelings. Part of Clews’ work is to provide QPR training to others, including first responders and corporate groups.

“Mental health knows no demographics,” says Clews in Garden City. “It’s not based on gender, age, ethnicity, any of that stuff.”

Clews works as the family and consumer science specialist at the Kansas State University Research and Extension Southwest office. She helps oversee mental health care education across 26 counties in the southwest region of the state, most of which are classified as frontier or rural counties. For her, this work is personal, and she tries to be an open book about her experiences to reduce stigmas and help others.

Clews lives with Lyme disease, affecting her overall health. As a young woman she became extremely ill and was placed in the emergency room, taking her mental health on a downward spiral.

“I would be in so much pain that, my situation was, I would beg God to take me,” she says. “The thing that always stopped me was my family. But I was barking at God like, ‘But if you take me, they’ll eventually understand, and it’ll be better that way.’ It was a horrible existence, and I was able to come through that.”

A Texas native, she worked in the past at libraries in the Fort Worth area where she witnessed the emotional pain of others, particularly minorities, who sought community aid resources for things like nutrition and mental health. She observed how families often had physical health needs which impacted their day-to-day mental health and vice versa. In her current role, she’s able to provide people with information about how to protect and improve their health in a holistic way.

“I don’t think people really realize the connection between practically everything we do, or don’t do, and our mental health,” she says. “Relationships, addiction, work, all those things.”

Clews likes to remind people that southwest Kansas is a desert, not just environmentally, but because of a gap in resources like healthcare entities, childcare services, mental health services, and fresh local food.

The closing of small community grocery stores across the state contributes to those deserts, creating wider dietary gaps for families. Once local food access is lost, box chain stores enter the picture; Dollar General and Family Dollar are the two most common outlets. While those stores offer food, the selection doesn't always include fresh produce.

"You've got stuff that, in order to preserve it, it's high in salts, it's high in chemicals, which just helps exacerbate health issues," she says.

Access to fresh food is further exacerbated by distance, and Clews notes that many of the families she serves have only one vehicle, limiting how far they're able to travel for groceries. Clews infers that many rural and frontier Kansans have poor diets because of their location within a food desert, which in time affects one's mental health.

"If you're physically sick and can't do the things you want to, that's an emotional toll."

This reporter wishes to expand research on the connection between food deserts and mental illness in rural/frontier Kansas as part of continued work to close rural mental health care gaps.

EDUCATION and PUBLIC LIBRARIES

Part of Clews' job is hosting educational workshops for families and minority groups across southwest Kansas.

Her background working in libraries gives her lived experience observing how families struggling to obtain helpful resources visit public institutions for assistance.

Kansas schools and public libraries offer mental health education and programming for all ages. The Manhattan Public Library in Riley County is one example of how a library institution can provide mental health information free to the public. Librarians can link families in need with local resources, including NAMI-Flint Hills, Pawnee Mental Health Services, and the 988 Suicide and Crisis Hotline. Stickers, magnets, and pamphlets advertising the 988 hotline can be found at libraries and schools across the state.

Rural schools are often used as community meeting centers and event spaces; mental health fairs are becoming more common. The second Kansas Mental Health Summit was held in August 2025 at Fort Hays State University, further promoting connections between mental health care access and education facilities in rural and frontier counties.

In Clay County, Isabelle Blackwood sought comfort and built resilience through her peers. She joined the Future Farmers of America (FFA) program at her high school and was a member of Clay County Youth Leaders in Kansas (YLink), which received state recognition in 2024 for youth mental health advocacy. She is now a nationally recognized advocate for youth and rural mental health.

At the Roots to Resilience event, Blackwood said the pandemic caused more stress for children and parents, as all school districts in the state had to transition to emergency protocols in spring 2020. K-12 schools and higher learning institutions were closed, leaving families in a lurch amid a global health phenomenon. Some larger school districts resumed classes for 2021 with virtual and limited in-person options. Smaller districts were able to resume in-person operations faster because of the smaller population of the area served and fewer students overall.

In November 2021, the principals of Manhattan High School, Anthony and Eisenhower middle schools told the Manhattan-Ogden school board that more mental health professionals were needed to serve students and educators as the stress of the pandemic wore on.

Leaders of those three schools spoke about students having behavioral challenges coming out of the pandemic and how teachers were feeling strained from an increased workload. Manhattan-Ogden is one of many Kansas districts that now provides mental health and wellness options for staff, students, and families.

MINORITIES and FIRST RESPONDERS

Schools and libraries often serve as vital connections for people who are not native English speakers to find community resources in their language.

In large school districts like Manhattan-Ogden USD 383 and Garden City USD 457, up to 40 different languages are spoken by students and staff, meaning literature and resources must be translated for many kids. More than 200,000 households in Kansas speak Spanish primarily, making it the second most spoken language in the state.

In Garden City, Compass Behavioral Health offers mental health counseling and support for non-English speakers across the agency's 30-county service area. Compass officials also partnered with the Garden City Police Department to establish a mental health co-responder team, allowing for calm intervention of a mental health crisis while not exacerbating the situation by only having officers respond.

Interactions between law enforcement and minority groups can brew anxiety and lifelong stress. Stigmas exist for both entities separately, as well as combined, about mental health care and crisis prevention.

Minority groups often forego mental health care due to cultural norms. In Hispanic culture, many men adhere to a 'macho' attitude of ignoring emotional and physical pain to appear strong for their families. Younger generations of Spanish-speaking families may want to seek help or try to get their elders to accept care with little success. Thus, a cycle forms that this reporter has witnessed firsthand, where the stubborn machismo of elders influences the decisions of youth, and mental health needs get washed away with alcohol and other substances to cope.

More firsthand accounts are required to respectfully and completely share the mental health struggles of minorities in Kansas. For the purpose of elevating voices, additional connections and resources are needed to further document these stories as part of the NAMI Kansas mantra, ‘nothing about us, without us.’

Likewise, this is true for first responders. This reporter seeks more interviews with active and former emergency officials to better understand their stressors and mental health challenges.

Understandably, many first responders are not willing to share their lived experiences because of intense emotions associated with those memories as well as stigma. A respectful approach is necessary for additional reporting.

Through the Central Kansas Mental Health Center, Esther Kency has hosted mental health presentations for local first responders, including in her hometown of Bennington just north of Salina. Further outreach is planned in nearby counties.

This reporter has observed ripples in his own community following a first responder’s death by suicide. During the May 2007 Greensburg tornado aftermath, state and local responders poured into the area to search for survivors and clear paths through the debris. The go-to emergency spokesman during the disaster was Kansas Highway Patrol Technical Trooper Ron Knoefel.

Knoefel was a well-known law enforcement official in southwest Kansas. In 2011, he died by suicide, creating ripples that shook residents and colleagues across the state.

In future expanded reporting, this writer seeks time and resources to gain insight into the mental health struggles first responders quietly endure.

FAITH and SPIRITUAL STRENGTH

In times of crisis, rural and frontier Kansans often turn to their local faith leaders for guidance. According to NAMI Kansas data, one in four individuals seeking help for a mental health crisis will turn to their faith leader before seeking a clinical professional.

NAMI Kansas has hosted several Standing in the Gap community mental health summits for clergy and faith leaders in rural communities. At a Standing in the Gap event in Plainville in November 2024, local residents and church leaders expressed how they wanted to promote the conversation about mental health through free informational brochures available at local churches and community centers.

Doris Arwine is supportive of expanding mental health knowledge across Kansas. Arwine is a licensed clinical social worker and mental health counselor in Garden City. She operates In His Image Christian Counseling, a faith-based therapy service, with a full schedule of clients.

“When you are a practitioner in western Kansas, you see a little bit of everything,” she says. “You become a specialist and a generalist at the same time.”

Arwine has worked with a range of people, from first responders and immigrants to teachers and farmers. She’s even had priests as counselees. Most are seeking help with anxiety and depression. She says her faith has helped her through her own difficult times, including the death of her husband and family illness.

Mark Crist is a Methodist pastor who has served in Concordia in the north-central region and now lives in the Arma-Frontenac area of southeast Kansas. Crist grew up in Scottsbluff, Nebraska, and he witnessed his parents dealing with hardships during his childhood that were likely mental health-related but not identified as such.

“Mental illness was a big stigma in those days,” he says. “It still is but not like it was then.”

Crist says a trend he’s noticed societally and within some churches is a disregard for those living in poverty or near the poverty level, which itself breeds mental health challenges and adds to stigmas surrounding impoverished people.

A report highlighting this trend was released in 2024 by United for ALICE, United Ways of Kansas and Blue Cross Blue Shield of Kansas. The report includes data

about families that are considered Asset Limited, Income Constrained, Employed (ALICE). By 2022, about 312,000 households were ALICE, while more than 143,000 families were living below the federal poverty level.

The report states that financial burdens on ALICE families have “far-reaching physical and mental health implications including increased risk for depression, anxiety, chronic diseases, and mortality.”

As a therapist and a woman of faith, Arwine uses her own lived experiences to guide people through their crises. Her method is an inclusive one that looks at a person’s spiritual, emotional, and physical health. She says, in her experience, clients who lean on their faith to overcome mental challenges develop more resilience over time.

“There is a Bible passage: ‘He who refreshes others refreshes himself’ And that’s true,” Arwine says.

NONPROFITS and HEALTHCARE PROVIDERS

Nonprofit agencies and rural hospitals are some of the biggest sources of mental health access in sparsely populated areas of Kansas.

Even still, those entities have individual struggles to tackle while also providing care for Kansans. Rural hospitals have notably suffered from financial cutbacks

in recent years. Per a KLC Journal article from July 2025, 87% of Kansas hospitals are losing money annually. Of the 122 community hospitals, 26 are at immediate risk of closure. A list of the 26 at-risk hospitals is not available; however, six of the hospitals are in rural and frontier counties.

Those six facilities are:

- Centura Bob Wilson Memorial Hospital in Ulysses
- University of Kansas Health Systems Campus in Great Bend
- Kiowa County Memorial Hospital in Greensburg
- Rush County Memorial Hospital in LaCrosse
- Norton County Hospital in Norton
- Smith County Memorial Hospital in Smith Center

Further cuts could erode the public safety net in place to help thousands who are experiencing an addiction or mental health crisis.

Further reporting will be necessary to document the impacts of such cuts on rural hospitals and nonprofit agencies providing mental health care to sparsely populated regions of Kansas.

Nonprofit agencies exist in every region of the state to support individuals on their mental health care journeys. In southwest Kansas, Compass Behavioral Health serves a 30-county region, including Morton County. The Central Kansas Mental Health Center

serves Saline and surrounding counties, while the High Plains Mental Health Center serves Hays and all of northwest Kansas. The Southeast Kansas Mental Health Center has locations throughout the area, including Chanute, Fort Scott, Iola, and Yates Center.

Care providers are no strangers to their own feelings of depression and anxiety. Esther Kency at CKMHC in Salina says she's felt emotional burnout from her work, and that her animals at home help ward off negative emotions. Instances of healthcare worker burnout – mental and physical exhaustion among medical professionals – were reported throughout the duration of the pandemic.

BIG PICTURE, BIG SOLUTIONS

How does Kansas mental health compare with its neighboring states? And what's being done to 'stand in the gap' of mental health care access in rural and frontier places?

According to [Mental Health America's State of Mental Health in America 2025 report](#), Kansas ranks 18th in the nation for overall mental health prevalence, care and availability of support. To the south, Oklahoma ranked 17th in the country. Other surrounding states fell lower in the rankings; Nebraska came in 30th, Missouri was 36th, and Colorado was 41st in the U.S. for mental illness prevalence and care.

Kansas has risen in the mental health ranks from last place in the nation (51st) in 2023 in part because of recognition among state leaders that mental health care needed more investment and improvement.

As reported in a July 2025 KLC Journal article, the Kansas mental health task force recommended in 2018-19 that behavioral health services be expanded and enhanced, with an emphasis on simplifying access and providing more options for services, particularly in rural and frontier areas. In response, lawmakers provided funding to incorporate mental health resources in public schools and set a schedule for restoring grant funding for community mental health centers.

In 2018, the Mental Health Intervention Team was established to install mental health resources in schools. Under the program, school districts receive funding to employ liaisons to assist students with behavioral and mental health needs and connect them with local care providers. Of the 287 public school districts in Kansas, 87 are participating in the program as of summer 2025.

According to a 2024 intervention team report, the program received a \$4.5 million expansion of funding. More than \$13 million in state grants were awarded to districts for FY 2025. School districts keep 65% of the money received and pass on 35% to their local mental health providers. In addition, the 23 private schools that are part of the program received \$1.27 million for mental health support.

In 2021, Gov. Laura Kelly signed a bill establishing a new outpatient clinic model for localized behavioral health services. The certified community behavioral health clinic provides more access and support services via telehealth and in-home visits for those with mental health or substance use disorders. There are 26 such facilities located throughout the state, the majority of them grouped in eastern Kansas.

In far northeast Kansas, the Kanza Mental Health and Guidance Center provides 24/7 mobile crisis services to Brown, Doniphan, Jackson, and Nemaha counties. Compass Behavioral Health in southwest Kansas also provides 24/7 mobile crisis support, in tandem with their co-responder program partnered through Garden City Police. For the 105 counties in Kansas, 11 agencies provide mobile crisis response.

The shortage of crisis beds in the state is also being addressed. A waiting list exists for beds at Larned and Osawatomie state hospitals. Larned has 100 beds while Osawatomie has 176 beds, and all are typically full. The 2019 task force report recommended the addition of 221 beds to accommodate statewide needs.

A new state psychiatric hospital coming to Sedgwick County should help alleviate lengthy wait times. Sedgwick County commissioners voted in 2024 to build a hospital with a capacity of 100 beds. The South Central Regional Psychiatric Hospital will be in south Wichita, serving what officials have referred to as a “health desert.” It’s set to open in 2027.

More personalized methods of ‘standing in the gap’ can be found in the state’s rural and frontier locations. In Morton County, health department officials and community members established the Morton County Community Coalition in 2020 with local mental health as a priority. In 2022, Kansas Lt. Gov. David Toland awarded the Rural Choice Champion grant to establish three mental health resource centers in that county.

The three kiosks are small, private buildings with a direct phone line connecting to the 988 National Suicide and Crisis Hotline. One is located in Elkhart next to the health department, one is in the community of Richfield, and the third is in Rolla. All are accessible 24 hours a day and visible from main roadways. Inside the kiosks include informational brochures about mental health care and crisis options. The center in Richfield also includes a defibrillator and Naloxone anti-opioid treatment.

On September 27, 2025, the Morton County Community Coalition hosted its first-ever benefit concert to raise awareness and support for mental health issues in the area. More than 150 people attended the concert and had the opportunity to bid for a wide variety of silent auction items, all to support the coalition’s work.

Implementation of the 988 crisis hotline has also helped Kansas improve its mental health care access. The 988 hotline was established nationwide and in

in Kansas in 2022. According to a January 2026 report from the Kansas 988 Coordinating Council, the state saw a steady increase in call volume, from 2,751 in January 2025 to 3,796 in October 2025. For the 2026 legislative session, the 988 council recommends Kansas lawmakers increase the budget for hotline operations and crisis services from the current \$10 million cap to \$13 million, or by adding supplemental revenue sources or a telecommunications fee.

The council also recommended continuing its existence through summer 2026 to continue overseeing the program. Continuing challenges for the 988 program include call center staff turnover and integration of new phone systems as technology improves. Additionally, the Kansas Department of Aging and Disability Services (KDADS) is creating a 988 coordinator position to facilitate protocol development and training between 988 call centers and 911 dispatchers. All 988 centers are independently operated and receive funding from KDADS.

SUMMARY/EPILOGUE

Though many solutions exist across Kansas, the gap in rural mental health care remains – but it is shrinking with more access to resources and more community events to raise awareness.

One thing that will remain is the vulnerable nature of life in Kansas. Lane County farmer Vance Ehmke summed up his experiences, positive and negative,

about the 2025 harvest in a January newsletter, encapsulating some of the stress felt by ag producers. This is an excerpt from his email:

So how did 2025 turn out? Actually, here on our farm things turned out pretty well. And that was in spite of commodity prices being way below cost of production. So what did we do right? Well, it wasn't anything we did, it was because we and other farmers in this area had a very wet year and crop yields were career high.

On a broader scale, our Scott City accountant says because of super high yields, his farm clientele had an "OK" year and not much better than that. But if you were not in this wet area and did not have the yields, '25 was not a very pleasant experience and, for many, it was a very painful experience. For instance, instead of 150-bushel dryland corn, I talked to farmers in NW Kansas and SW Nebraska whose corn got up 3 foot tall... and died... because of severe drought.

And on an even broader scale, that coincides with what Kansas State University says about the declining farm financial situation. In '21, just 4% of KS farmers had negative farm incomes but by '24, that number had jumped to almost 30%. The figures are not in yet for '25, but the outlook for '26 is very worrisome. In a national survey of ag lenders, 93% expect farm debt to increase this year and 70% say they're very worried about grain profitability.

In short, farmers and ranchers in Kansas, and indeed across the nation, will continue to feel vulnerable because of increasing financial worries and ever-present weather-related threats, making discussions about improving rural mental health infrastructure more necessary.

While working on this report, this journalist learned that starting the conversation about individual mental health is the hardest part for rural/frontier Kansans. There are many more people whose voices have still gone unheard. This writer seeks to continue elevating those voices ('nothing about us, without us') for the sake of understanding rural and frontier mental health.

With continued efforts across the spectrum, Kansans of all ilks can serve as a bridge for local mental health needs, effectively standing in the gap to help others find care and support.

“Sharing our love and our gifts with any who join us on our roam, enlightenment comes to let us know, we’re all just walking each other home.” -Ram Dass

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About the writer: A.J. Dome

A Kansan with a family history of ranching in the Barber County hills and farming in rural Rush County, A.J. Dome has lived throughout the Sunflower State, from his childhood home in Comanche County to Topeka for college. He is currently a contributor to the Kansas Leadership Center's publication, *The Journal*, after spending a decade working across radio, television, and print media. A.J. is also a published poet, with his collection of pandemic poetry titled 'Six Feet Apart' available online. He lives in Garden City with his family. During spring months, you can find A.J. on the road in search of thunderstorms.



**You are not alone. If you or
someone you know is
experiencing a mental health
crisis or requires additional
services, call the NAMI Kansas
Helpline at 1-785-214-4496, or
text “NAMI” to 741741 or dial 988
for immediate crisis support.**

