

How do we support youth mental health in our communities?

Let's Talk, Marathon County

According to the Surgeon General of the United States, we are facing a national crisis in youth mental health. Although the pathway from childhood to adulthood is never easy, the challenges facing young people today are unprecedented, difficult to navigate, and continue to significantly impact the mental wellbeing of our youth.

Mental health is shaped by biological factors such as brain chemistry and genes and by environmental

factors such as interactions with family and peers, conditions at school or in the community, and broader social trends and policies.

In addition, young people are saturated with messages through social media telling them they do not measure up in terms of looks, popularity, talent, and status—eroding their sense of self-worth. Combined with stressful real-world issues, youth report feeling more anxiety and emotional turmoil than ever before.

Responses to COVID-19 magnified pre-existing challenges. Since the pandemic, rates of psychological distress have significantly increased, and the effects have been most dramatic among vulnerable populations, including those with disabilities, racial and ethnic minorities, LGBTQ+ youth, and other marginalized youth.

What can communities, organizations, families, and youth do to improve the mental health and wellbeing of young people in Marathon County? This issue guide looks at three approaches to addressing youth mental health. While the options may have some overlap, they exemplify different ways of thinking about how to solve this problem. Each approach offers advantages as well as downsides.

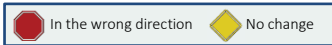
- Which strategies do we prioritize to help youth manage increasing rates of distress, anxiety, and depression?
- How do we call attention to the challenges facing our youth without stigmatizing those who struggle with mental health issues?
- Whose responsibility is it to provide information and resources to improve youth mental health?

- *Suicide is the 2nd leading cause of death among adolescents. 22% of high schoolers seriously considered suicide during the past year. 30% of females, 14% of males, and 45% of LGBTQ+ students (compared to 14% of heterosexual students) seriously considered suicide.*¹
- *42% of high school students felt so sad or hopeless almost every day for at least two weeks in a row that they stopped doing their usual activities. 57% of female students (compared to 29% of male students) and nearly 70% of LGBTQ+ students (compared to 35% of heterosexual students) experienced persistent feelings of sadness or hopelessness.*²
- *16% of high school students were bullied on social media with females experiencing electronic bullying more than males. Nearly one-quarter of LGBTQ+ students were bullied at school and nearly 30% were electronically bullied, which is twice the rate of bullying of their heterosexual peers.*³
- *During the pandemic, more than half (55%) of youth in America reported experiencing emotional abuse by a parent or other adult in the home, including swearing at, insulting, or putting down the individual. 11% of high school students experienced physical abuse by an adult in the home, including hitting, beating, kicking, or inflicting physical pain.*⁴

National Mental Health and Suicidality Variables for High School Students

| The Percentage of High School Students Who:* | 2011 Total | 2013 Total | 2015 Total | 2017 Total | 2019 Total | 2021 Total | Trend |
|---|------------|------------|------------|------------|------------|------------|-------|
| Experienced persistent feelings of sadness or hopelessness | 28 | 30 | 30 | 31 | 37 | 42 | |
| Experienced poor mental health† | - | - | - | - | - | 29 | - |
| Seriously considered attempting suicide | 16 | 17 | 18 | 17 | 19 | 22 | |
| Made a suicide plan | 13 | 14 | 15 | 14 | 16 | 18 | |
| Attempted suicide | 8 | 8 | 9 | 7 | 9 | 10 | |
| Were injured in a suicide attempt that had to be treated by a doctor or nurse | 2 | 3 | 3 | 2 | 3 | 3 | |

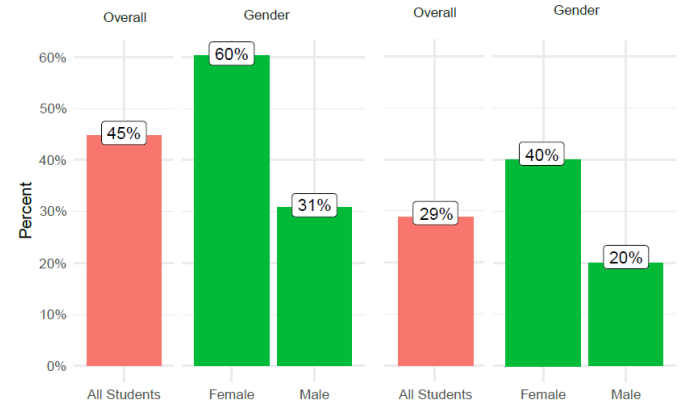
Source: CDC, Youth Risk Behavior Survey Data Trends & Summary Report: 2011-2021.



Marathon County Students Experiencing Anxiety and Depression

Students who experienced significant problems with anxiety (past 12 months)

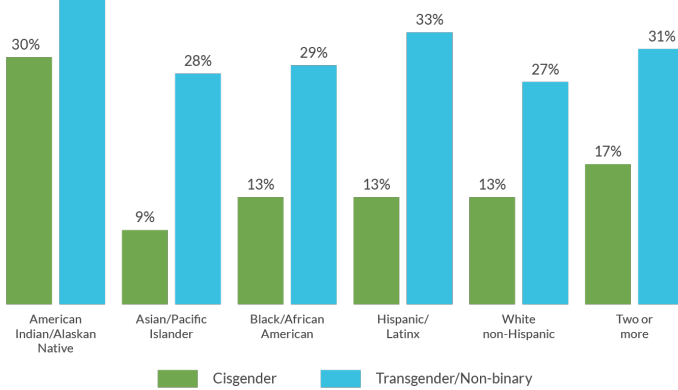
Students with prolonged, disruptive sadness (past 12 months)



Source: Marathon County 2021 Youth Risk Behavior Survey Results (High School Version)

LGBTQ Suicide Attempts by Race/Gender (US)

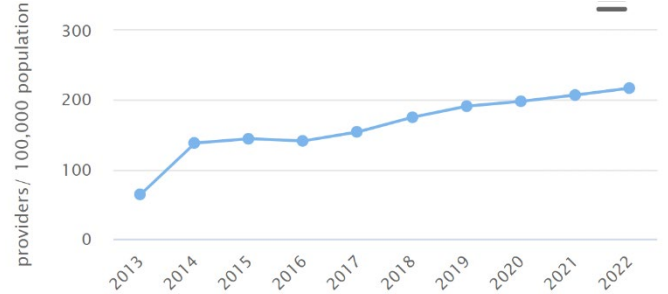
Portion of LGBTQ Youth Who Reported a Past-year Suicide Attempt



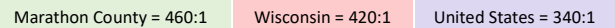
Source: <https://www.thetrevorproject.org/research-briefs/suicide-attempts-among-lgbtq-youth-of-color>

National, State, and Local Mental Health Providers

US Mental Health Provider Rate



Ratio of population to mental health providers

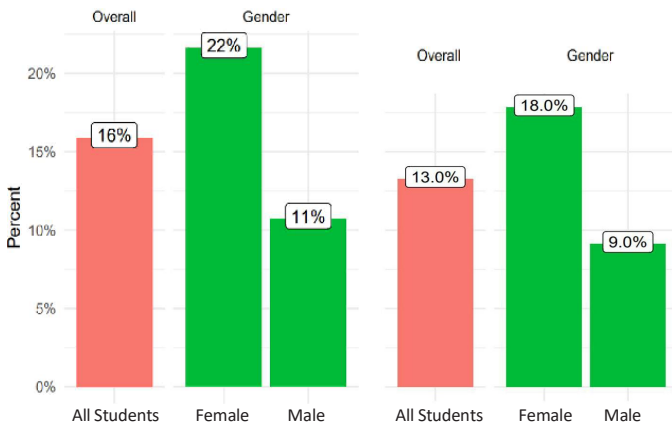


Sources: Centers for Medicare and Medicaid Services, National Provider Identification; University of Wisconsin Population Health Institute. County Health Rankings National Findings Report 2023.

Marathon County High School Students Who Considered and Planned Suicide

Students who seriously considered suicide (past 12 months)

Students who made a plan for a suicide attempt (past 12 months)

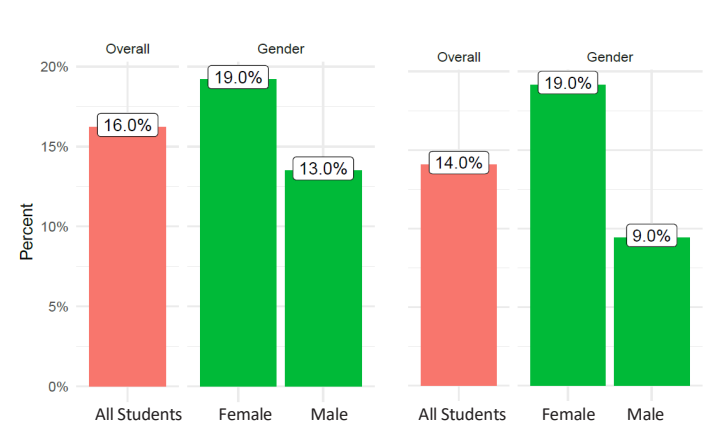


Source: Marathon County 2021 Youth Risk Behavior Survey Results (High School Version)

Marathon County Student Bullying

Students who experienced bullying at school (past 12 months)

Students who experienced bullying online (past 12 months)



Source: Marathon County 2021 Youth Risk Behavior Survey Results (High School Version)

Approach One: Build community support

Because mental health challenges faced by our youth are complex and can stem from a variety of social, economic, and environmental factors, this approach suggests that they are most effectively addressed by community-based actions. This means local government, schools, non-profit organizations, health systems--and even private employers--must work together to be part of the solution. Only by joining together, pooling and prioritizing resources, and following carefully thought out plans can we realistically hope to address the changes required to support our youth. This approach suggests that communities have both a responsibility and an opportunity to invest in strategies that minimize barriers to accessing basic needs, including services that will improve the overall mental wellbeing of our youth.

A Primary Drawback

Communities cannot practically address all of the factors that influence the mental health and wellbeing of our youth. Prioritizing resources will be extremely challenging, and it may be difficult to support long term investments that do not produce immediate results.

| Actions | Drawbacks |
|--|---|
| Prioritize a youth-centered public awareness campaign to reduce stigma and normalize seeking help to address mental health issues. | This would take significant coordination of resources, and it is unclear whether public awareness campaigns are effective in impacting mental health. |
| Encourage businesses, nonprofits and local government to work together to write grants to increase the depth and breadth of youth mental health services in Marathon County. | Some believe that youth need less professional intervention and more involvement in healthy activities at home, in church and in the community. |
| Develop a case management approach to track and follow up with mental health patients to ensure no one falls through the cracks. | This would require an unprecedented level of cooperation among health systems and professionals, including use of a sophisticated tracking platform. |
| Expand the psychiatry residency program in Central Wisconsin to bring a larger pool of psychiatrists and other mental health professionals to our area. | Just because people train in the area does not guarantee that they will stay and practice here. |
| Work on preventive solutions such as investing more community resources in high quality childcare and in early childhood services and education. | It can be difficult to convince people to invest in long-term solutions even when they provide a larger return on investment. |

Other actions to consider . . .

Other drawbacks to consider . . .

Approach Two: Support the most vulnerable

This approach emphasizes focusing more resources on the youth who are particularly vulnerable to mental health issues. Like other areas of Wisconsin, Marathon County has disparities in mental health care and outcomes. People with different backgrounds and experiences face differences in screening, diagnosis, treatment, and outcomes for mental health. These differences are closely linked with social, economic, and environmental factors such as race, gender, sexuality, and where people live, among others. Perceptions of individuals and groups can positively or negatively affect how youth are treated by their peers and their community. When youth experience a sense of belonging, and feel affirmed in their self-worth, they are less likely to need mental health services. By contrast, stigmas surrounding who they are, where they live, or how they identify can make it difficult for some to receive the help they need. By allocating mental health resources according to need, we can ensure that the most at-risk youth do not slip through the cracks.

A Primary Drawback

Focusing resources on those who are perceived as more vulnerable can cause resentment, and further stigmatize these individuals, making them less likely to seek and accept help.

| Actions | Drawbacks |
|---|--|
| Encourage schools to create and normalize supervised peer affinity groups* to address the needs of the most vulnerable students. | Allocating resources for a few targeted groups may cause resentment given that many “mainstream” students also struggle with mental health issues. |
| Invest more resources in community-based care services for youth with long-term conditions (e.g., bipolar disorder, chronic depression, schizophrenia, autism, etc.). | Prioritizing the most challenging diagnoses would dilute resources for the majority who are dealing with lesser, but still impactful mental health issues. |
| Assign community health workers to help underserved (e.g., rural, disadvantaged, and ethnically diverse) families and youth navigate access to mental health resources. | Although the growth of community health workers and navigators has shown positive impact in underserved communities, the sustainability of funding is uncertain. |
| Recruit mental health professionals who have cultural competency and can offer counseling services in languages relevant to Marathon County such as Spanish and Hmong. | The pool of bilingual qualified therapists is small. Therefore, recruitment may be more expensive and possibly unsuccessful. |
| Increase public school staff cultural competency in order to promote greater cultural awareness and address bias against disadvantaged students. | Adding more responsibility to staff might detract from the primary mission of preparing students for college and the workforce. |
| Other actions to consider . . . | Other actions to consider . . . |

*Affinity groups are made up of individuals who share a common identity characteristic such as race, ethnicity, sexuality, disability, etc.

Approach Three: Empower youth and families

This approach builds on the idea that youth and families must be strengthened and supported in order to improve mental health and wellbeing. Some argue that changing family values and structures, along with the advent of social media, have been harmful to young people’s ability to address problems in healthy and constructive ways. Traditional mentor roles now frequently compete with alternative sources of information and guidance such as bloggers, influencers, and armchair experts. Digitization of social spaces has sheltered youth from face-to-face interactions while creating never ending pressure to conform to others’ narratives and opinions. This approach suggests that we support youth and families with the tools for success beginning in early childhood. Encouraging activities that support stronger families and resilient youth are critical to addressing overall mental health and wellbeing.

A Primary Drawback

Families cannot do it alone. Many are not equipped either with adequate information or resources to provide youth with the support they need to navigate a complex social environment.

| Actions | Drawbacks |
|---|---|
| Because youth mental health is linked to the wellbeing of the family, offer more support for caregivers facing depression, domestic violence, substance use, and lack of basic needs. | This would require significant long-term investment and may face challenges if the return on investment is not immediately apparent. |
| Build emotional regulation, self-discipline, and personal development into existing health curricula at school. | Adding requirements to existing curricula means reducing important content in other areas. Something will have to “give.” |
| Support school districts in making structural changes that support students’ wellbeing, such as a later start to the school day. | This may cause higher bus/transportation costs for school districts. Students involved in after school extracurricular activities may miss more school on event days. |
| Provide parents/guardians with evidence-based information related to youth mental health such as talking tips around substance use and addiction. | Distributing this information to effectively reach all parents and guardians would be challenging. |
| Work with schools, churches, and youth-serving organizations to prioritize family-centered activities including playtime, sports, music, and cultural activities, etc. | Many working families are overwhelmed with responsibilities and have neither the time nor resources to take advantage of more activities. |

Other actions to consider . . .



Other drawbacks to consider . . .

Using the issue guide

This issue guide presents three approaches or alternatives to encourage constructive dialogue and avoid the polarizing talk which is so common today. Each approach is based on a shared concern and poses different strategies for addressing the problem. The approaches offer potential drawbacks or trade-offs inherent in each action.

You are not required to accept any one approach. You might find that you support parts of each approach while disagreeing with other parts. You are also not bound by what is in this guide. In other words, if you believe there is a relevant action that could be taken to address the problem, you are encouraged to share it with the group.

Ground Rules

- **Everyone is encouraged to participate.**
- **Maintain an open and respectful atmosphere.**
- **Listening is just as important as speaking.**
- **No one or two individuals should dominate.**
- **Consider all options and ideas fairly.**
- **Focus on the actions we can take in our communities.**

Dialogue Agenda

1. Introduction

Review ground rules.
Introduce the issue.

2. Connect to Issue

Think about how the issue affects you personally, your family, or your friends.

3. Consider Each Option

Consider each approach one at a time.
Allow equal time for each.

- What is attractive?
- What about the drawbacks?

4. Review and Reflect

Review the conversation as a group.

- What areas of common ground were apparent?
- What tensions and trade-offs were most difficult?
- From whom else do we need to hear?

Citations

¹ Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Trends & Summary Report: 2011-2021.

² See above citation.

³ See above citation.

⁴ See above citation.

⁵ <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>. Accessed November 3, 2023.

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