



## KEY FINDINGS

# LET'S TALK, MARATHON COUNTY

## How Do We Support Youth Mental Health In Our Communities?

### Youth Mental Health Deliberative Dialogues

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## BACKGROUND

### GOALS OF LET'S TALK, MARATHON COUNTY

In the fall of 2023, the Wisconsin Institute for Public Policy (WIPPS) launched the Let's Talk, Marathon County project.<sup>1</sup> Like much of America, Central Wisconsin is beset by political division, magnified by digital media, which often portrays citizens in a constant state of disagreement around public issues with a shrinking middle ground. Social and popular media offer podiums to the loudest, most persistent voices, which typically represent the opposite poles of the political spectrum. However, research shows that most Americans do not fall neatly into one political party or ideology.<sup>2</sup>

Let's Talk, Marathon County is aimed at fostering constructive conversations among residents on a variety of public issues. It aims to give a voice to those whose thoughts and ideas have been overshadowed by dominant and polarizing narratives. By bringing together individuals from different backgrounds and viewpoints, this program seeks to create an inclusive space where all voices are heard, valued, and respected. The broader goals of Let's Talk, Marathon County are:

1. **Create spaces for residents of central Wisconsin to address issues that matter in a civil and constructive manner.**
2. **Build and sustain a community culture of civil dialogue around important issues.**
3. **Improve feelings of trust among fellow residents despite differences in viewpoints.**
4. **Train local facilitators with capacity to moderate future deliberative dialogues.**

Let's Talk, Marathon County was selected as one of 32 grantees for the Healing Starts Here initiative, a nationwide effort to address and understand divisive forces in communities and promote healing. This initiative is fully funded by New Pluralists, an organization committed to helping Americans recognize our shared humanity, embrace our differences, and solve challenges together.<sup>3</sup> WIPPS was chosen from a pool of almost 800 applicants, and no taxpayer dollars were used for this project.

### WHAT ARE DELIBERATIVE DIALOGUES?

The Let's Talk conversations use a deliberative dialogue process to facilitate conversations among community members. Deliberation—sometimes called “choice work”—is a way for the public to weigh together various approaches to solving problems and find courses of action consistent with what communities and individuals hold valuable. Deliberation is more than simply raising and discussing important issues in a public setting. Genuine public deliberation is a thoughtful public process by which communities and stakeholders learn from one another and strive to come to judgment together about real policy matters.<sup>4</sup>

This form of public dialogue is not far removed from what citizens, including elected officials, routinely do every day. However, constructive dialogue is frequently drowned out by incivility and hyper-politicization of issues in public spaces. Advocates of deliberation seek to grow the practice so that public deliberation becomes a healthy and realistic way to create spaces for individuals and communities to work through complex issues and come to common ground on difficult policy choices. Deliberation is, therefore, public work—that is, work by the public, for public purposes.

<sup>1</sup> <https://wipps.org/lets-talk/>

<sup>2</sup> <https://www.pewresearch.org/politics/2021/11/09/beyond-red-vs-blue-the-political-typology-2/>

<sup>3</sup> <https://newpluralists.org/>

<sup>4</sup> See, for example, Yankelovich, Daniel, and Will Friedman, eds. *Toward Wiser Public Judgment*. Vanderbilt University Press, 2010. <https://doi.org/10.2307/j.ctv17vf70s>.

While public deliberation will not address or solve all community problems (nor erase fundamental conflicts in values), it remains an important component of healthy democratic practice and an avenue for residents to become involved in public policy. It also offers a vehicle for individuals to learn more about complex issues and the real tradeoffs that different approaches to community problems entail.

### SELECTING THE LET’S TALK, MARATHON COUNTY PANEL

The Let’s Talk team assembled a participant panel of 94 community members from across Marathon County to meet in small groups of approximately 10 people over the course of two years and to engage in conversations about public issues. The conversations will focus on several topics or issues, starting first with the topic of *How Do We Support Youth Mental Health in Our Communities?* The goal was to select a panel of community members who reflected a range of political affiliations and ensured geographic representation of residents from rural and urban areas of the county, as well as a cross-section of demographic characteristics. The following process was used to populate the Let’s Talk panel:

- A community-wide public marketing campaign was launched in the spring of 2023. Interested individuals were asked to sign up via an online application. In addition to collecting the individual’s name, the application also asked standard demographic questions, including the individual’s political leaning. Following this campaign, we received 259 unique applications.<sup>5</sup>
- Following the initial recruitment, a random selection process (weighted by political leaning to ensure balance) was used to whittle down the list to 127 candidates. A follow-up survey was sent via email to the 127 remaining candidates to verify that they were residents of Marathon County. We received valid and affirmative responses from 91 of the 127 candidates. Additional recruitment was also used to help increase the diversity in the panel which resulted in the addition of three more panelists. These 94 individuals comprise the Let’s Talk Panel (and is close to the initial goal of 100 panelists).

The table on the following page shows the political affiliation, geographic residence, and demographic characteristics of the Let’s Talk panel, along with the characteristics of the panelists who participated in youth mental health deliberative dialogues. The self-reported political affiliation of the 94 Let’s Talk panelists reflected a distribution of approximately 30% liberal, 40% moderate, and 30% conservative. In creating these categories, we aggregated responses as follows:

**Table 1. Let’s Talk Panel Political Affiliation Categories**

Aggregation of Self-Reported Leaning							
Liberal		Moderate				Conservative	
Very liberal	Moderately liberal	Slightly liberal	Middle of the road	Neither liberal nor conservative	Slightly conservative	Moderately conservative	Very conservative

The panel reflected a geographic distribution of approximately 70% urban and 30% rural.<sup>6</sup> Slightly more than half (53%) of the panelists selected “woman” as their gender; 42% selected “man,” with 5% selecting “other.”<sup>7</sup> About 25% of the panelists were age 60 and up (20% of the county population is age 65 and up). The vast majority of the panelists were white (84%), which is similar to the county population (87%).<sup>8</sup> Four percent (4%) were Asian and six percent (6%) reported Hispanic or Latino ethnicity, comparable to county-level population data (4%). Overall, the Let’s Talk panelists reflected higher educational attainment in comparison to the county as a whole, with about 20% of the panelists having a master’s degree or professional degree compared to about 8% in the county’s population.

<sup>5</sup> This number reflects the total individuals after the registration data were cleaned to remove possible spam.

<sup>6</sup> This distribution reflects approximate population density in Marathon County by Census Tract.

<sup>7</sup> The percentage is rounded to the nearest whole number.

<sup>8</sup> <https://www.marathoncountypulse.org/index.php?module=DemographicData&controller=index&action=index>

**Table 2. Let's Talk Panel Characteristics Compared to Deliberative Dialogue Participants\***

	Let's Talk Panel	Let's Talk Panel	Dialogue Participants	Dialogue Participants
	N	%	N	%
	<b>94</b>	<b>100</b>	<b>54</b>	<b>100</b>
<b>Political Affiliation</b>				
Liberal	28	30	15	28
Moderate	39	41	24	44
Conservative	27	29	15	28
<b>Geography</b>				
Urban	67	71	37	68
Rural	26	28	16	30
No response	1	1	1	2
<b>Age</b>				
16-20	1	1	1	2
21-29	9	10	2	4
30-39	19	20	9	17
40-49	16	17	10	18
50-59	12	13	7	13
60-69	17	18	11	20
70+	16	17	12	22
Prefer not to answer/no response	3	3	2	4
<b>Gender</b>				
Woman	50	53	30	56
Man	39	42	21	39
Other	3	3	2	4
Prefer not to answer/no response	2	2	1	2
<b>Race (Select all that apply)</b>				
Alaskan, American Indian, Indigenous, or Native American	5	5	2	4
Asian	4	4	3	6
Black or African American	2	2	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
White	79	84	46	85
One or more not listed	1	1	0	0
Prefer not to answer/no response	6	6	3	6
<b>Ethnicity</b>				
Hispanic/Latino	6	6	3	6
Not Hispanic/Latino	84	89	49	91
Prefer not to answer/no response	4	4	2	4
<b>Highest Level of Education</b>				
Some high school	1	1	1	2
High school graduate/GED	9	10	5	9
Nontraditional education	0	0	0	0
Trade school	1	1	0	0
Some college, no degree	15	16	11	20
Associate degree	14	15	7	13
Bachelor's degree	23	24	10	19
Master's degree	18	19	13	24
Professional degree	5	5	2	4
Prefer not to answer/no response	8	9	5	9

\*Demographics were not collected for the youth dialogue participants (N=39). Percentages may not equal 100% due to rounding. For race/ethnicity, numbers may be larger than the groups sample size because participants were asked to select all options that applied to them.

## YOUTH MENTAL HEALTH DELIBERATIVE DIALOGUES

Six deliberative dialogues were conducted focused on the topic of *How Do We Support Youth Mental Health in Our Communities?* These six dialogues were held in three locations in Wausau, as well as one each in Marathon City and Mosinee; one dialogue was held virtually. Within each dialogue, the goal was to include approximately 10 Let’s Talk panelists (or 60 total participants). In addition, each dialogue was structured to reflect a distribution of approximately 30% liberal, 40% moderate, and 30% conservative participants. With 10 participants for each dialogue, therefore, the goal was to include 3 liberal, 4 moderate, and 3 conservative-leaning individuals. To accomplish this, the 94 Let’s Talk panelists were divided into three groups according to the panelists’ self-reported political affiliation. Each of the three groups was sent a unique dialogue sign up link with the dates of the various sessions. This allowed participants to choose a date and location convenient to them while allowing the project team to control for political affiliation within each dialogue.

During this round of deliberative dialogues, a total of 61 of the 94 Let’s Talk panelists registered to participate; after accounting for cancelations and no-shows, a total of 54 individuals participated in one dialogue. As shown in Table 2, based on demographic characteristics, the 54 participants were not materially different from the Let’s Talk panel as whole. Panelists who were unable to participate will have a chance to do so in the next round of deliberative dialogues. As a recruitment incentive and as a token of appreciation for their time, each participant received a \$100 gift card.

An additional three deliberative dialogues were held with 39 high school students as part of the Central Wisconsin Area High School Leadership Program, bringing the total number of dialogues in this round to nine and the total number of participants to 93. Participating youth represented DC Everest Senior High, Marathon High School, Mosinee High School, Wausau East and West High Schools, Northland Lutheran High School, and Newman Catholic High School. Data on student demographic characteristics was not collected. The next round of dialogues is planned for the spring of 2024.

**Table 3. Youth Mental Health Deliberative Dialogue Participants**

Community Member Deliberative Dialogues						
Political Affiliation	Panelists	%	Registered for Dialogue	Percent	Participated in Dialogue	%
Liberal	28	30%	18	30%	15	28%
Moderate	39	41%	25	41%	24	44%
Conservative	27	29%	18	30%	15	28%
<b>Total</b>	<b>94</b>	<b>100%</b>	<b>61</b>	<b>100%</b>	<b>54</b>	<b>100%</b>
Youth Deliberative Dialogues						
					<b>39</b>	<b>100%</b>
<b>Total Participants</b>					<b>93</b>	<b>100%</b>

## THE ISSUE GUIDE

In order to structure the dialogues, the project partners created a detailed issue guide that “named and framed” this topic (see Appendix B). The issue guide was provided to the participants at each dialogue and consisted of background information on the topic, including a curated page of national, state, and county statistics on youth mental health. In addition, the issue guide outlined three potential approaches for supporting youth mental health: (1) build community support; (2) support the most vulnerable; and (3) empower youth and families.

For each of the three approaches, the issue guide provided possible actions as well as possible drawbacks or tradeoffs. Trained moderators facilitated the dialogues by carefully examining each approach, including weighing trade-offs among the action items and identifying areas of tension as well as common ground. A public note-taker assisted in recording the results of the dialogues. At least one formal observer was present at each dialogue to capture key themes and takeaways as well. The dialogues were conducted in person and were scheduled for approximately 120 minutes (one session was held virtually).

## EVALUATION APPROACH

There were three components to the evaluation of the initial round of dialogues: (1) a post-dialogue survey was administered to all of the participants at the conclusion of each dialogue in order to get feedback on the dialogue process from the participants' perspective; (2) detailed summaries were prepared of each individual dialogue in order to document the content and nature of each group's discussion and to identify key themes across dialogues; and (3) a focus group was conducted with members of the Let's Talk project team in order to identify areas to improve in future rounds of deliberations. This report, *Let's Talk Key Findings—Youth Mental Health Deliberative Dialogues*, includes the findings from the post-dialogue survey and the key themes across dialogues. A supplemental report, *Let's Talk Supplemental Report—Youth Mental Health Deliberative Dialogue Summaries*, includes the individual dialogue summaries. An internal report of the focus group discussion, *Let's Talk Focus Group Findings—Lessons Learned from Youth Mental Health Deliberative Dialogues*, was prepared for the Let's Talk project team for the purposes of process evaluation and improvement.

## MENTAL HEALTH RESOURCES

At several of the dialogues, participants expressed interest in receiving more information about mental health resources that are available in the community. As a courtesy to readers, we have provided these links for those interested in more information about local and national mental health-related resources.

### LOCAL

- Mental Health Resources Marathon County - [https://www.naminorthwoods.org/wp-content/uploads/sites/188/2023/05/Resource-Guide\\_Mental-Health-Resources\\_Marathon-County.pdf](https://www.naminorthwoods.org/wp-content/uploads/sites/188/2023/05/Resource-Guide_Mental-Health-Resources_Marathon-County.pdf)
- North Central Health Care - <https://www.norcen.org/services/mental-health/youth-resources/>
- NAMI Northwoods - <https://www.naminorthwoods.org/>

### NATIONAL

- Alliance for Safe Kids - <https://allianceforsafekids.org/>
- Born This Way Foundation - <https://borthisway.foundation/>
- Eating Disorder Hope - <https://www.eatingdisorderhope.com/treatment-for-eating-disorders/eating-disorder-hotlines>
- Go Ask Alice! - <https://goaskalice.columbia.edu/>
- Herren Project - <https://herrenproject.org/>
- International Association for Suicide Prevention - <https://www.iasp.info/suicidalthoughts/>
- Love is Respect - <https://www.loveisrespect.org/>
- Mental Health America - <https://mhanational.org/>
- Mental Health Literacy - <https://mentalhealthliteracy.org/>
- National Eating Disorders Association - <https://www.nationaleatingdisorders.org/get-help/>
- National Institute of Mental Health - <https://www.nimh.nih.gov/get-involved/digital-shareables/shareable-resources-on-child-and-adolescent-mental-health>
- Resources to Recover - <https://www.rtor.org/youth-mental-health-project/>
- Substance Abuse and Mental Health Services Administration - <https://www.samhsa.gov/school-campus-health/behavioral-health-resources-youth>
- Teen Help - <https://www.teenhelp.com/>
- Teens Health - <https://kidshealth.org/en/teens/your-mind/>
- The Youth Mental Health Project - <https://www.heypeers.com/organizations/584>
- The Trevor Project - <https://www.thetrevorproject.org/>
- You Matter - <https://youmatter.988lifeline.org/>

## PARTICIPANT FEEDBACK – SURVEY RESULTS

At the conclusion of each deliberative dialogue, participants were asked to complete a brief, 20-question survey about their experiences engaging in the deliberative dialogue. The questions were designed to gather information about whether the dialogues expanded participants’ views on the issue; helped them consider tradeoffs and solutions; increased appreciation for diverse viewpoints; and increased interest in engaging in community issues. A QR code was available at the dialogue to allow participants to scan and complete the survey on their devices, and paper copies were also available. Participants in the virtual dialogue were provided with a survey link.

In this section of the report, we summarize the key findings from the post-dialogue surveys for the Let’s Talk community member and youth dialogues. Each table summarizing the survey responses provides separate rows for the community members as well as for the youth participants. For reference, community member responses are further separated into rural versus urban respondents. Although the data in the tables can be used to observe the general patterns of responses, given the relatively small sample sizes, we often combined response categories when discussing results. In addition, tests of the statistical significance of the differences between groups were not conducted. Therefore, we do not make direct comparisons of the differences between the community member versus youth respondents, or for the urban versus rural respondents. It is unlikely that the results in any one cell are significantly different from the results for that same cell for another group. As such, the data should not be used to draw conclusions about the magnitude of differences between urban versus rural respondents or community members versus youth participants. Responses to two open-ended survey questions are included in Appendix A.

### SURVEY RESPONSE RATES

Table 4 below shows the survey response rates for the community member and youth dialogues. Overall, 98% of community member participants completed the survey and 87% of youth participants completed the survey.

**Table 4. Youth Mental Health Deliberative Dialogues – Participant Survey Response Rates**

Community Member Deliberative Dialogues			
Political Affiliation	Dialogue Participants	Completed Post-Dialogue Surveys*	Response Rate (%)
Liberal	15	15	100
Moderate	24	23	96
Conservative	15	15	100
<b>Total</b>	<b>54</b>	<b>53</b>	<b>98</b>
Urban	38	36	94
Rural	16	16	100
<b>Total</b>	<b>54</b>	<b>52</b>	<b>96</b>
Youth Deliberative Dialogues			
<b>Total</b>	<b>39</b>	<b>34</b>	<b>87</b>

\*Urban/rural status was missing for 1 participant.

### SURVEY RESPONDENT DEMOGRAPHICS

Table 5 shows the demographic characteristics of the dialogue participants in comparison to the survey respondents. Given that all but one of the participants completed the survey, there are virtually no differences between the respondents and the panelists. The table also provides the characteristics of the rural and urban respondents. However, because of the small sample sizes between the two groups (16 rural and 36 urban respondents) we do not make direct comparisons between the two groups. Demographic data was not collected for the youth participants.



**Table 5. Let’s Talk Deliberative Dialogue Participant versus Survey Respondent Characteristics**

Community Member Dialogues*								
	Dialogue Participants	Dialogue Participants	Survey Respondents	Survey Respondents	Survey Respondents Rural	Survey Respondents Rural	Survey Respondents Urban	Survey Respondents Urban
	N	%	N	%	N	%	N	%
	54	100	53	100	16	100	36	100
<b>Political Affiliation</b>								
Liberal	15	28	15	28	9	56	5	14
Moderate	24	44	23	43	4	25	19	53
Conservative	15	28	15	28	3	19	12	33
<b>Geography</b>								
Urban	37	68	36	68	0	0	36	68
Rural	16	30	16	30	16	30	0	0
No response	1	2	1	2	0	0	0	0
<b>Age</b>								
16-20	1	2	1	2	0	0	0	0
21-29	2	4	2	4	0	0	2	6
30-39	9	17	9	17	2	12	7	19
40-49	10	18	10	19	3	19	7	19
50-59	7	13	6	11	3	19	3	8
60-69	11	20	11	21	2	12	9	25
70+	12	22	12	23	6	38	6	17
Prefer not to answer/no response	2	4	2	4	0	0	2	6
<b>Gender</b>								
Woman	30	56	30	57	9	56	21	58
Man	21	39	20	38	7	44	13	36
Other	2	4	2	4	0	0	1	3
Prefer not to answer/no response	1	2	1	2	0	0	1	3
<b>Race (Select all that apply)</b>								
Alaska, American Indian, Indigenous, or Native American	2	4	2	4	0	0	2	6
Asian	3	6	3	6	0	0	3	8
Black or African American	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0
White	46	85	45	85	16	100	28	78
One or more not listed	0	0	0	0	0	0	0	0
Prefer not to answer/no response	3	6	3	6	0	0	3	8
<b>Ethnicity</b>								
Hispanic/Latino	3	6	3	6	0	0	3	8
Not Hispanic/Latino	49	91	48	91	16	100	31	86
Prefer not to answer/no response	2	4	2	4	0	0	2	6
<b>Highest Level of Education</b>								
Some high school	1	2	1	2	0	0	1	3
High school graduate/GED	5	9	5	9	0	0	4	11
Nontraditional education	0	0	0	0	0	0	0	0
Trade school	0	0	0	0	0	0	0	0
Some college, no degree	11	20	10	19	2	12	8	22
Associate degree	7	13	7	13	1	6	6	17
Bachelor’s degree	10	19	10	19	3	19	7	19
Master’s degree	13	24	13	24	7	44	6	17
Professional degree	2	4	2	4	2	12	0	0
Prefer not to answer/no response	5	9	5	9	1	6	4	11

\*Demographics, including urban versus rural status, were not collected for the youth dialogue participants (N=39; N=34 respondents). Percentages may not equal 100% due to rounding. For race/ethnicity, numbers may be larger than the groups sample size because participants were asked to select all options that applied to them. The rural versus urban status of one respondent is unknown.

## CONSIDER TRADEOFFS AND SOLUTIONS

The dialogues helped participants consider trade-offs and solutions to the issue of how to support youth mental health, as well as to evaluate the pros and cons of potential solutions.

- A majority of Let’s Talk panelists who participated in the dialogues reported that the dialogue helped them better understand the issue they discussed and also helped them to evaluate the pros and cons of potential solutions to the issue of youth mental health. Fifty-seven percent (57%) of community members reported that participating in the dialogue helped them better understand the issue “quite a bit” or a “great deal” and 66% reported that the dialogue helped them evaluate the pros and cons of potential solutions “quite a bit” or “a great deal.”
- Among the youth participants, 65% reported that the dialogue helped them better understand the issue they discussed “quite a bit” or a “great deal.” Seventy-nine percent (79%) reported that the dialogue helped them evaluate the pros and cons of potential solutions “quite a bit” or “a great deal.”

Table 6. Understanding Issues and Considering Tradeoffs

How much did today’s dialogue...	Not at all ↓	A little ↓	Some ↓	Quite a bit ↓	A great deal ↓
<b>...help you better understand the issue that you discussed? (%)</b>					
Let’s Talk Panelists	0	17	26	34	23
Rural	0	6	50	25	19
Urban	0	22	14	39	25
Youth	3	21	12	56	9
<b>...help you evaluate the pros and cons of various potential solutions to the issue that you discussed? (%)</b>					
Let’s Talk Panelists	2	11	21	42	24
Rural	0	12	25	44	19
Urban	3	11	19	39	28
Youth	0	12	9	50	29

The dialogues were characterized by low levels of disagreement and considerable common ground.

- In both the community member and youth dialogues, participants generally reported little disagreement among the participants and high levels of common ground. Sixty-two percent (62%) of community members in the Let’s Talk dialogues reported “none” to “a little” disagreement and 93% reported “quite a bit” or “a great deal” of common ground; about one-third (32%) reported “some” disagreement among the dialogue participants.
- We saw similar patterns in the data for the community youth dialogues, with 79% reporting “none” to “a little” disagreement and 94% reporting “quite a bit” or “a great deal” of common ground around the topics discussed.

Table 7. Levels of Disagreement and Common Ground

Thinking overall about today’s dialogue...	None ↓	A little ↓	Some ↓	Quite a bit ↓	A great deal ↓
<b>...how much disagreement was there among the participants? (%)</b>					
Let’s Talk Panelists	13	49	32	6	0
Rural	0	50	38	12	0
Urban	19	50	28	3	0
Community Youth	6	73	21	0	0
<b>...how much common ground was there among the participants? (%)</b>					
Let’s Talk Panelists	0	0	8	72	21
Rural	0	0	12	75	12
Urban	0	0	6	69	25

## EXPAND VIEWS ON AN ISSUE

**The dialogues helped community members and youth expand their views on the issue of how to support youth mental health in their communities.**

- When asked to think about the dialogue in which they participated, 41% of community members reported that they considered perspectives or viewpoints they hadn't considered before "quite a bit" or "a great deal." About just as many (43%) thought that the other participants had considered perspectives or viewpoints they hadn't considered before "quite a bit" or "a great deal." Nearly half (47%) reported that they considered perspectives or viewpoints they hadn't considered before "some" and about 42% reported that they felt their fellow participants considered these "some."
- Eight-six percent (86%) of community members responded that they valued the input provided by the other participants "quite a bit" or "a great deal"; 51% felt that their input was valued "quite a bit" or "a great deal."
- We observed similar patterns in the data for the youth. For example, 56% of the youth reported that they considered viewpoints or perspectives that they hadn't before "quite a bit" or "a great deal." A comparable percentage (59%) thought that the other participants had considered perspectives or viewpoints they hadn't considered before "quite a bit" or "a great deal."
- 74% of the youth responded that they valued input provided by the other participants "quite a bit" or "a great deal"; 53% felt that the input they provided was valued "quite a bit" or "a great deal."

**Table 8. Considering New Perspectives**

Thinking overall about today's dialogue...	Not at all ↓	A little ↓	Some ↓	Quite a bit ↓	A great deal ↓
<b>...how much did you personally consider perspectives or viewpoints that you hadn't considered before? (%)</b>					
Let's Talk Panelists	2	9	47	32	9
Rural	0	12	44	25	19
Urban	3	8	47	36	6
Youth	6	9	29	47	9
<b>...how much do you think the other participants considered perspectives or viewpoints that they hadn't considered before? (%)</b>					
Let's Talk Panelists	0	15	42	37	6
Rural	0	19	50	31	0
Urban	0	14	37	40	9
Youth	0	15	26	50	9
<b>...how much did you value the input provided by the other participants? (%)</b>					
Let's Talk Panelists	0	2	11	43	43
Rural	0	0	12	50	38
Urban	0	3	11	42	44
Youth	0	10	16	42	32
<b>...how much do you think the other participants valued the input you provided? (%)</b>					
Let's Talk Panelists	0	8	42	36	15
Rural	0	12	56	25	6
Urban	0	6	36	39	19
Youth	3	9	35	41	12

- The dialogues were characterized by high levels of respect, including for those with differing views.**
- A majority of participants in both the community member and youth dialogues reported that those with differing views acted towards one another “very respectfully” (77% and 79%, respectively).
  - Respondents in both the community member and youth dialogues also noted that participants treated those with similar views “very respectfully” (91% and 94%, respectively).

**Table 9. Understanding Issues and Considering Tradeoffs**

During today’s dialogue...	Very disrespectfully ↓	Somewhat disrespectfully ↓	Neutral ↓	Somewhat respectfully ↓	Very respectfully ↓
<b>...how did participants with differing views act toward one another? (%)</b>					
Let’s Talk Panelists	2	0	9	11	77
Rural	0	0	12	25	62
Urban	3	0	8	6	83
Youth	0	0	6	15	79
<b>...how did participants with similar views act toward one another? (%)</b>					
Let’s Talk Panelists	0	0	6	4	91
Rural	0	0	12	12	75
Urban	0	0	3	0	97
Youth	0	0	0	6	94

## APPRECIATE DIVERSE VIEWPOINTS AND DECREASE “DEMONIZATION” OF THOSE WITH DIFFERING VIEWS

**The dialogues helped participants appreciate diverse viewpoints and develop greater comfort with and trust in fellow community members with differing views.**

- One in four (77%) of the community members reported that participating in the dialogues made them value viewpoints on the issue that differ from theirs “somewhat more” or “much more” than before the dialogue.
- Seventy-seven percent (77%) of the community members reported being “somewhat more” or “much more” comfortable interacting with members of their community who hold different viewpoints from theirs than before the dialogue.
- When asked about how trusting they feel towards community members who hold viewpoints that differ from theirs, about two-thirds (68%) reported that they were “somewhat more” or “much more” trusting than before the dialogue. About 25% reported no change.
- Sixty-six percent (66%) of the community members reported being “somewhat more” or “much more” connected to community members who hold viewpoints that differ from their own than before the dialogue.
- Similar patterns of responses can be seen when we examine the youth responses. When we combine the “somewhat more” and “much more” categories, a majority of the community youth reported an increase in how much they value viewpoints that differ from theirs (62%); an increase in comfort in interacting with members of their community who hold viewpoints that differ (62%); and an increase in trust towards those who hold viewpoints that differ from theirs (50%).
- Sixty-two percent (62%) of the youth reported being “somewhat more” or “much more” connected to community members who hold viewpoints that differ from their own than before the dialogue.

**The dialogues increased participants' confidence that their community can engage in civil conversations.**

- A large majority (85%) of community members reported that participating in the dialogue made them “somewhat more” or “much more” confident that their community can engage in civil conversations about the issue they discussed.
- A similar percentage (77%) of youth reported that participating in the dialogue made them “somewhat more” or “much more” confident that their community can engage in civil conversations about the issue they discussed.

**Table 10. Trust, Comfort, and Connectivity as a Result of Participation**

Coming out of today's dialogue...	Much less than before ↓	Somewhat less than before ↓	No change ↓	Somewhat more than before ↓	Much more than before ↓
<b>...how much do you value viewpoints on the issue that differ from yours? (%)</b>					
Let's Talk Panelists	0	0	33	38	39
Rural	0	0	25	56	19
Urban	0	0	37	31	31
Youth	0	3	35	35	27
<b>...how comfortable do you feel interacting with members of your community who hold viewpoints on the issue that differ from yours? (%)</b>					
Let's Talk Panelists	0	0	23	53	24
Rural	0	0	12	62	25
Urban	0	0	28	47	25
Youth	0	3	35	50	12
<b>...how trusting do you feel toward members of your community who hold viewpoints on the issue that differ from yours? (%)</b>					
Let's Talk Panelists	0	6	26	47	21
Rural	0	0	19	75	6
Urban	0	8	28	36	28
Youth	0	3	47	44	6
<b>...how connected do you feel to members of your community who hold viewpoints on the issue that differ from yours? (%)</b>					
Let's Talk Panelists	0	4	30	47	19
Rural	0	0	38	50	12
Urban	0	6	25	47	22
Youth	0	0	38	53	9
<b>...how confident are you that your community can engage in civil conversations about the issue you discussed? (%)</b>					
Let's Talk Panelists	2	4	9	49	36
Rural	0	0	12	75	12
Urban	3	6	8	36	47
Youth	0	3	21	65	12

## INCREASE ENGAGEMENT IN COMMUNITY ISSUES AND INTEREST IN MAKING A DIFFERENCE

In general, participants reported an increased interest in learning more about what makes a healthy community and increased interest in engaging with fellow community members about the issue of youth mental health. The dialogues appeared to have a greater impact on increasing interest in community engagement among the adult community member participants compared to youth participants.

- When considering percentage of community members who selected “quite a bit” or “a great deal,” a majority reported that participating in the dialogues made them want to learn more about the issue they discussed (70%); talk more with fellow community members about the issue (76%); collaborate more with fellow community members (75%); and be more involved in decision-making in their community about the issue (74%).
- When considering percentage of youth who selected “quite a bit” or “a great deal,” a plurality reported that participating in the dialogues made them want to learn more about the issue they discussed (44%); talk more with fellow community members about the issue (41%); collaborate more with fellow community members (37%); and be more involved in decision-making in their community about the issue (42%).

Table 11. Interest and Engagement in Community Issues

Did participating in today's dialogue make you want to...	Not at all ↓	A little ↓	Some ↓	Quite a bit ↓	A great deal ↓
<b>...learn more about the issue you discussed? (%)</b>					
Let's Talk Panelists	2	2	26	36	34
Rural	0	0	31	50	19
Urban	3	3	25	31	39
Youth	12	12	32	32	12
<b>...talk more with your fellow community members about the issue you discussed? (%)</b>					
Let's Talk Panelists	2	6	17	42	34
Rural	0	6	31	38	25
Urban	3	6	11	44	36
Youth	6	29	23	23	18
<b>...collaborate with your fellow community members to address the issue you discussed? (%)</b>					
Let's Talk Panelists	0	6	19	45	30
Rural	0	0	19	62	19
Urban	0	8	19	39	33
Youth	17	20	27	27	10
<b>...be more involved with decision-making in your community about the issue you discussed? (%)</b>					
Let's Talk Panelists	0	2	24	36	38
Rural	0	6	25	44	25
Urban	0	0	25	33	42
Youth	6	27	24	27	15

# INSIGHTS FROM COMMUNITY MEMBER DELIBERATIONS

This section of this report summarizes key themes and insights from the six Let's Talk dialogues with community members. Table 12 on the next page provides a general overview of the approaches and action items discussed in each dialogue and how the participants generally felt about the actions they discussed. Insights from the three youth dialogues are summarized in a separate section of this report. Readers who desire summaries of each individual dialogue can refer to the *Let's Talk Supplemental Report—Youth Mental Health Deliberative Dialogue Summaries*.

## A NOTE ABOUT METHODS

In addition to demonstrating how deliberative dialogues can be used to foster civil discussion and communication among community residents, we can also use the content of the dialogues to identify community members' views. Much like a focus group, it is important to remember that deliberative dialogues are not intended to yield results or insights that are generalizable to a larger population (in this case, the population of Marathon County as a whole). Rather, they can help better understand the reasons underlying individuals' perspectives or the range of perspectives on a given topic, and to provide insights about how a situation is perceived and experienced. The information shared in this report *only* reflects the insights, feedback, and experiences of the individuals who participated in each dialogue.

Given the nature of the topics discussed and differences in individuals' experiences, there may be different voices and multiple views that need to be presented. Our goal is to accurately represent the range of views expressed by the participants. For each individual dialogue, multiple sets of notes were taken by a notetaker and at least one observer (in many cases there were two observers). All notes for a given dialogue were shared with a member of the WIPPS Research Partners team whose responsibility was to combine and synthesize the notes into a single summary.

With the exception of specifying when a comment was made by "one individual," this report does not specify the exact frequency or quantity with which comments or opinions are expressed. The use of specific numeric references in a qualitative report can sometimes lead readers to inadvertently think about responses in terms of percentages (X percent of youth think this; Y percent think that), which can then lead to false generalizations. Those kinds of specific characterizations are better suited for a methodology where a larger number of individuals are sampled.

Instead, we use terminology to convey the general pervasiveness of a theme such as "many" or "most"; "some" or "several"; or "a few." How these characterizations are applied is largely at the discretion of the analyst/observer when they were preparing their notes, as they can depend on the context of the question being analyzed; whether comments or themes related to a question come up at other points in the discussion; and other cues such as body language of the participants (e.g., head nodding). Because different individuals may have had different perceptions or definitions of what characterizations like "many" versus "some" mean, it is important to recognize that there is some inherent subjectivity in the use of these terms. One of the lessons from this round of dialogues is the need to introduce some standardization in how the range of views should be captured when taking notes.

To minimize some of the inherent subjectivity and to introduce a level of inter-rater reliability, the individual summaries in this document and characterizations of comments were shared back with all of the moderators, notetakers, and observers assigned to a given dialogue. This additional review served as a "check" on the balance and completeness of the summary of the comments and to ensure agreement that the report accurately reflected the dialogues they observed.

For readability, convenience, and to improve the flow of the narrative, throughout the report we sometimes use terminology such as "Participants reported..." or "Participants noted..." These are all shorthand references to the individuals who participated in the dialogues and should not be interpreted as reflective of, or generalized to, all county residents. At the same time, these perspectives can yield powerful insights that are valuable to understanding a broad and diverse group of individuals' views on the topics discussed.

**Table 12. Community Participant Views about Actions to Address Youth Mental Health**

Issue Approach and Action Items	Deliberative Dialogue Date					
	Nov. 6	Nov. 10	Nov. 11	Nov. 13	Nov. 14	Nov. 27
<b>APPROACH 1: BUILD COMMUNITY SUPPORT</b>						
Expand pool of psychiatrists and other mental health professionals		Support	Support	Support	Support	Support
Youth-centered public awareness campaign to reduce stigma	Support	Mixed	Support	Oppose	Support	Support
Work on preventive solutions (early education and childcare)	Support	Support				Support
Other actions: Address technology and social media use	Mixed	Mixed	Mixed	Mixed	Mixed	Mixed
Develop a case management approach to track and follow patients		Support		Support		
Other actions: Provide tools, training, and classes				Support	Support	
Other actions: Community role in mental health support				Support		Support
Collaborate to write grants to increase mental health services			Oppose		Support	
<b>APPROACH 2 - SUPPORT THE MOST VULNERABLE</b>						
Recruit mental health professionals who have cultural competency	Support	Support	Support			Mixed
Invest in community-based care for youth with long-term conditions			Support	Support		Mixed
Increase public school staff cultural competency			Support	Support		Mixed
Assign community health workers to help underserved families/youth			Support		Mixed	
Other actions: Increase school responsibility for “life preparation”		Support				
Other actions: Increase access to mental health resources/insurance			Support			
Encourage schools to create and normalize “affinity groups”	Mixed	Mixed	Mixed	Mixed	Mixed	Oppose
Other actions: Earlier diagnosis of mental health issues		Mixed				
<b>APPROACH 3 - EMPOWER YOUTH AND FAMILIES</b>						
Build emotional regulation into existing health curricula at school	Support	Support	Support	Support	Mixed	Support
Prioritize family-centered activities		Support	Support	Support	Support	
Provide families/guardians with evidence-based information	Mixed	Mixed	Support	Support	Oppose	
Support wellbeing of families			Mixed			Support
Other actions: Support adult role models	Support			Support		
Support school districts making structural changes	Support				Oppose	Oppose
Other actions: Public awareness campaign to increase self-care						Support

Note: A blank cell indicates that there was no significant group discussion about this topic.

## APPROACH 1 – BUILD COMMUNITY SUPPORT

Participants recognized that the community plays a key role in addressing challenges associated with youth mental health and that communities, schools, parents, and leaders have a role in engaging youth and decreasing stigma. Youth perspectives are needed when addressing how to support youth mental health.

- Participants believed youth mental health to be a critical topic that requires a multipronged or multifaceted approach involving community, family (especially parents), and school-based solutions. Some participants recognized a potential role for churches in terms of providing adult support.
- There is a need to listen to youth and incorporate their views when taking a comprehensive, community approach.
- Parents, families, adult leaders, employers, etc. (those who interact with youth) need more tools and training to help youth communicate their challenges and to receive support when and where they need it.
- In one dialogue, participants noted that the community has an opportunity to support lower-income families by making activities more accessible to youth.
- Participants noted that building community support is resource intensive and requires considerable planning and collaboration. Overall, there was little support for bringing together government, non-profit and private sector entities and organizations to write grants for more services. For example, participants in one group acknowledged that coordinating efforts across community organizations and agencies would be extremely challenging, and they were skeptical that collaborative grant-writing was the best way to address the problem.



**Participants had mixed views about whether prioritizing a youth-centered public awareness campaign could be valuable for reducing stigma and normalizing youth seeking help with mental health issues.**

- Building awareness and reducing stigma is important because it can help re-frame the idea that something is wrong and could potentially motivate people to initiate services more often, yet it could be difficult to reach everyone with mental health campaigns.
- It was noted that raising community awareness is beneficial only if there are community resources to which people can be referred and that educating those who interact with youth might be a better use of limited resources.
- Building awareness should consider multiple languages like Spanish and Hmong, as well as refugee families.

**Participants generally supported preventative solutions, including investing in wrap-around services and early childhood education. Preventative measures that focus on root causes, including the role of parents, are often overlooked.**

- Participants recognized the importance of preventive lifestyle changes like kids getting more sleep, exercise, fresh air, healthier diets, and less time on devices. Starting and reinforcing healthy lifestyles at early ages is important and parents need to take the lead. Schools can help support these changes by offering later start times, more afterschool activities, and limit electronic device use.
- There was recognition that early childhood interventions are critical given how much brain development occurs before 4 years. High quality childcare is lacking which adds more stress to families.
- Challenges also need to be addressed in adolescents due to external exposures like social media.
- The community should offer free classes, services, and activities for families and youth to address mental health and wellbeing.
- A few participants expressed concerns about Wisconsin’s alcohol culture and how substance use and misuse intersect with mental health.

**While technology and social media were not a specific action item outlined in the issue guide, this topic came up in each of the six dialogues. The general theme that emerged is that preventative approaches should also address technology and social media. Participants views were somewhat mixed about the relationships between technology use, social media, and youth mental health, with many recognizing both the positive and negative implications. They expressed a need for a better understanding of the effects of social media on youth and their mental health, with some favoring potential regulation.**

- Participants agreed on the need to focus strategies on reducing youth exposure to social media, for example, by restricting smart phone usage (in schools, in homes, and other places). They acknowledged that these restrictions needed to start at an early age in the home.
- There was broad group agreement that technology has both negative characteristics and positive characteristics. It was important to demonstrate healthy technology use at an early age. The majority also favored some type of regulation of cell phone use, particularly in schools.
- There was tension around wanting to bring cutting-edge knowledge and information to kids (such as technology), but not necessarily the consequences that come with it. There were overall questions surrounding why technology is being used so much in schools and whether it is really necessary. Although we need technology to function in society and we derive many benefits, it is also a source of bad information and disconnect from reality, and can lead to loneliness, isolation, anxiety and other negative outcomes.

**Participants emphasized that there is a need to expand the psychiatry residency program in central Wisconsin and to bring more psychiatrists and other mental health providers to the area. Participants recognized a need for counselors and primary care doctors (especially pediatricians) who are sensitive to mental health needs.**

- There was a shared belief that schools need access to more mental health professionals and that there needs to be more training programs directing people into these careers to offset retirements as well as individuals leaving the profession.

- When it was discussed, there was some consensus around the idea that a case management approach could help alleviate professionals’ workloads and help schools with students who might fall through the cracks. A case management approach could also help families access resources that they may not be aware of.
- In addition to more providers and formal services, participants recognized the need to invest more in layered support services throughout our community and especially in schools—both in terms of more professional capacity, but also including encouraging and supporting trusted adults who can interact positively with youth.
- Mentoring programs were also mentioned as desired strategy, but there was also recognition that communities don’t always have access to diverse role models.

## APPROACH 2 – SUPPORT THE MOST VULNERABLE

➤ **There was overall mixed support for the general approach of supporting the most vulnerable. Participants expressed that supporting the most vulnerable may require a major investment in resources, with additional concerns about how to identify or prioritize who needs resources. Most participants agreed that targeting particular groups for resources might be “divisive” and instead favored initiatives that had a broader benefit.**

- There was general recognition that some populations are more vulnerable, including those with a history of mental disease and groups that are more marginalized in our community.
- There were concerns about stigma and how to define or identify those in most need.
- While all agreed that the underlying value of helping the most vulnerable youth was positive, there were concerns about unintended stigmatization. Most participants agreed that targeting particular groups for resources might be “divisive” and instead favored initiatives that had a broader benefit.
- There was mixed support for affinity-based support groups in schools, with tension around issues of gender identity and sexuality and how these are addressed in schools.
- Some participants expressed concerns about early diagnoses, including the impact on identity and early “labeling” of youth.

➤ **Participants generally agreed on the importance of community-based care for youth with long-term mental health issues, including investing more resources in community-based care services for youth with long-term conditions.**

- Participants recognized the need to focusing resources on youth with serious and chronic mental health issues and providing care within communities. But some concerns were expressed about over-diagnoses if resources are focused on the most vulnerable.
- There are not many community-based resources for those with significant mental health issues, especially if they need a medical diagnosis.

➤ **While there was some agreement among participants about the value of providing support groups, there was generally little support for affinity-based support groups, with many opposed due to concerns that such groups could create more stigma and single out of individuals based on one identifying feature such as sexual orientation, gender identity, and/or race and ethnicity.**

- There was little support for affinity-based groups. Most participants agreed that forming groups based on affinity will single kids out. Instead, participants supported interventions and programs that could benefit all youth, such as mentorship opportunities.
- Some participants expressed the need to build more resiliency in young people, with a broader goal of helping youth develop into adults who are better prepared for life. There was overall agreement that schools should place more emphasis on preparing students for “life” and not just college.

➤ **There was support for language assistance for non-English speakers in order to help navigate resources to help with mental health. Most participants felt that cultural competency needed to be promoted along with more acceptance of differences at the community level. Developing actions in a multi-cultural society is important. Participants generally agreed that more community health workers would help underserved families and youth.**

- Cultural competency is important, and we need more of it among mental health professionals, in our schools, and in supporting agencies and organizations. There was support around having language assistance for non-English speakers and increased cultural competency to help youth of different race/ethnicity/nationality.
- The idea of building resiliency and cultural competency was supported, but there was recognition that society cannot force people to adopt certain values.
- Cultural competency in school is important, but some youth not in public school settings may be missed.
- Most participants felt that cultural competency needs to be promoted and there is a need for more acceptance of differences at the community level, but it can be resource-intensive.
- It was agreed that some students face language barriers that might impede access to resources. An example cited was appointment reminders only being given in English.
- There was widespread agreement that people are challenged to find mental health resources and services. Assigning community health workers to help underserved populations could help, but the problem needs to be addressed more broadly.

### APPROACH 3 – EMPOWER YOUTH AND FAMILIES

➤ **Participants recognized that some families face challenges in meeting basic needs and that addressing these needs is foundational for addressing mental health issues in families and youth. Some, however, expressed concern about the government’s role in meeting individual needs.**

- Participants agreed that mental health is linked to the health of the family. Parents need to be helped in order to get their kids through life. Some parents don’t know how to guide their children through a healthy lifestyle, including nutrition, clean water, and financial literacy. Ignorance of this gets passed down from one generation to another. Generational trauma and poverty are a vicious cycle.

➤ **Participants expressed support for enhancing school curricula to improve youth mental health and wellness.**

- Personal development and learning emotional regulation were recognized as being important.
- Most of the participants agreed that building emotional regulation into school curricula could be positive and that people are learning more about emotional regulation. However, the group also acknowledged that teachers are often stretched too thin and that it might be hard to ask them to do more.
- Curricula that cover real approaches to addressing mental health are needed. There needs to be a more focus on emotional regulation and resiliency in childhood education.

➤ **There was mixed support for adjusting school hours so youth can have more sleep and for improving the structure of the school day.**

- In one dialogue, there was near unanimous agreement around changing school hours to support youth by providing a better schedule to improve mental health while adapting to meet their (and their families’) needs. One participant commented on the need to build in appropriate free time during the day where kids could have a break to catch up on homework or engage in social or club activities. They argued that this would reduce students’ stress as well as address some of the structural and transportation problems that a later school start time might cause. Kids would stay longer at school overall and busing could then be consolidated and available at a later time in the day, thus reducing the burden of greater transportation costs of students coming and going at all hours of the day. It was mentioned that longer school hours and adaptable busing might change the stigmatization some kids feel staying at school and getting the help and resources they need. There was overall agreement that changing to a later school time and having them stay later would allow kids to sleep in.
- However, in several other groups there was opposition to the idea for changing the structure of the school day. One participant noted that students already “lose enough education.” This participant expressed that particularly during and since the COVID-19 pandemic, students do not attend classes as much as before and there is more truancy. Nearly all participants in that group agreed that this was not a helpful action item. Participants in a separate group also noted drawbacks to changing school hours and that it is not practical; instead, they felt that kids should go to bed earlier.

➤ **Parents need more resources, education, and support, including resources that are credible and trustworthy. But participants did not agree on the role of different parenting styles and it is a parent’s choice whether to use the information. “Family” can be defined differently and more broadly than the traditional family structure.**

- Participants recognized the importance of providing evidence-based information and support for parents and families, especially in the context of a comprehensive case management approach. Some of the discussion centered around “family values,” with some describing a concern about the loss of traditional values. There was general agreement about the importance of adult role models.
- Many participants agreed that parents would benefit from having a trusted source of information to rely on regarding evidence-based strategies for dealing with mental health. Evidence-based information is crucial but the group also recognized that not all parents will utilize what’s available. Some were skeptical that distributing information to parents regarding youth mental health and topics such as substance use would be actionable.

➤ **Participants generally supported increasing community capacity and opportunities for families, as well as fostering connections at the community level between youth, families, and others. Programming for youth should focus on building resilience, critical thinking skills, and mental wellbeing.**

- Participants supported working with schools, churches, and youth-serving organizations to prioritize family-centered activities and invest in free, fun, youth-centered events. Most of the groups generally agreed that parents are an influential and important part of their children’s lives and that finding ways to increase the frequency of interaction within the family is positive. However, it was also mentioned that this was “just another upstream-downstream problem that we’re faced with.” In other words, by improving parent-youth interactions, subsequent problems or issues could be mitigated or prevented.
- Many participants agreed that there should be more activities for families to engage in together. There was a lot of discussion around the positive outcomes of being involved with clubs and sports.

# INSIGHTS FROM YOUTH DELIBERATIONS

This section summarizes key themes and insights from the three Let’s Talk dialogues with community youth. The table provides a general overview of the approaches and action items discussed in each dialogue and how the participants generally felt about the actions they discussed. Readers wanting detailed insights about participants’ views can refer to *Let’s Talk Supplemental Report–Youth Mental Health Deliberative Dialogue Summaries*.

**Table 13. Youth Participant Views about Actions to Address Youth Mental Health**

Issue Approach and Action Items*	Youth Deliberative Dialogue Groups		
	Group 1	Group 2	Group 3
<b>APPROACH 1: BUILD COMMUNITY SUPPORT</b>			
Other actions: Provide tools, training, and classes		Support	Support
Work on preventive solutions (early education and childcare)	Support	Mixed	
Other actions: Address technology and social media use		Mixed	Mixed
Youth-centered public awareness campaign to reduce stigma	Oppose	Mixed	Mixed
Develop a case management approach to track and follow patients			Mixed
Collaborate to write grants to increase mental health services			
Expand pool of psychiatrists and other mental health professionals			
Other actions: Community role in mental health support			
<b>APPROACH 2 - SUPPORT THE MOST VULNERABLE</b>			
Recruit mental health professionals who have cultural competency		Support	Support
Increase public school staff cultural competency			Support
Invest in community-based care for youth with long-term conditions		Mixed	Mixed
Encourage schools to create and normalize “affinity groups”	Oppose	Oppose	Oppose
Assign community health workers to help underserved families/youth			
Other actions: Increase school responsibility for “life preparation”			
Other actions: Increase access to mental health resources/insurance			
Other actions: Earlier diagnosis of mental health issues			
<b>APPROACH 3 - EMPOWER YOUTH AND FAMILIES</b>			
Support wellbeing of families	Mixed	Support	Support
Build emotional regulation into existing health curricula at school	Support	Mixed	
Support school districts making structural changes		Support	Mixed
Provide parents/guardians with evidence-based information		Mixed	Mixed
Prioritize family-centered activities		Oppose	Oppose
Other actions: Public awareness campaign to increase self-care			
Other actions: Support adult role models			

Note: A blank cell indicates that there was no significant group discussion about this topic.

\*The scope of topics the youth varied somewhat from the community member sessions.

## APPROACH 1 – BUILD COMMUNITY SUPPORT

**Youth noted the need to reduce stigma around mental health. They had a wide range of ideas for how to reduce stigma around mental health and what approaches could work or not work from their perspective.**

- Youth participants shared mixed views of public awareness campaigns to reduce stigma and normalize seeking help. Some thought that public awareness campaigns would create more stigma and embarrassment, resulting in less youth wanting to seek help. A proposed alternative was to have more discreet information sharing like mail or handouts. Others acknowledged that public awareness campaigns could help normalize mental health and make it easier to talk about in general. The method of using billboards had mixed opinions, with some finding it embarrassing and others viewing it as a way to help youth not feel so alone or isolated and to validate their experiences.

- Some efforts to reduce stigma may actually reinforce it. While the general consensus was that it is a good idea to reduce or eradicate stigma, many of the people providing support are not from the stigmatized group, causing difficulty for youth to find the help that they need. This is partially due to youth feeling shame for receiving services.
- Many youth participants felt that mental health assessments should be part of regular doctor check-ups. This would reduce the stigma around mental health and enable youth to get the help they need. Youth advocate for this approach because they view medical professionals as trusted community members to confide in, especially when they can't confide in their parents. They also think that if the general healthcare field made this a standard, it would reduce the stigma associated with seeking mental healthcare.

**Youth are selective in who they trust and with whom they feel comfortable disclosing their mental health concerns.**

- Youth do not always think talking to adults about their issues is necessary and would prefer having a safe space to retreat to when feeling vulnerable or triggered.
- Youth do not always feel comfortable disclosing mental health concerns to teachers or school staff. This is dependent on relationships built with teachers, as some students feel that small talk is meaningless. Yet some value being asked "how are you doing?" as a check-in. Still, there is an element of fear disclosing information because youth don't know what to expect will happen if they open up. There is fear of saying "the wrong thing" or being a burden. It was also brought up that sometimes the cause of distress may be the teacher themselves and students do not feel comfortable speaking out against an authority figure such as teachers and sports coaches. The concern about "bad" teachers and coaches was discussed at length regarding how a bad experience with one teacher or coach can taint a student's experience throughout their school career.
- Youth are afraid to reach out for help because of uncertainty regarding how they will be received – will they be dismissed, or on the other end of the spectrum, will they receive a scary diagnosis?

**Youth had a wide range of perspectives about the kinds of services they support and would value versus those they do not support (such as case management).**

- Youth mostly view case management as too intrusive. They share that being constantly checked up on would get annoying and lead to them shutting down, especially if they are being asked to rehash their story multiple times. There was a question regarding how long a case management scenario would last.
- Having more mental health professionals and guest speakers was a popular idea among the youth. They emphasize that being reminded of available resources often is important because they forget what is available, especially during times of distress. More discussions surrounding resources and mental health support is welcome, particularly as a means of reinforcing the message that support is available; but care should be taken to make these reminders palatable for youth rather than nagging.
- Support should be extended to youth with "small" or "less severe" issues before they become bigger problems.
- Support for parents and families is desired, especially for young parents. Family community events similar to those offered for elementary school are missed by students in high school.
- Youth noted the need for more support for the after-effects of suicides in communities.
- Youth also recognized a need for early intervention and prevention with an emphasis on teaching coping skills early in life. Youth feel that education for elementary aged students to identify issues and feelings will help them cope with issues that arise later in life. Youth also feel that if "something big happens" early in life, it is better to address it directly right away, using caution so that young children don't feel like they are "in trouble" or did something wrong to be receiving mental health services.

**Participants recognized that social media can contribute negatively to youth mental health when it is used to bully other youth or make them feel more insecure about their physical appearance or lifestyle. Teaching kids earlier on how to use technology and social media would be more beneficial. Kids should be taught to know social media is a tool meant to use not for comparison but for connection.**

- Social media is used as a form of bullying. Even when direct bullying does not occur, youth can feel threatened by people and groups who share opinions antithetical to their identities. Youth also acknowledge that social media is rife with miscommunications that can bleed over into in-person life.
- Social media perpetuates pervasive comparison culture, impacting youth self-esteem. Youth feel compelled to compete with one another over content that they share, one-upping each other’s “good” posts, and only posting positive experiences and flattering photos.
- Youth want non-perfect imagery to be normalized but find it difficult because of society’s persistence to market unrealistic beauty standards. They notice that marketing ads and brand posts make them feel less confident and affect their self-image. They see before and after marketing pictures and feel bad about themselves, or hair and makeup tutorials and feel like they have to change their appearance to be liked.
- Youth think that accessing and learning to navigate social media at a young age is important. They don’t think that social media is inherently bad, but how it is used can be. They value social media for connection with peers and view it as a safe space to talk with peers when they otherwise wouldn’t.

## APPROACH 2 – SUPPORT THE MOST VULNERABLE

### ➤ Youth recognize the need for cultural competency among mental health providers and at school.

- Counselors and mental health resources need to be linguistically and culturally appropriate. Those who are non-English speaking and lacking finances may not be able to afford or access care. It is important to respect and appreciate cultural differences. Being aware of these factors is necessary to properly treat the person.
- People familiar with other cultures is very important for understanding a student’s home life and unique circumstances.
- Some youth were passionate about learning Hmong and other languages, and having these languages taught to them at much earlier ages. Some even suggested immersion classrooms or schools.
- Youth see value in comparative religious classes as well as improved intercultural learning, including sexuality diversity, and view it as essential to better understanding of others and destigmatizing other cultures.

### ➤ Youth did not support affinity groups and generally did not support an overall approach to addressing youth mental health that primarily focuses on the most vulnerable. Underlying this view was a concern about who defines “vulnerable?” These approaches can inadvertently send a message to kids that they may not be “suffering enough” to seek out help.

- Youth indicated that everyone should be allowed to participate in groups since all teens can be impacted by mental health. They had some potential solutions suggesting that groups be broadly advertised but meet in Zoom initially to decrease visibility. Broad advertising through email would ensure that youth who care about these types of groups would receive the information and those who don’t need or want to participate could ignore the invitation.
- Some youth didn’t understand why this type of support wouldn’t be open to everyone, they thought that it would raise awareness and understanding about issues that their classmates are experiencing, invoking compassion and empathy.
- There was concern around affinity groups creating a spotlight, which can lead to embarrassment for LGBTQ+ youth. This was particularly highlighted as a problem if the leader is unhelpful or inadequately trained to be culturally competent.
- Potential issues with grouping youth were addressed. Youth think it would be wrong to assume that just because someone looks the same or has the same ethnicity, that they might be going through the same things. From their perspective, it is stereotypical to group kids based on race or ethnicity when students’ backgrounds could be completely different. A Hispanic and Hmong kid could have more in common with each other than with a peer of their own race or ethnicity. Youth agreed with this: separating kids by race is not helpful. Not all Hmong kids go through the same thing; not all white kids go through the same thing. They can all go through different or the same things.

### APPROACH 3 – EMPOWER YOUTH AND FAMILIES

**Youth recognize the need for more parental education and support. Most agreed that their mental health was significantly affected by their home environment and healthy family interactions are important.**

- Youth recognize the stress that their parents are under, and it impacts their relationships and opportunities for authentic connection. There is a desire for parents to have access to stress management help and a better work-life balance. Youth want their parents to be present and able to respond to small issues before they become bigger and impossible to ignore.
- More school communications utilizing technology such as communication apps that are used in elementary school was suggested for keeping parents updated on resources available to their teens.
- More education and classes should be aimed at parents. Classes and information should focus on statistics, tips and general advice. Parents are often in denial that their kids have issues even if they are aware of statistics; they seem willing to acknowledge that generally youth have problems but fail to recognize it in their own kids. This can be addressed through education so that parents don't internalize shame over their parenting abilities.
- Parents need to prioritize their own sleep so that they can function better and be more emotionally regulated.
- While they recognized that their mental health was impacted by their families, they expressed generally little support for prioritizing family-centered community activities. This is because they are already spread too thin and have little time to add more to their plates.

**Youth strongly support changes to school structure and reducing external expectations from parents and others about grades and test scores. These external pressures can add to their stress and anxiety.**

- Later start times for high school is generally not supported by youth because it would push everything else back and students would not have time for sports, extracurricular activities, homework, work, or leisure. However, youth do support a shorter school day in order to accommodate those activities.
- Hurried lunch times were a big concern. Some youth only get 15-20 minutes for lunch some days and don't have enough time to eat or take a break. Most youth want a longer lunch break.
- Youth would like to see less pressure put on them to be "perfect" students through exceedingly high academic, extracurricular, and athletic expectations. Stress over grades, GPA, and workload is a concern.
- There is agreement that standardized testing mostly benefits the school, not the students. This is an unnecessary stressor, and youth don't feel it's valuable to them.
- Youth want to be taught more life skills like financial literacy and mention that it should be more prominent in the curriculum or taught during senior year so that it holds its relevancy during students' transition to adulthood. They also want more job shadowing and information presented on different career tracks.
- Youth showed an interest in having health class be more prioritized, with a focus on learning how to manage stress. There was also a suggestion for the format of health classes to be structured more like a seminar with classmate discussions rather than a lecture.
- Youth want sex education to be a yearly class just like physical education is required yearly.

**Youth recognized generational gaps between adult versus youth perceptions of issues and experiences; social media and technology were referenced to illustrate the generational differences.**

- Older generations see people younger than them as less mature, but it is just a natural difference in generations and their values.
- Youth think that older people only see them as people who slack off without realizing they are growing up in a different world than their parents and older generations. One youth noted that, "Staying off your phone is ridiculous. It would be like telling my grandmother to stop reading the newspaper."
- Separating into smaller groups wouldn't help in the context of a small school. Going to a small school where students aren't exposed to a lot of diversity, separating further would make them even more sheltered, and could lead to bullying.



## APPENDIX A: OPEN-ENDED SURVEY RESPONSES

### RESPONSES TO OPEN-ENDED QUESTIONS: COMMUNITY PANELISTS AND YOUTH

**Do you think it was valuable to engage in this dialogue with other members of your community? Please explain.**

*Let's Talk Community Panelists – All:*

- Yes (x3)
- Yes - we need practice and experience being around others with different viewpoints - practice civility.
- Very much so. Eric and Jeff did an excellent job of ensuring each participant's voice was heard.
- Yes. I learned so much from others who had different life experiences.
- Absolutely- I think we tend to converse with people who hold very similar opinions as the ones we hold. This allowed me to speak with people who have different opinions in an organized way with defined rules of engagement.
- Yes. Helped me understand further just how entrenched people's views are.
- Yes, I enjoyed the different viewpoints and their overall stories that gave their viewpoints value.
- Yes. Good to hear other perspectives.
- Yes, we have to follow the third ground rule - listen - before we can resolve anything.
- Very much so. Interesting to have different age groups.
- Always. Open dialogue and information from differing views points is extremely important.
- Yes, it got people comfortable together and talking.
- Yes; good to get others' perspectives.
- Absolutely! There were so many experiences people have had and shared.
- Yes, engaging in dialogue is a critical (illegible) of .... services.
- Yes, it's always valuable to hear different viewpoints.
- Very. Interesting to hear from others in mixed group.
- Yes. While there was a significant amount of agreement around certain topics, there was a healthy amount of discourse as well. Hearing from people in my community that I normally wouldn't speak to because of age/race/gender was enlightening.
- I really appreciated and valued hearing about what others had to say. I felt like most participants see today's issue of youth mental health as very important and also are willing to discuss real solutions.
- Yes - many diverse opinions but a consensus was achieved.
- Sure. It is always good to hold courageous conversations.
- Very good - a bit overwhelming, but a great starting plan.
- Yes, I think it was helpful to share and hear other people's viewpoints and what they consider most important vs what I feel is most important.
- Yes, civil discourse feels to be rising but conversation can help alleviate.
- Yes, I liked listening to other peoples' points of view.
- Yes. It opened the issue up to me, as I don't get to talk with many people so I value this opportunity very much to see what other people think.
- Yes. It all starts with thinking and talking.
- Yes. It is always beneficial to listen to others and their point of view.
- Yes. It is valued on many fronts. I feel we need more collaboration to better understand community we are in a community we need to start building a better tomorrow for our children.
- Yes, it was good to understand where other adults come from and what they think on the subjects at hand concerning our youth.
- Yes. The whole is greater than the sum of its parts... so the closer we get to having the whole represented, the closer we get to a collective, inclusive, effective "solution."
- Yes, as I mostly am out of that particular loop.

- Yes. I understand the issue more.
- Yes. I think that it was very valuable to have a constructive, positive, solution-oriented dialogue.
- Yes...it's great to share and get different viewpoints.
- Yes, we need to be engaging consistently about tough topics. Awareness - we can always learn from each other.
- Enjoyed hearing diverse viewpoints.
- A LOT. [sic]
- Yes, very much so. Interesting to see and hear the response of a variety of people on multiple topics - finding agreement and disagreement.
- Yes. Views are different - let's put it ALL out there.
- Yes; was very interesting listening to the issues and possible solutions. It was a diverse group and enjoyed the dialogue.
- Yes, it is always good to discuss problems in a safe environment and feel like your voice is being heard.
- Yes, it was nice to recognize we had a great deal of common ground.
- Yes, people will never move forward with today's societal problems unless we do it together.
- There is a mental health issue for sure. But I think a lot of it is from internal demons. There's a lot of ideas, but not enough doing. It's easy to discuss a wish list, but it sounds like there's no accountability to be part of any change any one wants.
- Yes, because they have valuable experiences.
- Yes, to help learn more and learn how others are dealing with them.

*Youth Participants:*

- Yes, shows different viewpoints and makes great friends.
- Yes, I feel that everyone's views should be shared so we can get all perspectives of the issue. This also helps generate more solutions.
- Yes, because I saw how much people my age agree with my ideas/thoughts.
- Yes and no. it was a little interesting to hear the different opinions but none of the opinions changed mine.
- Yes, because it allowed me to hear different opinions and think of things that I didn't think of before.
- Yes, because I was able to learn viewpoints from all perspectives which helped me better understand the situation.
- I think yes because people have different viewpoints so finding common ground is important in making change.
- Yes, it was important to hear where people's opinions came from, but also brought up the issue of bias and how they can influence decisions.
- Yes, talking it over and making agreements or going around disagreements helps all of us to understand more and how we agree with more of our community than we think.
- Yes, because it let a whole bunch of different opinions come together and hear others.
- I think it would have been more beneficial knowing that the conversation could lead to a real solution. This could mean having people with a higher role in the community present or seeing our records.
- Yes, because it allows for more solutions to be proposed with different views.
- Yes, it is! If we don't talk about this stuff with our community, how are we supposed to change anything?
- Yes, it is interesting to see the perspectives of others in a real way and talk through all of them.
- yes, it gave them a chance to hear how we felt about the idea.
- Yes, because it allows me to see what other people think about certain topics.
- Yes, it gave prospective.
- Yes, better understandings of each other.
- Yes, I think it was interesting to see other views and understand how different people's situations impact their views on the solutions to mental health. We were able to brainstorm solutions, much more than what I could on my own.

- Yes, so we could get different point of views from different sides of the spectrum.
- Yes, we all shared our own opinions. We all have our own ideas based off of our experiences and varying ideas helped.
- Yes, because we all had different points and experiences and it helped.
- Yes, I think it was very valuable because it made me want to learn and hear more on other peoples' perspectives. It also makes you feel more connected to people when you agree on things.
- Yes, explains many different viewpoints.
- Yes, because it lets you know the different thoughts in the area's leadership.
- Yes, because you got to see the viewpoints of others that I wouldn't have thought of.
- Yes, it was valuable because when the people from the same part of a community came together to talk about a common issue you were able to feel accepted for your issue.
- Yes, because we explored differing viewpoints.
- I think that it was valuable to talk about this problem with others because it puts our thoughts together as one and we can then further describe and discuss what needs to be changed to meet our needs in the future.
- It was valuable to get others' opinions and hear their side of the story.
- Yes, because then you can see other viewpoints, and other opinions, which is good.
- No.



**Is there anything else you would like to share with us about today's session? Please explain.**

*Let's Talk Community Panelists – All:*

- Next time host at a different place so we don't feel like we're getting "kicked out."
- Well-facilitated.
- Thank you so much for doing this and thank you for allowing me to be a part of it. I left, feeling positive and feeling very hopeful for the future.
- The loudest person is not sharing the majority of the group's opinions.
- Thank you! I can't believe it was two hours. It went by so quickly. I had so much more to say....
- Would like to see how we will use the input.
- It was a bit difficult to gauge where people were coming from. And also feel comfortable in this specific environment around people that I don't know or know if they are supporting or aggressive. However, after finishing the talk with the group it is much more comforting and willing to talk in the future.
- I thought the moderator was pushing an agenda that most members felt was a divisive issue and irrelevant to mental health.
- Very complex issue that will require a multifaceted solution.
- I think we had a great group. Everyone was very respectful and had great things to say.
- Thank you!
- Less technology is definitely needed.
- I wish the moderators had stepped up a bit more when dominating personalities took most of the space. There were some instances when someone said something and were met with "good point" which made it more intimidating for me to share my point because it was in disagreement.
- I enjoyed the session very much; I think we had great dialogue about an important topic.
- We need more of this.
- I think on issues (specific or global) you should provide each person the opportunity to speak their minds with equal time - it would be fairer and give the opportunity for others to get to know each other.
- I have learned a great deal of mental health in our community. I want to see what kind of impact this dialogue has.
- I feel that today's youth live in an over privileged society where they think rules and consequences do not affect them.
- Thank you for the opportunity to be part of the change.

- Faith-based solutions were not discussed, that might be an answer. However, my Bible class members, feel the same as some of the participants were. Modern technology is only making the problem worse, and the answer needs to start with the parents, not the community, or schools.
- No. It was good. And useful.
- Well done! Thank you!
- Great idea to bring people together who have no personal connection.
- Too short - more time (meeting) to talk.
- I enjoyed the interaction between the group Polite but direct when we did not agree. Interesting morning which I enjoyed.
- Went great!
- I liked the format of the dialogue.
- I really enjoyed the conversation and being given the opportunity to see things from others' point of view.
- Thank you for the opportunity to participate.
- Nice start at addressing some important issues. Excited to see what you all do with the new information.
- It was good.
- I feel very lucky and privileged to live in this community.

*Youth Participants:*

- I had a great and indulging time!!
- I feel like Covid affected a lot of peoples' mental health especially with the teenagers being "addicted" to their phones. We were thrown into a situation while we were in 6-8th grade and didn't know how to deal with it. We were cut off from all social interactions with our friends and our phones/technology were the only things we could use to somewhat socialize.
- I loved it a lot!
- I think the session was well organized with good intent. I appreciated how open minded everyone was when it came to the discussion of ideas.
- I thought it was very well and it felt nice to know that my voice made an effect and input today.
- I don't think this is a problem that can be solved in a group setting. I think people need to be addressed in either a small setting or better yet, individually.
- I really liked this!
- Very good leading.
- No, it was good.
- It was nice to see our ideas written on the board because it felt like we were being productive and we could actually see our progress.
- I think it's important to have these discussions and it's better when they are structured. I think this should be shown more in schools and other community activities.
- This session really showed the amount of care and thought people have about a common topic.
- It was nice to have a safe space to talk about things I feel passionate about or discuss issues that affect me.

# How do we support youth mental health in our communities?

## Let's Talk, Marathon County

**A**ccording 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.

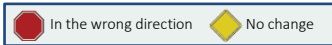
- Which strategies do we prioritize to help youth manage increasing rates of distress, anxiety, and depression?
- How do we call attention to the challenges facing our youth without stigmatizing those who struggle with mental health issues?
- Whose responsibility is it to provide information and resources 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.*<sup>1</sup>
- *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.*<sup>2</sup>
- *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.*<sup>3</sup>
- *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.*<sup>4</sup>

## 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	

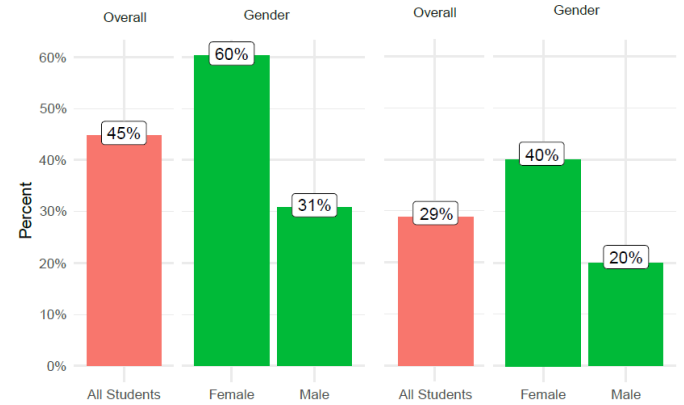
Source: CDC, Youth Risk Behavior Survey Data Trends & Summary Report: 2011-2021.



## Marathon County Students Experiencing Anxiety and Depression

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

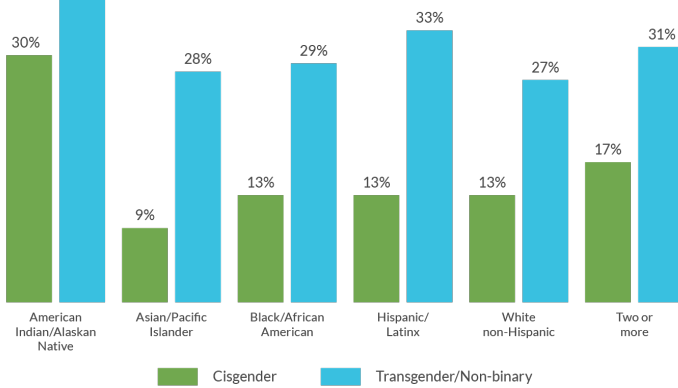
Students with prolonged, disruptive sadness (past 12 months)



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

## LGBTQ Suicide Attempts by Race/Gender (US)

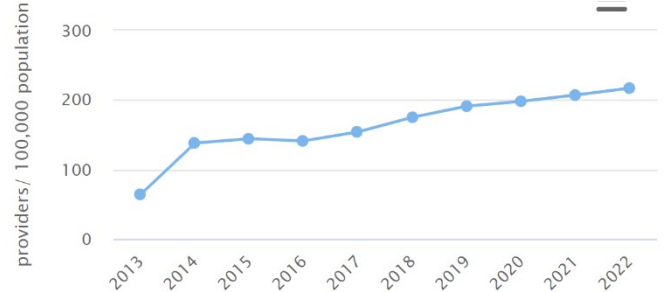
Portion of LGBTQ Youth Who Reported a Past-year Suicide Attempt



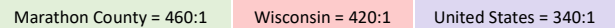
Source: <https://www.thetrevorproject.org/research-briefs/suicide-attempts-among-lgbtq-youth-of-color>

## National, State, and Local Mental Health Providers

US Mental Health Provider Rate



Ratio of population to mental health providers

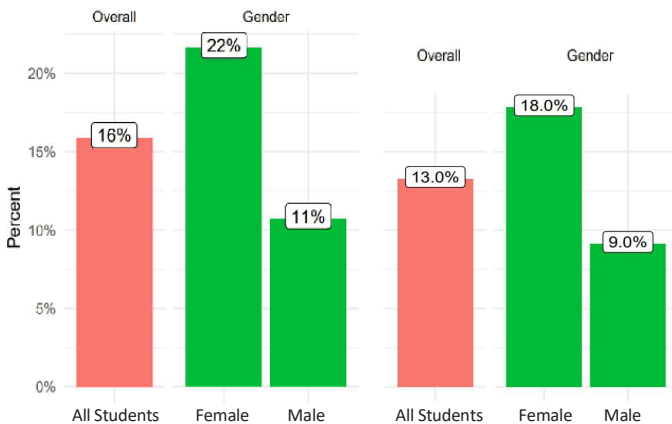


Sources: Centers for Medicare and Medicaid Services, National Provider Identification; University of Wisconsin Population Health Institute. County Health Rankings National Findings Report 2023.

## 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)

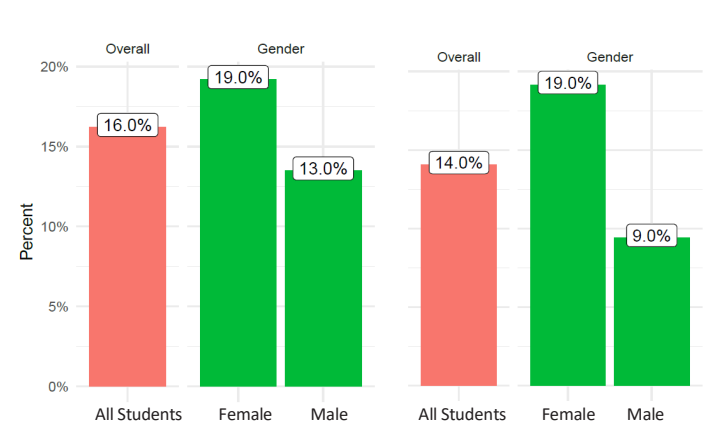


Source: Marathon County 2021 Youth Risk Behavior Survey Results (High School Version)

## 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

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

<sup>2</sup> See above citation.

<sup>3</sup> See above citation.

<sup>4</sup> See above citation.

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

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