



SUPPLEMENTAL REPORT

LET'S TALK, MARATHON COUNTY

How Do We Support Youth Mental Health In Our Communities?

Youth Mental Health Deliberative Dialogue Summaries

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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.¹ 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.²

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.³ 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.⁴

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.

¹ <https://wipps.org/lets-talk/>

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

³ <https://newpluralists.org/>

⁴ 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 PARTICIPANT PANEL

The Let's Talk, Marathon County 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. More details about how the participant panel was assembled are included in *Let's Talk Key Findings—Youth Mental Health Deliberative Dialogues*.

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 in the villages of Marathon City and Mosinee; one dialogue was held virtually. An additional three dialogues were held with 39 high school youth as part of the Central Wisconsin Area High School Leadership Program, bringing the total number of Let's Talk dialogues in this round to nine and the total number of participants to 93. The participating youth represented DC Everest Senior High School, Marathon High School, Mosinee High School, Wausau East High School, Wausau West High School, Northland Lutheran High School, and Newman Catholic High School.

PURPOSE OF THIS REPORT

This report provides detailed summaries of each individual deliberative dialogue conducted during the first round of the Let's Talk, Marathon County project. The topic of these dialogues was *How Do We Support Youth Mental Health in Our Communities?* Readers looking for the most in-depth information about the nature and content of the deliberative dialogue discussions can refer to the detailed dialogue summaries found herein.

A NOTE ABOUT METHODS

In addition to demonstrating how deliberative dialogues can be used to foster 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, or to provide insights about how a situation is perceived and experienced. The information shared in this report reflects the insights, feedback, and experiences of the individuals who participated in each dialogue.

In creating the dialogue summaries, the task is to communicate clearly how participants felt about the topics discussed. 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 (and 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 delineate 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 those terms. One of the lessons from this first round 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 ensured 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.

Lastly, there is a certain degree of “rawness” to the summaries in terms of sentence structure, formatting, and phrasing. Given the large volume of notes and limited resources, there may be variation across summaries in the extent to which the notes are edited or polished.

MENTAL HEALTH RESOURCES

At several of the dialogues, participants expressed interest in receiving more information about what mental health resources are available in the community. As a courtesy to readers we have provided some links below.

LOCAL RESOURCES

- Mental Health Resources Marathon County - 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 RESOURCES

- Alliance for Safe Kids - <https://allianceforsafekids.org/>
- Born This Way Foundation - <https://bornthisway.foundation/>
- Eating Disorder Hope - <https://www.eatingdisorderhope.com/treatment-for-eating-disorders/eating-disorder-hotlines>

NATIONAL RESOURCES (continued)

- 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/>

QUICK REFERENCE

The table below serves as a quick reference guide to the general nature of the views expressed during each deliberative dialogue relative to the various action items. The actions in the table are listed in the order used in the Issue Guide and are not sorted based on the level or strength of support. Readers interested in learning more about the detailed nature of the discussions can refer to the individual dialogue summaries beginning on page 7.

Table 1. Participants Views about Various Actions to Address Youth Mental Health

Issue Approach and Action Items	Let's Talk Deliberative Dialogues*									
	1	2	3	4	5	6		Youth 1	Youth 2	Youth 3
APPROACH 1: BUILD COMMUNITY SUPPORT	Nov. 6	Nov. 10	Nov. 11	Nov. 13	Nov. 14	Nov. 27		Nov. 13	Nov. 14	Nov. 27
Youth-centered public awareness campaign to reduce stigma	Support	Mixed	Support	Oppose	Support	Support		Oppose	Mixed	Mixed
Collaborate to write grants to increase mental health services			Oppose		Support					
Develop a case management approach to track and follow patients		Support		Support						Mixed
Expand pool of psychiatrists and other mental health professionals		Support	Support	Support	Support	Support				
Work on preventive solutions (early education and childcare)	Support	Support				Support		Support	Mixed	
Other actions: Provide tools, training, and classes				Support	Support				Support	Support
Other actions: Community role in mental health support				Support		Support				
Other actions: Address technology and social media use	Mixed	Mixed	Mixed	Mixed	Mixed	Mixed			Mixed	Mixed
APPROACH 2 - SUPPORT THE MOST VULNERABLE										
Encourage schools to create and normalize "affinity groups"	Mixed	Mixed	Mixed	Mixed	Mixed	Oppose		Oppose	Oppose	Oppose
Invest in community-based care for youth with long-term conditions			Support	Support		Mixed			Mixed	Mixed
Assign community health workers to help underserved families/youth			Support		Mixed					
Recruit mental health professionals who have cultural competency	Support	Support	Support			Mixed			Support	Support
Other actions: Increase school responsibility for "life preparation"			Support	Support		Mixed				Support
Other actions: Increase access to mental health resources/insurance		Support								
Other actions: Earlier diagnosis of mental health issues			Support							
Increase public school staff cultural competency		Mixed								
APPROACH 3 - EMPOWER YOUTH AND FAMILIES										
Support wellbeing of families			Mixed			Support		Mixed	Support	Support
Build emotional regulation into existing health curricula at school	Support	Support	Support	Support	Mixed	Support		Support	Mixed	
Support school districts making structural changes	Support				Oppose	Oppose			Support	Mixed
Provide families/guardians with evidence-based information	Mixed	Mixed	Support	Support		Support			Mixed	Mixed
Prioritize family-centered activities		Support	Support	Support	Support				Oppose	Oppose
Other actions: Public awareness campaign to increase self-care						Support				
Other actions: Support adult role models	Support			Support						

Note: A blank cell indicates that there was no significant group discussion about this topic or was only raised by one person without affirmation for or against by other participants.

*The scope of topics in the youth sessions varied somewhat from the community sessions. The full scope of youth perspectives can be found in the dialogue summaries.

DELIBERATIVE DIALOGUE SUMMARY – 11.6.2023

Topic	How Do We Support Youth Mental Health in Our Communities
Dialogue Date	November 6, 2023
Dialogue Location	UW Center for Civic Engagement, Wausau
Moderator Name(s)	Eric Giordano and Amy Prunuske
Notetaker Name(s)	Eric Giordano and Amy Prunuske
Observer Name(s)	Gwen Taylor and Nicholas Giordano
Total Participants	10
Liberal	2
Moderate	5
Conservative	3

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

The table below shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a “1” in a table cell means one of the moderator(s) or observer(s) selected that category; a “2” in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as “1.”

<i>Thinking overall about today's dialogue...*</i>				
<i>...how much disagreement was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
1	3			
<i>...how much common ground was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
			3	1
<i>...how much do you think the participants considered perspectives or viewpoints that they hadn't considered before?</i>				
Not at all	A little	Some	Quite a bit	A great deal
	2	1	1	
<i>...how much do you think the participants valued the input provided by their fellow participants?</i>				
Not at all	A little	Some	Quite a bit	A great deal
		2	2	
<i>...how did participants with differing views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
			2	2
<i>...how did participants with similar views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
			1	3

*The two moderators each recorded their observations for this session and therefore they are counted separately in the table.

➤ APPROACH 1: 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. Participants generally agreed that prioritizing a youth-centered public awareness campaign would be valuable for reducing stigma and to normalize youth seeking help with mental health issues.

- Generally agreed to be a valuable action item (including support for youth generally).
 - As one participant directly put it, “I like the idea of a youth-centered public awareness campaign.” [There were several head nods and/or verbal affirmations.]
- In agreement, one participant added that the campaign ought to include disseminating telephonic services such as suicide hotlines and peer support information—while stressing confidentiality. This same person emphasized that it was important for the campaign “to go where the youth are.”
 - “Toll-free numbers do work (like 988).”
 - They said that youth are aware of what their peers are doing so focusing resources at grassroots, peer level and school level would be beneficial.
- There is a need to create spaces where kids feel safe to share; understanding mandatory reporting requirements is a potential barrier. One participant was in agreement, but then asked, “How do we overcome the fear factor of reporting in difficult family situations?” She went on to discuss the challenges of asking youth or adults to report something negative happening in the home and risking Child Protective Services getting involved and disrupting the family. This consequence might mitigate the child’s interest to get the help they need. This same person wondered whether this could lead to a situation where a child would be punished for not reporting abuse in the home. Clarifying and understanding mandatory reporting requirements is important.
- Another participant chimed in that foster kids are particularly at risk. Sometimes-removing kids from parents results in placing kids with foster parents that could be worse.
- Still another participant mentioned that little was being done to address “runaway- kids” and the reasons why kids are running away. She told a story of how a family member’s child kept running away. She would call the police and try to get help. But they never really addressed the problem and the family had few resources and little support to address this recurring problem.
 - One participant wondered if truancy laws are being enforced and if parents still getting fined for truancy. This may serve as a solution to address root problems causing youth mental health issues. Many participants agreed non-verbally in the need to address the root problems.
- One participant emphasized the need to get kids involved and get their point of view.
 - In response, one participant mentioned ongoing efforts underway at DC Everest and Wausau like the Raise Your Voice clubs where students are trained as leaders to get students to talk to other students. This was something that could be emulated, the participant said.
- Another participant mentioned that the public awareness campaign should involve promoting an improved diet for kids. She mentioned that children eat a lot of processed foods partly because of the high cost of healthier foods. [At least one other participant verbally agreed and it seemed like there was more agreement.]
 - Processed foods are too easy and cheap while expensive foods are the healthier options. They think this issue not being talked about when mentioning mental health. Another person expressed how this would help in a public awareness campaign; another agreed and thought physical health impacts youth mental health.

B. Participants generally supported preventative solutions, including investing in wrap-around services and early childhood education. Communities, schools, parents, and leaders have a role in decreasing stigma and engaging with youth.

- It was mentioned that as a society we need to reduce the stigma surrounding mental health. One participant asked why is physical health okay to talk about but not mental health?
- One participant mentioned that there was a need for greater wrap-around support services for youth—emphasizing that we were lacking this in our community. There seemed to be significant agreement via heads nods and affirmations.
 - The Boys and Girls Club was noted as an example of where wrap-around services could be provided, but noted the need to have HIPPA authorizations in place so wrap around care can happen.
 - It might be beneficial for involved or related agencies to share information that is sensitive without having negative setbacks. This way multiple organizations like Boys and Girls Club, schools, etc. could all be on the same page and following up when kids have a bad day.
- Another participant echoed this sentiment, saying that “Preventative solutions sound good.” She went on to say that we needed to start early in the lives of youth and set expectations. This starts in the home but has application for caregiving. She then mentioned that the community needs more resources and training for early years caregiving. But if implemented, this could make a big difference in the positive development of youth.
- There were several other comments and general consensus around the importance of early childhood education. Age-appropriate expectations need to be put in place and taught. They suggested more investment in resources to have training at day cares.

C. Preventative approaches should also address technology and the use of social media, neglect of youth, and the importance of parents and other adults (especially teachers) serving as role models.

- A participant pointed out that the general cause of youth problems today stemmed from neglect. This neglect, he said, was manifested primarily by youth being constantly on their phones and electronic devices, “being inundated with electronic messaging.” This leads to a lot of misinformation, misdirection, and being misguided said the participant. Ultimately, he said, “Neglect of youth is the new normal.”
 - Society needs a change of how we view screens and their uses. Being present and in the moment is essential to improve youth mental health.
- Another agreed, calling phones “the new security blanket.” He went on to share anecdotes of families being in the same room but each on their electronic devices and oblivious to the people around them.
 - Kids have too much screen time and are using all their free time to access screens. Youth have too much access to their phones.
- Most participants agreed and one argued that in general “We (adults) need to be more present and be in the moment for kids.”
- Another argued that parents should be better role models, but lamented that this is not always the case and is part of the problem when they are not. There is concern that youth are being neglected and face a lack of exposure to values. Parents not present about building trust with families with the fear that difficult family situations may need to be reported and that there may be blowback on kids.
- Another argued that teachers can be important role models and getting their input is important. They praised when schools de-emphasize electronics and create rules disallowing cell phones in class. But trusted individuals in youths’ lives, like teachers, do not always exemplify healthy behaviors around using technology themselves. They shared a story that one school tried to take teachers away from their phones and it had fierce pushback.
 - It was noted that schools need to set a good model, but there would still be issues with family members and parents not buying in.
- However, one participant pushed back on totally restricting technology and screens. In their opinion, society is shifting to electronics, so youth need to learn to adjust and use technology in healthy ways. They expressed how it takes time and effort to navigate this complex problem and find the available resources.

- Electronics “can be used for good” by enhancing learning, though they acknowledged that in other contexts and settings electronics were also very detrimental to youths’ wellbeing. Part of the problem, they said, is that there is “no filter” in terms of limitations on the time and use of electronics by kids.
- Another acknowledged the irony that kids use laptops or iPads every day as part of their learning—so we should not be surprised that they have a habit of turning to electronics when not in school. Why do we insist at our schools that we have to have the best technology for our students if we are so concerned about technology use?
- One participant responded that in one school district (a private school) they had removed ALL technology—which the commenter seemed to think was ideal.
- The original commenter went on to say that they had served on a school board and that acquiring better technology was a constant refrain—and was assumed to be the most important way to prepare youth for the digital age.
- Another participant similarly noted that society has completely shifted to use electronics and did not see us moving away from that. The questions then become, “How do we best adapt to that?” And how do parents figure out how to raise kids in this electronic environment?
- [Note: the topic of banning cell phones in schools was later picked up in Approach 3 with the same themes as mentioned earlier in this discussion.]
 - There was reference to a Florida study that shows banning cell phones increases student engagement.
 - D.C. Everest has limited WiFi service in buildings.

D. One mental health professional emphasized that there is a need to expand the psychiatry residency program in Central Wisconsin and to bring more psychiatrists and other mental health professionals to the area.

- One of the participants who self-identified as being a psychiatrist, mentioned that there had been some efforts via the Medical College of Wisconsin and local health systems to expand psychiatric residencies in the region.
- Aspirus and North Central Health Care help with loan forgiveness programs.
- Despite these efforts, she said, they still cannot retain mental health professionals at the rate needed. She said that the overall retention rate of psychiatrists in Wisconsin is 50%. And it is even lower in central Wisconsin. The program builds in a three-year commitment, but despite that, psychiatrists “do not stick around” for the long-term. [No one else commented or shared a viewpoint about this topic.]

➤ APPROACH 2: 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.

E. 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.

- A participant mentioned that it would be very costly to implement the first three action items in this approach and expressed concern about who is responsible for paying for or funding these actions items. They mentioned for action item number 1 it could potentially be the school boards.

- Another issue brought up is how to determine which child is prioritized and how do you find those people struggling and the most vulnerable. One participant shared a personal experience of three family members who attempted suicide and there seemed to be no signs, suggesting that providing help and resources to everyone is therefore vital since one cannot know who is struggling. One participant suggested encouraging schools to take on a role in providing resources for the students.
- One participant thought there was a lack of parental input. They gave a statistic [unverified] that only 15% of parents are interacting with teachers at conferences but they are the parents of students that are doing well. One participant again questioned whether we can you accurately categorize who is struggling? (one head nod of agreement)
- We cannot categorize who is the most vulnerable. They thought there was no way to know and identify who is struggling the most.

F. Most participants agreed that targeting particular groups for resources might be “divisive” and instead favored initiatives that had a broader benefit.

- There was recognition that the vulnerable might get lost, but there was not significant trust in the statistics that were shared around poorer outcomes for particular groups.
- One participant thought there is no need to have specialized groups and focused efforts. Another participant agreed with the statement above. They asked, “Why break it down by characteristics?” To them, it leads to more problems.
- Most of the participants agreed with not having specific groups “by characteristics.” It was again mentioned how there is no need to separate people out, and instead we need find commonality and common ground with one another.

G. There was support around having language assistance for non-English speakers in order to help navigate resources to help with mental health.

- One participant pushed back about the notion of not targeting resources for specific groups in the case of not having enough resources for all languages. To them, there is a need in the community to allocate resources to address certain groups like Hmong youth that have cultural differences and language barriers. These individuals may face different barriers in accessing resources to help with their mental youth.
- One participant shared their experience of having one student who is the only student who speaks Spanish in the entire school and the interpreter could only come in once a week. It was mentioned that schools need to provide basic language resources and training for teachers and counselors.
 - One participant sympathized when they said that it is scary to imagine going throughout schooling without understanding the language.
- The group then normed around the idea of more resources for the most prominent languages in our area, including Hmong and Spanish.

H. While there was agreement among participants about the value of providing support groups, there was mixed support for affinity-based support groups.

- There was overall agreement that there should be support groups for everyone to join in and talk about things.
 - One participant elaborated that there needs to be a group at school that unifies youth to talk about mental health, while people who are similar will naturally be drawn together and form connections.
- But there was some additional pushback to the idea of not providing focused resources for certain groups, with on participant noting that a Gay-Straight Alliance is not present in all schools. So some kids do not have a group they can join and identify with.
- Specifically, when asked about LGBTQ+ youth, there was recognition that there is stigma faced by identifying youth, but the group expressed concern about them being outed.

- Several in the group also expressed concern that society is putting pressure on kids to take on identities while they are still developing. This just added to youth stress, anxiety and possibly poor mental health. Society causes more stress and confusion in those in middle school and high school, especially around sexuality and pressure to make a decision regarding sexuality.
 - It was said that some youth are not being accepted and stigma comes into play too.
- I. Participants supported interventions and programs that could benefit all youth, such as mentorship opportunities.**
- In general, the group was supportive of overall intervention to all youth like mentorship programs.
 - It was mentioned that mentoring services for kids (such as Big Brothers Big Sisters) are beneficial. They suggested implementing a community mentoring service where community members are invited to come in and talk to kids. They gave an example of prison correction center having mentors for youth. This should extend to all youth.
 - One participant asked how would we screen the mentors? There are currently basic background checks at schools, but sometimes not everything doesn't show up.
- J. One participant wanted to add an action item to require nationwide parenting classes, mentioning how we have foundation training for foster parents but questioned why parents do not have similar requirements.**
- There is a current mentality of parents not correcting when they see bad behavior, allow kids to use violent video games. Another participant pushed back on the idea above and said research does not support that video games impact violence.

➤ APPROACH 3: 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. This was the preferred approach by the group by far, with most of the actions resonating with all of the participants and that was some overlap in discussion between Approach 3 and Approach 1.**
- There was interest in improving the health curricula as well as changing the school environment to better support youth. There was discussion around how we support families and encouraged a more fluid definition to what defines "family." There was recognition that behavioral change can be difficult and that the parents/guardians need to accept and follow good information though no guarantee that they will do so.
- B. One participant started the conversation for this approach by basically saying they liked and supported action items one through four in the Issue Guide and really liked the entire approach. This elicited a lot of verbal and nonverbal agreement from the group which set the tone for conversation about this approach.**
- When asked to elaborate, the individual said that in general, we should work through schools and health systems to improve the wellbeing of youth.

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

- One participant specifically mentioned the potential positive impact of enhancing school health curricula by including content directly related to mental health. They also wondered what was possibly more important than that. [Others agreed.]
- Later in the conversation, another participant mentioned the importance of bringing more creativity back into the curriculum—specifically lamenting the cutting of band, music and other similar programs—that they believe help use parts of the mind that have positive impact on the wellbeing of youth.
 - The cuts to band, orchestra, and other teamwork and creative activities have been detrimental to youth mental health. Schools should be safe place and provide structure to youth.
- Following up, one participant mentioned Wausau’s Red Granite Charter School which uses an outdoor, experiential approach to learning. See <https://redgranitecharter.org/>. However, it was noted that the new school is too small and not available for everyone.
- There was some discussion about how the Hewitt-Texas Elementary School was being repurposed for a more outdoor, hands-on-based learning curriculum.
- Another participant said she liked this approach but wondered how you move beyond a small set of youth in one program to affect the wellbeing of all youth in our area. Could this realistically be scaled? “Will (curricular) change be accepted?” she asked.
- One participant had some very strong comments about the unchecked power of the U.S. Department of Education, specifically mentioning how federal dollars tied to incentives were driving curriculum at the local level, but not for the good. [Specifics about how they influence local curricula and what is negative about national initiatives were not elaborated on.] This person also singled out the National Education Association for similar reasons.

D. Participants also supported the idea of adjusting school hours so youth can have more sleep and improving the structure of the school day.

- There seemed to be near unanimous agreement around support for changing school hours and supporting youth with 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.
- One participant mentioned that in a previous area they lived in the busing system did not leave until 1-2 hours after school ended. This provided natural time after school to have students interact and do homework. The delay gave students additional time and access to people, peers, and school activities.
- It was mentioned that we need to normalize being at school and changing school hours and busing might change the stigmatization some kids have in being at school to get help and resources they need.
- There was overall agreement that the above idea of having kids stay longer after school is good and changing to a later school time would allow kids to sleep in the morning.
- Since schools have to follow federal criteria, unless there are changes to national policy, districts may be limited in what they could schedule-wise.

E. Some participants noted the importance of exercise and diet in fostering mental wellness.

- Carrying over from a theme raised during the discussion of Approach 1, one participant again raised the issue of the importance of diet and exercise, arguing that it is good for mental health. Others agreed. The same person mentioned that providing both breakfast and lunch were crucial and that both should be available to every child.

- It was mentioned that exercise and diet are very important. One participant was disappointed that playground and recess stops at elementary school, so youth are not getting fresh air.
- One participant said that a prescription for depression is exercising.
- Another participant said that providing breakfast and lunch for students could be beneficial.

F. Providing information and support for parents and families is important, yet it is a parent’s choice whether to use the information. “Family” can be defined differently and more broadly.

- One participant liked the idea of helping parents with evidence-based information and resources. Another participant said they appreciated this action and felt it was important to give parents more information, including parenting classes. And while there was general agreement of the value of this action item, one participant pointed out that some parents do not believe they need help.
- Another echoed this concern, saying that “it is up to parents and guardians if they want to accept and follow information.”
- One participant noted that it is hard to define what constitutes a “family,” and another noted that the very definition of “family” matters. We need to pay attention to the needs of different kinds of families such as single parent families, extended generation families, and so on. So, there is no one-size-fits-all approach. Instead, there are different definitions and wide ranges of family which creates unique challenges and barriers.

G. While the culture of drinking and guns in Wisconsin and its impact on youth well-being was raised, participants did not seem to want to engage this topic in the dialogue.

- One participant pointed out that two trends that affected youth wellbeing in Wisconsin: 1) a culture of drinking and permissiveness around alcohol consumption (which creates a culture that influence later youth behaviors; and 2) the prevalence of guns in the home, which increases the odds of suicide by gun for at-risk youth and can be problematic in home where gun safety is not prioritized. [There was no explicit disagreement here, but from an observer’s perspective, there was a conspicuous absence of agreement here.]
- One other participant noted the importance of anti-drug programs in the schools, singling out DARE. Others wondered if DARE still existed. Other participants assured that DARE was alive and well in some schools.
 - A couple of people pointed out that the success of DARE was dubious—and reported the oft-repeated thought that DARE actually had the opposite effect—that it encourages some youth to become more curious about illegal substances rather than convince them not to use them.

H. Some described a concern about the loss of traditional values. There was general agreement about the importance of adult role models.

- One individual mentioned an overall loss of traditional values, and mentioned specifically that the influence of church in the lives of families was waning. It was mentioned that values in general are decreasing, with increased swearing at home which compounds mental health problems.
- Another pointed out that this goes back to the idea that improving the mental health of youth begins with parents in the home and how they interact with youth at a very early age.
 - One participant suggested distributing information to parents such as what the pediatrician hands out. Another suggested sending healthy recipes out to parents to help them.
- At the end of the discussion for this approach, a participant brought up the importance of adults setting a good example for youth and model healthy behaviors ranging from reducing phone use to healthy eating. There was general agreement about the importance of adult modeling. However, one participant noted again that it will be impossible to change everyone’s attitude or behavior.
 - One participant emphasized that individuals cannot fix world but can exemplify traits and resources and model healthy behaviors.
 - Some kids have unhealthy actions and behaviors that are normalized and should not be.
 - It was mentioned that everyone’s attitude cannot be changed.

AREAS OF COMMON GROUND AND PROCESS REFLECTIONS

A. Common Ground

- All participants believed the topic to be a large and important one to address that requires a multiprong or multifaceted approach that incorporates the family (especially the parents) and school-based solutions.
 - Adopting “soft solutions.”
- The issue affects everybody. It doesn’t matter “what side of aisle you sit on” This could bring people together.
- There was also consensus around the importance of preventive lifestyle changes like kids getting more sleep, exercise, fresh air, healthier diets, and less time on devices, and that kids “want this.” 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, more afterschool activities, and limit electronic device use.
 - Even during high school, students recognize that they want change but the household and teacher environment needs to support this change.
 - Electronics should be a tool but not a replacement for connection and interactions with trusted individuals.
 - There need to be more efforts to bring food to kids at school.
 - Change this it will require school leaders’ support.
- There was overall agreement around the important goal of destigmatizing mental health and there was broad agreement around the importance of a public campaign to reduce stigma and address youth mental health generally.
 - Consider how to reach multiple languages like Spanish and Hmong, as well as refugee families.
- The community cannot address these issues without knowing the root causes; this is essential to make any decisions about how to solve.
- It was agreed that some youth face language barriers that might impede access to resources. An example cited was appointment reminders only being given in English.

B. Tensions

- There was tension around wanting to bring cutting-edge knowledge and information to kids (such as technology), but we don’t want 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.
- Potential sources of tension included how do we obtain resources to support youth and families. There was tension around how to bring youth together and create youth mental health support groups. It seemed like almost all participants wanted a mental health group for everyone, but subgroups can also talk about mental health issues (such as Gay=Straight Alliance).
 - The group liked the idea of creating a whole new group based on just providing space for all youth to talk about mental health and their challenges. Will school leaders invest in potential school-based solutions given competing demands? For example, peer support groups.
- On the one hand, the group did not seem to favor affinity groups for students in school. On the other hand, they recognized that some students (such as LBGTQ+) definitely faced unique stigma. When pushed, they also seemed to recognize that some affinity groups already exist in schools and that this is normal. So, overall there were some inconsistencies in how the group felt schools and others should respond to the unique needs of vulnerable youth.
- No one seemed interested in touching on the concern raised by one participant around the negative culture of guns and alcohol use in our communities.

C. Unresolved Questions from Parking Lot

- We need input from teachers regarding the expectations and consequences for reporting students with mental health issues [referring to reporting requirements and the concern of mandates for reporting issues that might arise during supervision of school-based peer mental health groups].
- We would like to hear more from young people about what they are facing.
- One participant commented, “We need to know more about the causes of mental health issues before commenting on solutions.”
- How do we hold all parents accountable?

D. Process Reflections

- This initial experience helped the members to build trust in the process. Many indicated they were nervous coming into this. I think most felt heard and wanted to hear other perspectives, but I do think there was hesitancy to dig into the sources of tension. Participants were mostly focused on sharing their own views and weren't overly looking to disagree. If they did disagree, they may have kept their thoughts to themselves.

DELIBERATIVE DIALOGUE SUMMARY – 11.10.2023

Topic	How Do We Support Youth Mental Health in Our Communities?
Dialogue Date	November 10, 2023
Dialogue Location	Mosinee Public Library
Moderator Name(s)	Amy Prunuske and Jeff Todd
Notetaker Name(s)	Amy Prunuske and Jeff Todd
Observer Name(s)	Nicholas Giordano and Nate Zurawski
Total Participants	9
Liberal	3
Moderate	4
Conservative	2

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

The table below shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a “1” in a table cell means one of the moderator(s) or observer(s) selected that category; a “2” in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as “1.”

<i>Thinking overall about today’s dialogue...</i>				
<i>...how much disagreement was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
	1	1	1	
<i>...how much common ground was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
			3	
<i>...how much do you think the participants considered perspectives or viewpoints that they hadn’t considered before?</i>				
Not at all	A little	Some	Quite a bit	A great deal
	1	1		1
<i>...how much do you think the participants valued the input provided by their fellow participants?</i>				
Not at all	A little	Some	Quite a bit	A great deal
		2		1
<i>...how did participants with differing views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
			2	1
<i>...how did participants with similar views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				3

➤ APPROACH 1: 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. Participants felt that community was an important component to addressing the challenges associated with youth mental health. It was noted that raising community awareness is beneficial only if there are community resources to which people can refer.**
- In regard to the public awareness campaign, one participant thought the community can do but if the resources and support structures are not there, then campaigning has no benefit.
 - One participant asked about if the waiting list too long for kids to see a professional.
 - There was agreement and support for more self-reflection and looking at what the community is and is not doing. One participant thought the community should shy away from right and wrong and instead learn from the differences between community members. There sometimes is no “right answer” on how to parent and there is a lot of grey area. It was mentioned that people are doing things unconsciously and without awareness.
- B. Participants agreed that these actions are all resource heavy and that they require lots of planning and collaboration.**
- It was mentioned that supporting community level initiatives is important, but it is also resource heavy. It is long term and resource heavy, so results will not be seen for years down the line. This subtly must be addressed to garner more support for these long-term projects/action items.
 - There were a few who expressed a distrust in government’s ability to help and many people agreed that it would be hard to do with contending interests.
 - There was also some mention of grant writers not being available to many groups and that those who have grant writers available will not want to share those resources with other agencies.
 - One participant supported the action item of writing grants because these ideas will cost money. It is relevant to find the money to support these programs as at some point you have to have money to turn these action items into reality.
- C. Participants generally supported preventative solutions, including investing in early childhood education. There was recognition that early childhood interventions are critical given how much brain development occurs before 4 years. Challenges will also need to be addressed in adolescents due to external exposures like social media.**
- Early childhood development investment was mentioned.
 - Another participant said that the community is missing/overlooking the most important part. When looking at early childhood, what is going on? They think parenting is what is causing poor mental health outcomes as it creates problems early on in youth that they carry with them for the rest of their lives.
 - In response, one participant thought there needs to be closer examination of the root causes and looking at what is going on at home. However, they said parents shouldn’t take all the blame as the community doesn’t know what the child is concluding about the environment or what meaning children are giving to their environment. This needs to be investigated before any conclusions can be drawn.

- One participant mentioned how from birth to age four, a lot of brain development occurs, and the brain's structure is formed. There needs to be more self-assessment of what we are doing wrong is important and see what we can do to change. There was some openness on reflecting on what we are currently doing that may be wrong or unconsciously being implemented and to learn from other places on what might be done instead.
 - It was again mentioned that in life, we do most things with training, but being a parent does not seem to require that.
 - It was said that we love our kids, but most often we are unconsciously doing things. There is not enough introspection and people asking themselves "what am I doing to contribute to our child's behavior?"

D. Preventative measures that focus on root causes, including the role of parents, are often overlooked.

- There was overall agreement that preventative measures should be taken (lots of agreement). This is too often overlooked.
- One participant pointed out that the root cause is current parenting as there are no requirements for parenting, and the community cannot get involved in parenting as parents' wishes always surpass everything else.
 - Looking at CPS, one participant had no respect for them as there needs to be proof that abuse is going on before anyone can step in and separate the child from their family. [It seems that there needs to be changes to current CPS practices, policies, etc.]
- One participant mentioned how neglect is impactful on youth mental health. There needs to be more time and effort on addressing the cause and prevention of neglect.

E. Mentoring programs were a desired strategy, but also recognition that communities are more diverse and that don't always have access to diverse role models.

- The work of non-profits organizations like Big Brothers Big Sisters, fostering, Boys and Girls Club are important and vital to helping address youth mental health.

F. There is a need to listen to youth in how solutions are designed when taking a comprehensive, community approach.

- Community members don't listen to youth, and adults like to take over the conversation. Youth need to tell us what they want, and the adults should listen. They also mentioned there are huge immigrant and refugee populations in Marathon County, but these youth don't have teachers that look like them. They think building community support takes multiple sources of support and initiatives. They like the idea of looking at what other countries are doing, and more self-acceptance of what adults are doing wrong. In essence, the community needs more acceptance and love.

G. 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 with more retirements as well as individuals leaving the profession.

- The community needs more resources for mental health professionals.
- One participant mentioned that there is already a \$10.4-million-dollar grant supporting in-school mental health professionals. However, they recognized that this is just a short-term fix, and a long-term strategy is needed. They said money is needed to "prime" the professional pipeline because most people don't pursue the degree due to the cost and the lack of return of investment on becoming a mental health professional. [Reference to cost of tuition versus annual salary.]
 - One cited that around 25% of current practitioners have left and 25% of them are planning on leaving.
- Another participant seconded the previous idea as schools that do the training are far away and require moving away.

- H. 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.**
- There seemed to be some support for enhancing case management.
 - Another participant liked this idea, but their own child was lost in the process, and they think follow-up is not enough as the whole system has issues. [Same participant whose child transitioned.]
- I. Participants expressed concerns about Wisconsin's alcohol culture and how substance use and misuse intersects with mental health.**
- One participant mentioned how they had a dysfunctional family due to alcoholism. They think the local community puts too much emphasis on alcohol which helps breed more problems. To them, the issue of alcohol is the "elephant in the room" in Wisconsin that no one wants to address but know is a problem.
 - One participant mentioned new legislation would need to be passed to change the culture.
 - One participant mentioned that reliance on drinking and/or drugs being the problem. These vices are used to alleviate mental health issues.
 - In response, one participant asked what is the cause and the prevention of the mental health crisis? Only then can substance abuse be addressed.
 - It was mentioned that not everybody is dealing with mental health issues so clearly the community needs to look at what type of environments cause negative thoughts and cause mental health issues.
- J. Miscellaneous**
- Participants had a hard time staying on subject. There was some brief discussion before someone addressed "the elephant in the room" which was alcoholism. She had a book with her called "Becoming my own dad" that was written by someone in Stevens Point. She wanted to let everyone know how he struggled with an alcoholic father and how he had to mentor himself. This led someone else to say how she thought that everything started with the family and that she didn't see anything in this approach that she thought would work.



APPROACH 2: 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. 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.**
- There is a need for more resources for early childhood development help with parents.
 - One participant mentioned the need for more education for parents. Communities need to give parents the tools they need to give youth and parents the support they need.
 - It was said that parents need to learn how to properly discipline children as they believe they are taught to oppose parents at school.

- However, there was lots of contention around different parenting styles as some participants thought that parents do not have enough power and power is taken away from them resulting in kids not listening, while others disagreed and said that parents have a role and responsibility to offer suggestions but not force kids down certain paths or decisions. There was even further contention just around the idea that some youth won't listen to parents while others disagreed saying it was due to the way parents approach and interact with their children.
- Parents need to be conscientious and ask themselves what they might be doing negatively.
- One participant thought parents sometimes can be too much of a friend. They also thought the action items were too big in nature and not specific enough.
- One participant mentioned that unfortunately, some people shouldn't be parents.
- One participant thought that the community needs to listen to those in neutral positions, those who have influence but not direct "skin in the game."
- One participant thought that there needs to be efforts to start with the parents.
- Another participant mentioned that parents and adults need to let ego go and listen to the youth and what they want. Supporting youth how they want to be supported.
- There was agreement that there needs to some sort of coming together of parent, school, and child. (agreement).

B. Participants expressed a need for a better understanding of the effects of social media on youth and their mental health, with potential regulation.

- The negative influence of social media and cell phones was brought up. One participant said that today's children feel like they can combat parents to take away the technology. Parents are unable to punish their kids and can't ground. To them, it seems parents' hands are tied (by cultural or community norms).
- A participant said that it is hard to get rid of social media and efforts must to be made to help youth adapt to it.
- One participant mentioned how social media like Facebook makes them crazy but they grew up without it so they are able to separate themselves from it. However, they think that because today's young people grew up with it and feed more into social media, they are unable to escape its influence and make more unhealthy comparisons.

C. There was mixed support for affinity-based support groups.

- One participant thought that although peer groups are not bad, it can turn into us versus them mentality where people might be left out. They think youth need trusted confidants but taking it too far [referring to separating by affinity groups] might cause some people to fall through the cracks.
- Encouraging a sense of belonging may have negative, unforeseen consequences, e.g., creating cliques, peer pressure, unhealthy reference groups for the vulnerable.
- Parents need tools to combat peer group pressures that may be harmful to their children.
- Peer groups may not be bad, per se, but may promote exclusion of some children because they do not fit in.
- One participant mentioned that for youth, sometimes a sense of belonging can be negative in influencing mental health such as the cliques, the gangs and social media they go to. The group they start with can influence the friends they interact with and the social media. It was mentioned that this might cause sexual confusion.
- A lot of conversation revolved around a participant with a transgender child and how she did not think it was appropriate for her "son" to find support for those ideas in peer groups. (She referred to these groups as many other things, including "gangs.") There was push back on idea that we should earnestly be concerned about the child in and of themselves regardless of what the struggle is. There was some debate about household obedience and youth acting entitled.
- The conversation moved towards family values and around how kids are hard to manage in this new age.

D. There seemed to be overall support for earlier identification of mental health issues. But some participants expressed concerns about early diagnoses, including the impact on identity and early "labeling" of youth.

- There seemed to be overall support for earlier identification.
 - It was also mentioned there are many misdiagnoses in the community.
 - It was said that bipolar is not diagnosed young enough but this is slowly changing.

- Someone mentioned how the government supports teens in labeling themselves.
- It was mentioned that 13 is confusing time and many youth are vulnerable to new ideas and go through periods of experimentation, however, it seems media might have too much influence during this period which sways youth down paths that lead to mental health issues [seems to be alluding to gender identity and sexual orientation].
- One participant mentioned that in their experience, behaviors are symptoms while the underlying issues that cause them are often never addressed.

E. Most participants felt that cultural competency needed to be promoted and there is a need for more acceptance of differences at the community level. Developing actions in a multi-cultural society is important.

- Need more agreement on societal approaches and needs; this is especially important in these polarized times.
- There is great diversity in personal and cultural values – how to be respectful, appreciate and recognize; celebrate not attack.
- It is important to build resiliency in a multi-cultural, multi-sectorial society.
- Another participant said that many people’s values are completely different, so people have to consider the cultural differences that might never mix. This means that there needs to be some acceptances of differences in the community.
- Another participant agreed with the above statement and expanded upon it by saying the community needs to start coming together at a little of time and huge changes are not necessarily viable.
- It was again mentioned that because the community is made of many individuals there are different types of support in the community, different spectrum, role of different values which makes trying to address mental health challenging as one size does not fit all.
- Most felt cultural competency needed to be promoted.
- One participant mentioned that schools and churches could improve from culture competency. They also don’t agree with the drawback as we can work to take responsibility away (this was agreed upon in the group). They think there needs to be more conversations about what we are able to control and change the mission of schools.

F. Some of the discussion centered around “family values.”

- Question: “Can we get back to the way it was?” Response: “Do we want to?”
- One participant said that although it is nice to reminisce about the past and how things used to work, today’s society and culture cannot go back to past, but reflect on it. In their opinion, not everything can feasibly change back to the way it was, but it might be possible to take certain ideas and apply them to today.
- One example is how we live in a two-working-parent society now versus one-working-parent household in the past. It was also expected that everyone was a part of some sort of religious group or denomination.
- It was mentioned that today’s society now allows for all shades of gray, where communities can no longer be black and white, in part because we are now more aware and accepting of certain differences or peculiarities.
- One participant went back to the black and white idea and said that was never reality, instead, this mentality resulting in the creation of vulnerable populations because certain groups were not recognized.

G. 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,” not just college.

- We should be preparing children for life, not necessary college or jobs. The goal is to help children become contributing members of society, whatever that might look like, not some constricted social ideal.
 - Help children develop their ability to adapt to change; create supportive environments.
- It was said that there is a need to create or cultivate a society in which people can build individual strengths and the ability to react to change. [raise resiliency]
 - Today’s culture allows too many outside pressures that impact youth like climate change, war, LGBTQ+ issues which all impact children.

- There was overall agreement to make people functioning members of society at school. They think that there needs to be a reforming of schools' missions to better prepare people for life during high school and not solely focus on preparing people for college.

H. It was mentioned that if structural changes are made to address mental health, this same scaffolding could also be utilized by the older generation which also faces mental health issues.

- Intergenerational understanding needs to be promoted and encouraged.

➤ APPROACH 3: 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. Participants expressed support for enhancing school curricula to improve youth mental health and wellness.

- There was consensus around the action to improve existing school curricula.
- Specifically, mental health should be part of health curriculum and physical and mental health are related and don't have to sacrifice much content to add information on mental health due to this relationship.
 - One person said mental health is health and health *is* a class. This got a lot of head nods.
- One participant mentioned that some mental health-related materials are taught at school like psychology.
- For the second action, one participant thought that there should be more home economics and parenting classes. They also mentioned the terrible discussion around what parent values should be adopted as there are disagreements on what is best for youth.
- One participant thought more efforts should be made to build emotional regulation in the youth.
- People in power at schools need to understand the community needs and the research that supports related actions.

B. 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. Senior citizens may be able to participate in helping with solutions.

- The conversation around increasing capacity was positive and there was a suggestion that the Boys and Girls Club was a good example of an institution that is actually helping. Many people agreed with the idea that being out and enjoying family activities with others in the community was good and that it provided opportunities for discussion among adults and fun for kids.
 - One participant mentioned the community needs to build resiliency in young people and look at improving critical thinking of the youth.
 - One participant asked how are people in positions in power looking at this issue and understanding this topic, how are they leading the change?
- It was suggested to expand Big Brothers Big Sisters (BBBS) to more people. This would allow youth to have more connections. However, it was also said that there is a stigma associated with BBBS and normalize being involved in it and other similar programs.

- There need to be more programs in the summer to get kids involved in things they like to do.
- There was overall agreement that there needs to be more focus and attention to help children when they are little by getting family involved and getting daycares involved.
- It was mentioned that efforts need to be made to build structures now which allows change for the future and for elderly to use these resources.
 - One participant thought it would be beneficial to bring senior citizens and youth together. They can create connections this way.
 - It was mentioned there is also rising mental health issues in senior citizens.

C. 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.

- Family involvement was recognized as being necessary as well as a comprehensive case management approach. Training parents is important, but there was concern about whether all parents will be receptive they fact that they may have different value systems may require more tailored programs for different groups.
- It was suggested that there needs to be a collaborative team in place such as bringing in psychiatrists, counselors, dieticians, adventure assistants etc., who can help resolve youth mental health issues together.
- One participant brought up the need to look at the big picture and asked how can we get the kids involved.
- One participant advocated for a broad comprehensive approach. This meant letting kids get busy and do hands on activities and equine activities. They thought keeping kids involved and busy would help alleviate mental health issues.
- One participant liked the idea of supporting the family but felt there was no action item to address early childhood education and teaching parents.
- One participant mentioned how some youth don't seem to understand certain terminology correctly and misuse it, such as "gas lighting." This makes parenting hard when kids say they are depressed or have anxiety but are not diagnosed or are self-diagnosing.
- There needs to be efforts to help society and youth learn the definitions of certain terms and properly understand the terminology being used.

AREAS OF COMMON GROUND AND PROCESS REFLECTIONS

A. Common Ground

- There was overall recognition in the value of a comprehensive, multiprong, and multifaceted approach that includes families, schools, and the community, but also recognition that this requires us to take a forever approach to funding and that schools are under assault.
 - Mental health needs to come first at school otherwise kids will not be able to learn without their mental health needs being addressed.
 - Many organizations are making it hard to tackle issues such as mental health.
 - There needs to be more efforts to recognize risk factors and look at how nature and nature impact youth mental health.
- There was a lot of agreement around the idea that early childhood development is a crucial part of mental health. Efforts should include a preventive focus including early childhood, but also extend beyond younger ages to build youth resiliency and tools to help youth manage their emotions.
 - Efforts need to be made to help kids be more proactive and get them involved in programs that are supportive.
 - Efforts should be made to mobilize and implement protective factors and interventions.
- The group was largely concerned with the parents' ability to raise their children in a healthy and positive environment. They agreed that there was a lack of mental health resources, and that building awareness and providing parents with information to help their children is good.

- More resources need to be in place to support training and keeping mental health providers in the area.
- 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. The idea of building resiliency and cultural competency was supported, but there was recognition that society cannot force people to adopt certain values.

B. Tensions

- There was a tension over parental freedom and societal responsibility to address neglect of children who have no advocates. Society has an obligation to children that does supersede biological parent role.
 - Programs can be put in place but there needs to be a societal debate about what to do about individuals who are not able to be parents [referring to those deemed not to be good parents resulting in children suffering]. What appropriate interventions must be taken when parents are not fit to be parents? This is a very complicated issue.
 - It seems that CPS policies currently require having actual proof of neglect and abuse before intervention can take place which results in some children continuing to suffer.
 - At the end of the day, who is the advocate for children? Who is held responsible and accountable?
 - When does the child’s welfare and mental health come before parents and their wants?
- Social media is a huge transition that society needs to learn how to navigate. How we deal with social media is also a large tension point. There is disagreement between how social media should be used and to what extent.
- There was some skepticism around the idea that communities can work together in an effective manner. Many people believed school was a good place to provide more resources but there was not a lot of trust that schools could meet the challenge.
 - Community members need to advocate for the children more and support them.
 - Community members need to be more engaged in being informed and acting, cannot have people be passive.
- There did not seem to be any broad agreement around Approach 2. Participants felt this option lacked actions that are specific enough.

C. Process Notes

- All participants appeared to be comfortable with the process and interested in being part of future groups. This group jumped into the experience right away getting into discussing actions during the personal stake. It was a positive opportunity for individuals to hear input from others with different perspectives and life experiences.
- The moderators did have to encourage some to bring their views into the space, but by the last approach participants were sharing their perspectives freely.

DELIBERATIVE DIALOGUE SUMMARY – 11.11.2023

Topic	How Do We Support Youth Mental Health in Our Communities?
Dialogue Date	November 11, 2023
Dialogue Location	Willow Springs Garden, Wausau
Moderator Name(s)	Gwen Taylor
Notetaker Name(s)	Eric Giordano
Observer Name(s)	Nicholas Giordano
Total Participants	9
Liberal	3
Moderate	3
Conservative	3

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

The table below shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a “1” in a table cell means one of the moderator(s) or observer(s) selected that category; a “2” in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as “1.”

<i>Thinking overall about today's dialogue...</i>				
<i>...how much disagreement was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
		2	1	
<i>...how much common ground was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
		2	1	
<i>...how much do you think the participants considered perspectives or viewpoints that they hadn't considered before?</i>				
Not at all	A little	Some	Quite a bit	A great deal
	1	1	1	
<i>...how much do you think the participants valued the input provided by their fellow participants?</i>				
Not at all	A little	Some	Quite a bit	A great deal
		1	2	
<i>...how did participants with differing views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
			2	1
<i>...how did participants with similar views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				3

➤ APPROACH 1: 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. Participants generally agreed that prioritizing a youth-centered public awareness campaign would be valuable to reduce stigma and normalize youth seeking help with mental health issues.**
- One participant came out strongly in support of this action item—particularly mentioning the importance of “normalizing access and treatment among parents and caregivers” as well as youth. Caregivers and parents need to normalize and accept youth getting the mental health help they need.
 - Several others affirmed with voice or head nods. People agreed that normalizing services and asking for help was a good thing but they also agreed that this was a long-term approach that was resource intensive.
 - Awareness should also be raised by the youth as well. They think youth are aware and active in raising awareness such as putting up posters. They also believe that if many children are having difficulty, the entire community needs to be aware to get everyone involved. They firmly believe that awareness does reduce stigma [lots of head nods].
 - One participant expressed their concern by stating it is hard to get government involved. Many times, it turns into too many cook in the kitchen. Sometimes government or even non-profits are not productive because different entities cover or target different people without communicating. For another participant, relying on government is not the answer to addressing mental health. They believe in the community there are cultural issues and social issues underlying the decline in youth mental health. They think the community should be asking themselves, why are youth experiencing mental youth issues, what is going on? By asking the type of questions listed above, the root causes can be identified and then solutions found.
 - One participant noted that kids are much more aware and are even “building more awareness so we can all become a part of it.” Meaning, our entire community should follow their lead concerning the importance of building awareness of mental health issues. One person suggested that a campaign should include posters in schools and around the community highlighting the importance of youth mental health and reducing stigma.
 - All agreed that a campaign could help reduce stigma around mental health.
- B. There is a need to expand the psychiatry residency program in Central Wisconsin and to bring more psychiatrists to the area. In addition, participants expressed a need for more mental health providers and services in general.**
- In general the group supported this action item. But beyond bringing psychiatrists—which are at one end of the professional strata-- one participant argued that we needed more psychologists, and talk therapists and counselors generally. Others agreed and said that we needed all kinds of trained professionals at all levels (psychiatrists, therapists, counselors, and willing adults) to listen to youth.
 - Many also agreed that schools were a good place to meet the need for mental health resources and that some students need professional assistance more than others.
 - Another participant mentioned how school social workers and psychologists in a local school could not cover the amount of youth that wanted a check in. The emotional needs were not being met due to the unavailability of professionals; school is a natural spot to have this occur.
 - One participant noted that schools are a natural hub where talking and therapy can and should take place. Others agreed. But one participant who worked in the schools noted that all schools in our area have social workers or psychologists but that they still could not meet the everyday needs of all students.

- But it was also agreed that therapists in and out of the school systems are “overwhelmed and overburdened.”
- One participant commented that we need more “connection care”—meaning talk therapy as well as increased personal and social connection care.
- Another pointed out that there are not enough mental health professionals generally [to which all participants agreed.] In this vein, another participant pointed out that wait lists at NCHC and elsewhere are months long.
- One individual also said that we needed more individuals trained to help youth through active crises. They noted that there are usually only two available outlets: a phone call to a crisis center 1,200 miles away or “you’ll have to go to the emergency room” because there are no available beds locally.
- One participant wanted to highlight the importance of telehealth options. Even unlicensed long-distance hotlines can be a helpful resource. While they might not provide in-depth therapy, “They can be an effective relief valve” for youth facing mental health crises.
- This same person mentioned the importance of the national 988 number and if youth are having down thoughts or depressive mood, that reaching out to 988 can help. It is a beneficial resource as sometimes having somebody on the other side and saying, “I want to listen to you” is enough.
- One participant thought that national resources are good, but they are not licensed, and only trained to help. It is meant for lower-level need but not therapeutic need.
- Another participant referenced the Trevor Project, which offers a national hotline for LGBTQ youth and youth dealing with sexuality crises.

C. 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.

- Another participant cited the need for increased help and support “at the lower levels of care”—meaning, that in addition to more psychiatrists, we needed more people trained to talk with youth—people who are trusted by youth who then might be willing to share their feelings.
- Another pointed out that this could be a trusted adult or trusted peers. Sometimes we don’t know who the connection will be. Many youths just need to be seen by somebody.
- In agreement with the previous comment, one participant mentioned having an adult, a coach, a neighbor or trusted individual that can let youth vent. Youth need to have somebody who can relate and not offer advice. These individuals could be from more structured organizations like Scouting, 4H, etc.
- Another participant then commented that it really takes the entire community in order to provide a full slate of trusted adults who are prepared to engage youth and be a listening ear for them, including coaches, Boy Scouts, Girls Scouts, etc.
- [There were verbal affirmations and head nods for nearly all of these bullet points.]
- Another participant went back to the idea that 80% of our youth are basically a “captive audience” for eight hours a day at school. So, they would like to see some group of professionals and support staff who was responsible for checking in with kids and getting the temperature of how kids are doing on a day-to-day basis. They should focus in particular on kids who have been flagged or who are especially at-risk to see how they are doing. As the person put it, “We need to pay attention on purpose.”

D. Preventative approaches should also address technology and the electronic nanny state. 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.

- A conversation developed around the use of cell phones and how youth (and adults) are too too dependent on electronics and social media. One participant mentioned how technology is corrosive to youth mental health and wellbeing. Another participant agreed that social media impacts the mind and changes how kids think and the way their brain works.

- However, one person reminded the group that social determinants are a big factor for some families who lack basic needs. Potential stressors that families experience around daycare, housing, low wages, etc., impact parents' ability to be there for their child and not rely on screens. We should therefore withhold judgment about the choices families are making because they are coping the best they can. So, for example, we might need to cut families some slack who manage their household and their kids with technology. Some people are not living in the best conditions which impacts their ability to be a present parent and make sound judgement on how to parent their kid.
- It was suggested to address youth mental health as part of early childhood education by not having technology be the focus and giving children the attention, they crave. It was said that early prevention is the way to go such as increasing money for childcare.
- One participant said that there needs to be changes to rules/laws around alcohol and around cell phone usage.

E. Bringing together government, non-profit and private sector to write grants for more services was not supported by participants. They acknowledged and agreed that coordinating efforts across community organizations and agencies would be extremely challenging and they were skeptical that this was the best way to address the problem. Overall, the group did not support this action.

- One participant remarked that this was not an action item they liked. They argued that there are “too many people” involved which would make this action item “too complicated.”
- Another person remarked that this would not be productive because “It is too big of an ask” for the entire community. Someone mentioned grant writers’ gatekeeping and protecting their turf. One participant agreed with the idea that many organizations are not cooperative towards working towards a common goal. They did share one potential success of cooperation in the community which is the Community Campus Partners building shows some success in sharing a space, but they acknowledge they are uninformed when it comes to successes related to sharing resources.
- Another participant mentioned that there is an existing youth mental health coalition, but that she was skeptical that it could be effective because it involved too many people and she did not think any one group could effectively take the lead to make sure things got done.
- There were also a couple people who expressed a distrust of the government. Another participant was skeptical because “Government is not the answer.” These are bigger social and cultural issues underlying youth mental health, and government is not well positioned to address some of these issues.
- One participant asked: “Has anyone asked why kids are so distressed in the first place?” She suggested that we needed to answer this question first.
- Another participant mentioned that there are “huge hurdles” to overcome in trying to work together through a large coalition made up of various agencies and groups. He said there would be “too much jealousy and too many turf battles” to work through to be effective.
- Another person chimed in that there were too many silos and not enough cooperation at the community an agency level.
- Another person noted that we had to find a way to transcend political difference around this issues.
- Finally one participant added that whatever group or process is initiated, it “should be led by mental health professionals.” They need to take the lead because they are the only ones qualified to help us understand what will help improve youth mental health based on evidence and best practices.

APPROACH 2: 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. While all agreed that the underlying value of helping the most vulnerable youth was positive, there were concerns about unintended stigmatization. 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.**
- One question that surfaced right away was how schools qualify people to supervise such groups. Do teachers and staff need training? Must they be certified to advise affinity groups?
 - One participant noted that they were introduced to a black student group at Wausau East High School which seemed to serve as a positive space for black youth.
 - However, another person shared her experience of participating in an affinity group at her high school (in another state) which led to students in the group being targeted by students outside of the group. An example given was that the Gay Straight Alliance (GSA) group, which was rejected by the student body. She said the mainstream kids said, “We don’t want that here” which made at-risk kids even more vulnerable. Overall, therefore, she was opposed to affinity groups, seeing them as increasing stigmatization. They also saw the impact gang violence and drugs can have at school. Implementing affinity peer groups could result in stigmatizing individuals. By associating with a certain group, people outside the group could target you because you are part of a small community within a larger community.
 - Another participant had a completely different view. She mentioned that at Wausau West High School, there as widespread acceptance of specific ethnic cultural events, such as Hmong community celebrations, performances, and other cultural events.
 - Another participant agreed that at Wausau West, there were more student groups than in the past, including an LGBTQ group, and more acceptance generally about students with diverse backgrounds.
 - This led another participant to mention that “We are climbing out of a judgmental society and kids are leading the way.” They went on to say that we would be better off following the lead of kids around our acceptance of those with different backgrounds. [lots of head nods]
 - Another participant said that we needed to express more empathy in general, not just with kids, but in dealing with organizations (like community foundations) so they can understand the importance of providing funding and resources to better support youth mental health.
 - One area of tension that arose was articulated by one participant as follows: “Personally, I’ll accept anybody. But I have a concern about teaching kids about being a different gender identity.” She went on to say that she does not really know what is taught in schools about this, but clearly some kids are coming home and asking questions about their gender. She argued passionately that schools should not be influencing kids’ gender identity. There was questioning of how kids are being taught at school.
 - But others disagreed with the notion that schools have the time and capacity to teach kids about certain topics like sexuality or gender identity. They asked whether or not people made a choice to be gay or were born that way [strongly implying the latter].

- The person who made the original comment above responded that she wasn't sure, but she argued, "You cannot change your biology."
- One participant verbally disagreed and said that pre-gender ambiguity is real.
- Another emphasized that "schools are *not* teaching gender identity." Instead, kids are being influenced by social media and by peers.
- Another participant noted that "It is not how they are taught it is how they are born."
- There was more discussion on this topic, but there were clear differences of opinion here and no discernable resolution other than to agree to disagree. It was acknowledged that this is a very complex issue and people acknowledged they don't know enough about the issue, or underlying causes behind it. [some seemed open to possibility they are wrong]

B. 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.

- All agreed that the issue was highly complex.
- One participant noted the highly successful H2N program which demonstrated the importance of working with ethnically and linguistically diverse populations on their own terms to improve health.
- The idea of having someone speak your native language builds trust.
- Another person said it makes sense to help youth populations with unique needs, but also wanted to make sure that this attention did not add more stigma. For this reason, they said we should be careful not to unnecessarily separate students into groups (examples of free lunch at school, separating by affinity groups, etc.).
- Another person said that while they support more help for diverse students, we should not forget about the needs of the many students who identify with a lower socioeconomic status. These might be the most vulnerable of all.
- One person suggested that we definitely need cultural competency around health issues.

C. Participants 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.

- One person stated that they felt this action item was extremely important. Although there was not a lot of discussion on this topic, there was near unanimous agreement with this action item.

D. Participants generally agreed that assigning community health workers could help underserved families and youth.

- Similar to the above issue, one person mentioned her support for this action item and the majority of participants affirmed their support as well, though they did not discuss it in-depth.

E. Funding for more mental health resources is a problem and a big barrier to improving the mental health of our youth.

- Overall, they agreed that the issue was complex and that there is a need for more resources. Some people mentioned that insurance should cover more mental health services. There was also some mention of drug and alcohol related issues and a need to find ways to helping those who suffer from addiction.
- In a slightly related topic, the lack of insurance coverage was also seen as a major barrier.
- There needs to be more focus on the socio-economic piece. Insurance does not pay for mental health care, but people still need help.
- The issue of funding needs to be addressed. Small experiments to show how it works are vital to making bigger changes. We have the data and (hopefully) the appropriate empathy to make the case to funders.

APPROACH 3: 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. 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.**
- Some of the group members expressed significant support for this action item focused on offering more support for caregivers (parents, for example) who themselves may be facing depression, domestic violence, substance use. The group quickly pivoted to the importance of meeting families' basic needs.
 - One participant mentioned the importance of meeting basic needs first. As she put it, Maslow's hierarchy of needs helps us to understand that people need the basics, including housing, food, transportation, etc.
 - Another person agreed and said that because some of the underlying causes of mental health problems are so complex, sometimes all she can do is focus on immediate needs like providing food, boots and coats. As a teacher, she frequently helped her students with these immediate needs because she could actually contribute in a small but constructive way.
 - One participant pointed out that even though teachers and caregivers can help meet basic needs, some are not equipped, or lack the bandwidth to help with depression, drug abuse, and other complicated mental health issues. Someone also pointed out that even though basic needs may be met at home that does not necessarily mean the home is a safe and positive environment.
 - One person noted that in order to meet basic needs of families, government intervention was necessary to connect families to resources.
 - However, another person questioned the value of government intervention, asking, "Why can't families support their own needs?" A discussion ensued about whose responsibility it is to have basic needs met and why families are not in a position to meet their own needs.
 - One person mentioned that broken families or households often don't have the means or resources to address mental health needs. She told a very moving story about her mother who had bipolar disorder. At times she was an excellent mother. But frequently she became highly abusive, including putting her daughter down, beating her, and forcing her to sleep outside in bad weather. As she put it, "I couldn't trust my own mother" when she wasn't regulated with medication.
 - This led to agreement among the group that families need some sort of mental health support.
 - The group eventually returned to the question of support for this action item with broad consensus in favor.
- B. 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.**
- Sharing information with and educating parents is important, but the question is how?
 - One person posited the question: "How do we provide information [about mental health] for families?"

- Another mentioned that the community could use more guidelines about addressing mental health for parents, caregivers, families, and youth. There needs to be more efforts to inform families and youths about the dangers of technology such as sharing evidence about technology and its dangers.
- Another argued that this would be an opportunity to properly using technology [as opposed to the prevalent view among the group about the ills of technology.]
- One person implied that everyone had access to technology (broadband, mobile devices, etc.), so this could be a means of sharing information.
- Another person questioned whether people would pay attention to information about mental health given all the competing information and platforms online.

C. 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.

- This quickly devolved into a conversation about the ills of technology. A small but vocal contingent was adamant that people did not know how to properly use technology—not from a technical standpoint—but in terms of choices around which content they accessed.
- There was a lot of common ground about the overuse of technology as well. This conversation was spurred after talk of outside activities and one person thought that there needed to be more discussion of the detriments of social media. The group agreed that social media had a bad influence but there were also a few people who quickly acknowledged some of the positive aspects. This led to further conversation about the addictive aspects and how it is positive to have controls in place for the use of technology.
- The group did agree that it was important to get back to the basics of positive use of technology. However, 2-3 individuals suggested (or supported) the idea that perhaps there needed to be rules regulating the use of technology.
- Another individual said that it was a mistake to blame the ills of society on technology. Technology also provides opportunity to gain knowledge and perform many basic societal functions from safe driving to air traffic control.
- Another person suggested that it would be healthier to limit technology in the early years of children’s development. Most of the group seemed on board with this idea.
- Yet another person reminded the group that tech support tools are available for parents and caregivers to limit and restrict access to screen time or bad content. But they also wondered whether or not parents were using such tools.
- Another wondered whether or not parents actually now how to use the tech themselves.
- Another person said that it was important to explore a variety of support options because the nature and structure of “families” was significantly changing. A one-size-fits-all approach will not work, she said.
- One participant told a story about a young man who was connected to her family who grew up playing video games all day long—even refusing to go to school through some kind of odd accommodation plan which gave him credit for school at home. But his parents allowed him to play video games. When he reached 18, he had zero social or other skills and his life was completely abnormal.
- Another participant decried our culture as a “sick culture.” She then suggested that parents should be penalized for allowing this kind of behavior by children for whom they were responsible.
- Eventually when asked directly about support for this action item, the group again reached broad consensus that this action item was very important.

D. Personal development and learning emotional regulation were recognized as being important.

- Although there was little discussion about this action item. There was strong verbal and nonverbal support for this action.
- One participant mentioned the “Leader in Me” program which is operational throughout the Wausau School District. They said it seemed to be highly effective in helping teach kids core values and resiliency.

E. Participants supported working with schools, churches, and youth-serving organizations to prioritize family-centered activities and invest in free, fun, youth-centered events.

- There was nearly unanimous support for this action item. Participants supported the idea of having the opportunity to participate in more family and kid-centered activities. This was especially the case for free family activities that had a fun side where parents and their children could both be engaged. There was some consensus that organized events can be a learning resource as well as a fun activity. Parks and time away from the house were also mentioned.
- One participant added that this was especially important to provide free events for lower socioeconomic status families who otherwise could not afford these kinds of healthy activities.
- Another participant suggested that these events could have a fun component for kids and an educational component for adults—a “two for one” approach. Parents could receive information about how to talk with their youth or strategies addressing mental health, etc.

AREAS OF COMMON GROUND AND PROCESS REFLECTIONS

A. Common Ground

- There was a good deal of agreement that the issues are complex, and that youth mental health is a legitimate concern. The group seemed to agree that families need to be supported and that professionals may not always be a necessary first step in providing social and emotional support to youth.
- The group supported the idea of a public campaign around youth mental health to help reduce stigma and provide resources for youth who need help.
- We need to invest in layered help and support for youth in our schools via professionals and trusted adults.
- We need to invest more in layered support services throughout our community—both in terms of more professional capacity, but also including encouraging and supporting trusted adults who can interact positively with youth.
- The group acknowledged and agreed that coordinating efforts across community organizations and agencies would be extremely challenging and they were skeptical that this was the best way to address the problem.
- Everyone agreed that we needed 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.
- Cultural competency is important and we need more of it among mental health professionals, in our schools, and in supporting agencies and organizations.
- Funding for more mental health resources is a problem and a big barrier to improving the mental health of our youth. (In a slightly related topic, the lack of insurance coverage was also seen as a major barrier.) At the same time, we have the data and (hopefully) the appropriate empathy to make the case to funders.
- All agreed that the underlying value of helping the most vulnerable youth was positive. But all were concerned about unintended stigmatization.
- The group agreed on the importance of community-based care for youth with long-term mental health issues. Invest in free, fun, youth-centered events.
- Share information with parents, caregivers, and community members regarding evidence-based strategies for dealing with mental health.
- 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. Many seemed to agree that it was an aspect of our society that needs to be addressed. The most constructive comments leaned towards acknowledging technology and social media as a tool for us to use but also one that is often over-used.

B. Tensions

- There was significant tension over issues of gender and sexuality, including issues relating to LGBTQ+ and others with non-traditional gender identities. Clearly some were concerned about this being taught in schools, which they felt was inappropriate. Others insisted that it was not taught in schools but suggested that people were “born that way” and thus were not merely choosing to identify in a particular way.
- This also led to a similar tension around the value of affinity groups. While some recognized the importance of opportunities for like-minded youth or youth with natural affinity to have an outlet to express themselves and their unique challenges, many were concerned that this would lead to further stigmatization.
- There was tension around the value of technology. Most recognized its inherent problems as well as its potential positives. But there were differing views about whether and how to regulate the use of technology.
- There was tension around whether or not government could help address a variety of needs including mental health issues as well as basic needs.
- This dovetailed with another tension around the responsibility of families for their own wellbeing.

C. Unresolved Questions from Parking Lot

- What are the underlying causes that are making our youth have such mental health issues?

DELIBERATIVE DIALOGUE SUMMARY – 11.13.2023

Topic	How Do We Support Youth Mental Health in Our Communities?
Dialogue Date	November 13, 2023
Dialogue Location	Marathon City Village Hall
Moderator Name(s)	Jeff Todd and Eric Giordano
Notetaker Name(s)	Eric Giordano and Jeff Todd
Observer Name(s)	Nick Giordano and Julie Bunczak
Total Participants	10
Liberal	2
Moderate	5
Conservative	3

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

The table below shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a “1” in a table cell means one of the moderator(s) or observer(s) selected that category; a “2” in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as “1.”

<i>Thinking overall about today’s dialogue...</i>				
...how much disagreement was there among the participants?				
None	A little	Some	Quite a bit	A great deal
	2	1		
...how much common ground was there among the participants?				
None	A little	Some	Quite a bit	A great deal
			2	1
...how much do you think the participants considered perspectives or viewpoints that they hadn’t considered before?				
Not at all	A little	Some	Quite a bit	A great deal
			3	
...how much do you think the participants valued the input provided by their fellow participants?				
Not at all	A little	Some	Quite a bit	A great deal
			2	1
...how did participants with differing views act toward one another?				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				3
...how did participants with similar views act toward one another?				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				3

APPROACH 1: 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. Participants felt that community was an important component to addressing the challenges associated with youth mental health.

- Several participants did not feel the need to separate the approaches, as parts of them all are needed to address the issue of youth mental health. For them, community support is vital, but other approaches need to be addressed at the same time. They talked about how the boys and girls club is a community support organization and a great example of what the community should and could be doing to support youth at the community level. They also mentioned how middle school is the most difficult time for youth. [suggests this is the most critical time to address youth mental health]
 - “The Boys and Girls club is a wonderful organization,” according to one participant, the implication being that we both have and need community organizations like this that support youth needs.
- A few others agreed that community support in general is positive and does help youth.
- One participant mentioned that in her community of Marathon City, “There is good support in schools.” “There are good activities for youth.” And overall there is “great community support” for youth. Another agreed that community support is vital to improving youth mental health. They have a stepdaughter who recently moved into the small community of Marathon Village. This community welcomed their stepdaughter who moved into the community. They also mentioned a community resource where the school district gives students 15 minutes a week to meet with a counselor
- Another person then stated that “Money cannot solve all of our problems.” [The context here is that this approach is implying that we need more resources at the community level to support youth.]
- Another person said in reply that we DO still need resources [to which most everyone agreed].
- One person said that she would like more resources as an employer who regularly hires youth employees. She said that the kids who work for her regularly open up in ways that they might not in their homes. Therefore, she said, employers who work with youth would benefit from having tools or strategies focusing on how to communicate effectively with youth, including about mental health issues. She also implied that such tools could be used beyond work settings such as in schools, supervised club settings, and in the home.
- [The group seemed generally supportive of this idea by head nods and verbal affirmations, but wondering where resources will come from.]

B. There is a need to expand the psychiatry residency program in Central Wisconsin and to bring more psychiatrists to the area. In addition, participants expressed a need for more mental health providers and services in general.

- We need to increase local professional capacity and expand psychiatry program. The lack of providers here is a big problem. Many agreed with this action.
- Someone mentioned that while we have national suicide hotlines, and other crisis telephone options, the best they can offer is to try to calm people down temporarily. But they have no ongoing support and end up referring people back to their local community resources. And those resources are not there.
- Another participant noted that there is a six month wait minimum to get serious professional help.
- Another participant argued that there also needs to be more screening for mental health issues.

- There is disconnect and “screaming need” for mental health services. Social media and time spent on screens contribute to anxiety. However, one solution is accessing mental health care via screens which suggests that technology is double-edged.
 - One participant pointed out the irony that the very devices we all decry as causing some of our youth mental health problems—electronic devices—can also help youth to access services that can support mental health on an interim basis. As one participant put it, “Zoom is better than nothing.”
- This led to one participant saying that youth clearly need more professional face-to-face interactions. [There was broad agreement with this idea.]
 - One participant pushed back on the absolute need for in-person mental health services as telehealth is better than nothing.
- There was overall agreement around the difficulty in getting in to see a provider. For example, the child psychiatrist has a 6 month long wait list. Schools meanwhile can help cover this gap with additional resources.
- Another person pointed out that one problem that should be addressed is the lack of insurance coverage that some families deal with which precludes them from receiving the mental health treatment and support they need.
 - Getting care then comes down to accessibility or lack thereof. An individual can have x number of appointments, but long-term issues will exceed insurance coverage which puts more burdens on families who are struggling to receive support.
 - Telehealth and Zoom are cheaper in general compared to in-person options.

C. There was some consensus around the idea that a case management approach could help families access resources that they may not be aware of.

- It was said that resources are available, but some people do not know where to go and how to access them. People need help to be directed to where to find resources.
 - “People don’t know how to access resources” that already exist.
- As a result, we need more case management to help families become more aware of resources, they said. [General agreement around this action item.]
- One participant mentioned the potential role school systems and structures play. They asked, “What is the impact of the rise in homeschool?” How do young children perform or what mental health issues, if any, do they face if they have not been integrated into larger social settings? What impact does that ultimately have on mental health? This participant was worried about micro-communities within the community.
- One participant then reiterated the general conclusion that the community needs more resources to support raising young kids.
- [A couple of people then digressed into topics that are part of other approaches. One wondered if there were opportunities for peer support in schools. The moderator said we would discuss in the next approach.]

D. There was not support for prioritizing a youth-centered public awareness campaign to reduce stigma and normalize youth seeking help with mental health issues; rather using resources to educate those who interact with youth in order to better help them was noted.

- One participant expressed reticence about a public campaign in support of youth mental health. “It feels like box-checking,” she said. She mentioned how other participants keep bringing up the ways people interface and interact with youth, but acknowledge that it seems the community doesn’t know how to discuss mental health issues with them.
- Rather, there was more support for pooling resources together so people who interact with youth directly can bring to them and raise awareness with youth that they interact with. There is a need to educate and teach people the skills and knowledge of being able to help the youth.
- [There was little more said about this topic, so it is hard to know how the group felt about it.]

E. Parents, families, adult leaders, employers, etc. (those who interact with youth) need more tools and training to help youth communicate about their challenges and to receive the support they need when and where they need it.

- According to one participant, “We interface with youth but we don’t seem to know how to talk with them about mental health.”
- How do we get youth to open up about their challenges?
- One person said, we should put together resources so we can talk to the youth we already interact with. For example, Pastors-youth; employers-youth; driving instructors-youth [Note: this last reference is because one of the participants said he was a driving instructor and therefore interacted regularly with youth.]
- Another person noted that when dealing with the issue of foster kids, this problem of supporting youth is even more acute because these youth have often been abused and neglected so they are already in a position of deficit when it comes to mental health.
- One participant reminded the group that employers who work with youth can be good listeners to those youth.
- Another participant asked, “How can we get youth to come out of their shell and explain what they are dealing with?” They also noted that kids hide things and are embarrassed to share things. “Or they can get angry and just explode.”
- One Hmong participant shared that he was shown tough love as a kid. In turn, he has been the parent that provided the same tough love for his children. But he acknowledged that they don’t always respond well to that. “How do we get them to open up?” he asked.
- Many of participants interact with youth and haven’t thought very much about their own role in helping address their mental health needs. These people need resources and skills to give them the tools to help.
- One participant believed that there is a need to get youth off technology and cell phones.
- [NOTE: Although they were a bit all over the map during this approach, they seemed to find common ground around this idea that parents, families, adult leaders, employers, etc. needed more tools and training to help youth communicate about their challenges and to receive the support they need when and where they need it.]

F. Some participants recognized a potential role for churches in terms of providing adult support for youth.

- [Context: One of the participants, a self-identified Pastor who works with youth, then shared some thoughts which seemed more relevant to another approach, but which are noted here simply because this is roughly the point in the deliberation where the comments were made.]
- As the Pastor began sharing his role as a youth counselor, one participant asked, “Can the Church help?”
- Another answered and said that the church is by nature a potential support group for youth.
- Another participant suggested that this would be particularly effective if we could align help offered by churches with other help, such as professional help, and support in the home and in the community generally.
- The Pastor then said that although he works regularly with youth, “We don’t talk about mental health that much, but we should.”
- He then acknowledged that he had faced his own personal mental health challenges. “I got through it, so I could share my experience with them,” he said. He also said that as a result of this deliberation, he would bring this issue up with the head pastor.
- This led another person to remark that it was important that adult role models “keep living by example” and then hope kids are watching and making good choices.
- Another participant noted that systems are already in place, but it is obvious that they are not having the level of impact that we want. Otherwise, he said, why would youth mental health be getting steadily worse over time?
- This led another participant to ask, “What is influencing our culture” in the first place?
- One person said that although they understand that people sometimes need help, “Where is the personal accountability?” We have to have some level of personal responsibility for the choices we make, he said.
- Religion plays less of a role in life which means a reduction in overall community.

APPROACH 2: 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. While there was agreement among participants about the value of providing support groups, there was mixed support for affinity-based support groups.

- Getting like-minded people together can be good. But sports teams, choirs, theater already exist to offer support. A suggestion was made that we could help youth through natural student interest groups that already existed – theater, sports, music, etc.
- One participant asked if youth at school have a space to talk about what they are going through, will everyone have an opportunity to participate? They imagine it depends on where they live, as rural and homeschool students may not have the opportunity compared to those in public schools.
- Another participant agreed and said that “kids herd themselves into affinity groups on their own already.” She added that these youth groups still need help from skillful leaders with the proper training.
- One participant said that there was potential for affinity group, but it would require normalizing a group and would need to be consistent. They also acknowledged that people might feel judged participating. There is a need for youth in affinity groups to have consistency, normalization of their identity, and reduction of the stigma they may face. Affinity groups may isolate and insulate children rather than help.
 - Another participant supports having groups with like-minded youth. It would have to be this way as isolating certain identities might cause people to gossip or reveal information. Youth naturally create cliques that unfortunately might create insensitivity towards the “other.”
- Cannot have kids from all “groups” (popular kids, jocks, geeks) all together because confidentiality would not be observed. Don’t create groups for gay students, Black students, etc., but enable students to access adults as a group. [Of note: This suggestion was made by a participant who is transgender, with enthusiastic head nodding from two Hmong participants]
 - There are already groups that exist, creating new groups can create stigma. Grouping kids by similar interests, traits, etc. may have a downside: this may lead to stigmatization, violations of confidentiality, etc.
 - One participant mentioned that groups already exist that can do a better job and creating more focused groups might cause a creating a new unhealthy stigma. They support working through more natural groups and providing needed leadership and resources to these groups. Groups need to have trained adults who have the skills to observe and identify struggling youth, and then they can also provide services, and an “off ramp.”
- There is a need for trained adults with the skills to help kids deal with issues. Youth can access those adults for regular meetings. The adult makes sure kids are kind and supportive.
 - Another participant agreed with the idea of providing a structure where small groups of students can attend regular peer group discussion led by trained adults. The supervisor or teacher’s role would be to make sure that order is kept. It was said that the key to making these groups successful is supervision.
- Public school programs don’t reach all youth (missing private school or homeschool kids).

- Educators' main goal should not be getting to college, but helping students become good people.
- It's hard to find professionals who have the skills, and they don't want to come here.
- There was widespread agreement that youth leaders need to have a high skill set and proper supervision to ensure that peer groups are supportive of youth needs.
- Another person said that however youth receive help, consistency is important – ongoing routines, regular interactions with supportive adults and youth, and normalizing talk about mental health issues.
- The affinity groups should be organized, created, and maintained via a bottom-up approach, not top-down.
- Kids sort themselves into groups naturally, but they lack the skills to address mental health issues.
- There is support locally for “lighter” mental health issues, though it takes a while. If you have serious psychoses there is also help, but there is a gray area of people in between for whom there is very little.
- Teachers are asked to take on so many roles, parents need to do more. Another participant suggested have kids write something down secretly and teacher can discuss it by pulling it out of the box. Nobody knows who puts the item in there.

B. Cultural competency in school is important, but some youth not in public school settings may be missed.

- Cultural competency in schools is important; but focusing on public schools alone will miss home schoolers and private students, said another.
- One participant noted that teachers/educators need to be nurturers, not just content experts.
- It's not enough to prepare kids for college or work; we also need to give kids life skills. Unfortunately, with schools, test scores drive the train and not nurturing and giving children good mental health skills.
- Teachers are asked to fill many roles aside from teaching; some they are not prepared for, e.g., counselor, advocate, etc. Are we overburdening teachers?
- One participant thought that all educators should think about and be sensitive about biases and keep them out of the classroom or at least respond to them in a positive way.
- It was widely agreed that educators should be nurturing healthy students as opposed to having educators just be preparing them for post-graduation. Teachers should be preparing students for life.

C. Participants recognized the need to focus resources on youth with serious and chronic mental health issues and providing care within communities.

- There needs to be more care within the community towards youth dealing with serious and chronic mental health conditions rather than “shipping them off” to some place where they have no connections. The area is not currently equipped to keep these youth in the area.
- There are difficulties in finding people to staff positions, and the providers that are skilled and trained tend to leave the area. The trends listed above imply that we need more resources and investment in keeping professionals in the area.
- There is currently a lack of capacity in structure and resources to help all the youth struggling in the area.
- One participant believes that the local community health system (NTC and hospital system) is making the problems listed above a priority now more than ever. [is it working and is it enough?]
- Health systems and Northcentral Health Care has made dealing with serious diagnoses a priority.
- Do children have someplace turn for help? This is especially important with rural youth due to a lack of resources and facilities.
- There are many advantages to having community-based (as opposed to centralized) resources for the seriously mentally ill, and most at risk.
- There may be adequate resources for the seriously mentally ill, but we really don't know.
- Grants are fine for starting new programs, but sustaining that funding is hard. Something good gets going, then goes away. Resources may be fleeting, unsustainable and expensive. People will identify needs that then generate interest and financial support, but then a new “shiny” support or interest comes along, and the previous effort or project is left to the wayside. [how do we keep projects sustained?]

- There are some resources for mild mental health problems, but many resources or groups seem to only target specialized or flagrant problems like youth can be sent to hospital. How does the community help those too depressed to get help? Or what about those in the middle and gray areas that do not have a lot of support and resources. They seem to be seen not being the best use of resources, so they are overlooked.
 - People with moderate mental health issues may go unserved if we focus too much on the seriously mentally ill.

➤ APPROACH 3: 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. 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.**
- There was broad agreement among the group that this action item is critical. One participant noted that although we require licenses to drive and operate machinery, we don’t require licenses to start a family. Yet so much of youth mental health stems from the environment in which children are nurtured and raised.
 - Another person summed up that what children bring to school and life starts at home.
 - Parents need to teach positive behaviors, are accountable for their kids, and can model how to deal with emotions, parents don’t always have the resources. Some people would donate their time to help parents.
 - Parents need to know not only how to engage with their kids but also to know what to do with the information they might get from them. Parents can support each other.
 - Some kids don’t have traditional families. They need other trusted adults in their lives.
 - One participant brought up that so much of youth mental health stems from environment youth are raised and nurtured in. Home life bleeds into school and peer groups and other social groups. Basically, what youth bring to these places starts at homes.
 - One participant thought that sometimes excuses are made for educators. There is a need to teach societal behavior and expectations to youth by our educators.
 - One participant talked about how parents do not have the resources. They think the community needs to open classes and seminars to parents. They also think these classes need to be structured to incentivize and make it worth parents while to come. These classes could be held and sponsored through community, church, school and government entities.
 - One participant suggested getting mental health facilitators to help with these classes. They had hopes that maybe some people would be willing to donate their time and resources.
 - It was mentioned that people want to help children but don’t have the capacity or knowledge to make changes.
 - One participant believed that there needs to be acknowledgment and accountability from the youth and parents. When a youth is facing a challenge and an issue, what are kids being taught to do or who to go to for help? Are youth doing their part to seek help and support?
 - One participant was in favor of making kids the best they can be and continually working to be a better parent at the same time. They think opening dialogue to kids and giving them support and tools they recommend would be beneficial.

- In agreement with the response above, a participant asked when kids open up and share issues, what is our [the community's] response? How do we help them but not react in a way that closes them off?
- There was agreement that parents need to give youth positive examples and demonstrate what a good parent should be.

B. Participants recognized the importance of teaching kids personal development and emotional regulation.

- One participant stated that teaching positive social development and behavior in schools should be a priority.
- Another participant took it a step further and said that social and emotional development classes should be offered to the entire community through various outlets including churches, organizations, schools, etc.
- Another person agreed but added that these classes should be led by mental health professionals.
- Yet another participant agreed but reminded the group that resources would be needed to do this.
- One participant said that an important tenet of recovery, which should be incorporated into mental health learning and development, is personal accountability. Youth tend to fixate on things—some of which are not good for them. What are we teaching our youth, he asked?
- A participant asked how we can encourage youth to share what they are feeling, but then respond appropriately? And how do we encourage this without alienating kids?
- Another person said that we need to emphasize leading by example, including by regulating use of technology in the home—or managing emotions appropriately (such as anger management).

C. Many participants supported working with schools, churches, and youth-serving organizations to prioritize family-centered activities and invest in free, fun, youth-centered events.

- There was a lot of agreement on this action item with participants saying that it was very important to get kids engaged in positive activities. Also, the idea of creating and sustaining adult mentoring systems was mentioned and the value of parents supporting parents was also expressed.
- One participant brought up how others kept talking about families, yet some kids do not have families. They thought it was important not to define youth by families but instead find ways to express how youth can be different. Having school, an employer, or some other trusted source that can help, especially those who do not have a traditional family, is essential. Mental health is impacted by family dynamics, so there is a need to empower youth facing non-ideal family circumstances. This must be taken into account when planning activities.
- Communities need to push and support finding an activity kids like to be involved in whatever it is and then find a good mentoring system/program to support the youth.
- One participant was worried about youth involved in homeschooling. They believe that public school gives youth more chances to interact with their peers and with others. How does only being in a homeschool environment impact development of skills to cope in the real world?
- The idea mentioned in the previous bullet point was countered by another participant who thinks people can turn out good for some youth, but they also recognized that homeschooling is not for everyone.

D. 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.

- Technology needs to be managed. It's causing too much damage and hurting social interaction. Technology can be a tool for "good," but unregulated it's damaging.
- It was acknowledged that peer pressure is a big factor in how youth feel about themselves. Other factors influencing mentioned include:
 - Social media is a big influence.
 - COVID isolation and recovery (such as sitting in front of digital screens all day).
 - Kids rely on "digital pacifier" (technology is good if appropriately regulated).

- We need to help kids by presenting healthy activities that compete with social media.
- There was widespread agreement that schools should ban the use of phones (a couple noted that this is being done in some schools with positive impact).
- One person noted that when you deny things to youth, it could have an unintended opposite effect of creating resentment. So this would have to be done carefully and thoughtfully.
 - Taking phones away creates resentment.
- One person said that the way to reduce reliance on digitization is not to ban technology but to create an environment where phones are not needed. The flipside is that youth are not getting the social interaction that they need. One person concluded by saying that we (adults) should never send the message to children that they are the problem.
- One participant brought up what happens when peer pressure comes into play in relation to technology and social media usage. [limiting technology might negatively affect some youth if only some youths are restricted]
- There needs to be more setting expectations for parents of how they use technology and social media. Parents can learn from each other through exhibiting certain behaviors on what works while also showing positive examples for youth.
- It was mentioned that youth today face overwhelming peer pressure, especially in the need to use social media. Youth bullied on social media take it personally, even from strangers they would not normally interact with. So much of what is going on in mental health is disproportionately affecting the females. COVID did not help and exacerbated the crisis of youth mental health. During this period of time screen usage increased and the youth haven't recovered from isolation and being away from friends.
- One participant in response to the question raised above didn't know what to do but thought that as a society we need to work with kids to accept that they shouldn't pay attention to social media. They believe social media is a dangerous distraction today that is unprecedented.
- It was mentioned that forbidding the use of phones at school might be beneficial. Is that a viable action that could be taken?
- In response to the bullet point above, one participant said it should be [nodding].
- One participant thought social media is a digital pacifier. To them, cell phones are a tool that can be used for good but when not regulated you turn into the product.
- Another participant brought up that social media algorithms are developed to get your attention.
- One participant mentioned being at a restaurant and seeing an entire family all on their phones. To them, it is mind-blowing and destructive how cell phones disrupt interactions between family members and result in limited human interactions.
- One participant thought it was important to not make a child feel like they are the source of the problem. Education is not all on youth mental but on teaching parents who then set the example for youth and guide them.
- One participant pushed back saying regulations on banning phones might turn out to be detrimental and create the opposite effect. They thought that communities and parents need to create an environment where youth willing give up or turn away from their devices.

AREAS OF COMMON GROUND AND PROCESS REFLECTIONS

A. Common Ground

- The entire group acknowledged that they were deeply troubled by trends in youth mental health, but this is matched by their care and personal interest in improving youth mental health.
- They also acknowledged the complexity of the issue as well as the need for multiple strategies to make a difference.

- Although not discussed during the deliberation, they agreed in the end that we must do all we can to eliminate bullying across the board in schools, on social media and everywhere.
- They acknowledged that funding will always be a concern--meaning, resources are needed, and we will always be looking for more.
- There was definite agreement that part of the solution is centered in schools because students spend much their time there.
 - Adding social and emotional regulation to school curricula is seen as very important.
 - Having teachers and staff who are appropriately trained to work with youth is also important.
 - Using existing youth groups to incorporate mental health support (with appropriate professional supervision).
- The group felt that technology and the negative influence of social media remains a big problem. Most believe that we should find ways to regulate its use in the home and at school.
- They also agreed that finding healthy activities for youth and families—in particular activities that can remove kids from their screens--would be extremely beneficial.
- Participants also agreed that parents and families need more resources—and need to be made more aware of existing resources to address youth mental health. In particular, training in how to talk to youth and help them to share their feelings is critical.
- But the group went further and suggested that similar resources and training was needed for many adult mentors, whether in churches, schools, in youth-serving organizations, and in places of employment.

B. Tensions

- One identified tension is both the good and bad impacts of technology. We can get help for mental health issues via technology, for instance. But improper use of technology and certain types of content can have serious negative impact on youth mental health. The group also had mixed feelings about the degree to which technology use should be regulated.
- The issue of gender and sexuality was a bit of a touchy issue. It was raised, but the group did not seem to want to dig into the topic because it was clear that there were strong differences of viewpoint on this issue.
- The group did not really dig into the underlying causes of the decline in youth mental health. Interestingly, while one person lamented that we did not discuss the causes, another had the opposite view. They said they were glad we chose not to focus on the underlying causes because it would have led the group into a very polarized discussion with serious disagreement. By focusing on potential solutions, they said, we actually were able to have a very productive discussion.

C. Questions from Parking Lot

- What is the impact of the rise in home school participation on youth mental health? What happens to the kids who are not integrated into larger social settings and how does this impact their mental health?
- What are the underlying influences that are affecting our culture and our kids generally?
- One participant noted: “This process and opportunity is very cool. Thank you!”
- “It was nice to talk to people and be present without technology.”

DELIBERATIVE DIALOGUE SUMMARY – 11.14.2023

Topic	How Do We Support Youth Mental Health in Our Communities?
Dialogue Date	November 14, 2023
Dialogue Location	Wausau Public Library
Moderator Name(s)	Gwen Taylor
Notetaker Name(s)	Eric Giordano
Observer Name(s)	Julie Bunczak and Nate Nurawski
Total Participants	10
Liberal	3
Moderate	4
Conservative	3

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

This table shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a “1” in a table cell means one of the moderator(s) or observer(s) selected that category; a “2” in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as “1.”

<i>Thinking overall about today's dialogue...</i>				
<i>...how much disagreement was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
	1	2		
<i>...how much common ground was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
			3	
<i>...how much do you think the participants considered perspectives or viewpoints that they hadn't considered before?</i>				
Not at all	A little	Some	Quite a bit	A great deal
		2	1	
<i>...how much do you think the participants valued the input provided by their fellow participants?</i>				
Not at all	A little	Some	Quite a bit	A great deal
		1	1	1
<i>...how did participants with differing views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
			2	1
<i>...how did participants with similar views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				3

➤ APPROACH 1: 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. Many participants felt that building awareness and reducing stigma is important because it can help re-frame the idea that something is wrong with you. People would also initiate services more often. The group also felt that it would be difficult to reach everyone with mental health campaigns.**
- Organizations like the Boys and Girls Club, YMCA, and Scouts are good resources, but kids need to know how to access them.
 - One participant asked, “We have the Boys & Girls Club. Don’t they already do this?”
 - Another participant mentioned that there used to be a “teen center” but she thinks it lost funding
 - The fact that we are discussing this issue show that mental health matters [all agreed].
 - One person mentioned the importance in particular of dealing with “runaway kids.” There is nowhere to turn when dealing with a child who has significant challenges and who decides to leave home.
 - There was also strong agreement that reducing stigma around mental health issues “across the community” is critically important.
 - One participant mentioned that we must get away from the notion that because you have mental health issues, “something is wrong with you.” [Again, widespread agreement on this point]
 - Another participant noted that it is particularly important to destigmatize mental health issues for “vulnerable populations.”
 - One of the challenges raised to this action item was the question: “How do we get the message out to youth?” And if we do a campaign, “Will they see it?”
 - One participant wondered if schools can help get out positive messages about mental health to kids.
 - Another participant agreed, noting that schools (and non-family members) have very little impact on youth before and after the school day.
 - If we reduce stigma, said another participant, the community is likely to initiate more programs and services to address this issue. [The group seemed generally supportive of this idea by head nods and verbal affirmations.]
 - It would be important to provide information in ways that kids will see it, such as in schools (where kids spend most of their time).
- B. There was general support among participants about the need for collaboration among businesses, nonprofits, and local governments to increase the depth and breadth of mental health services for youth.**
- It was mentioned that there are lots of requests for mental health services, but only so many providers in the area take Medicaid. One individual who is a social worker pointed out that of the 22 mental health clinics in Marathon County, only half accept Medicaid. Healthfirst received a lot of grant support for a clinic that will accept ONLY Medicaid patients. There is a lot of support for addressing this issue. Two participants were very savvy about grant writing.
 - There were several participants who voiced the need to get the information out about where these clinics are so that people could access them.
 - There was discussion among the group and agreement around the idea that the community (and youth specifically) needed more information about where relevant resources are located as well as how to access them.

- Another participant stated that if you lack insurance, it is particularly difficult to access mental health resources: “You are basically told to just get better.”
- It was also noted that a local crisis center will not accept patients “unless you are doing self-harm.”
- Another agreed, stating that those who “know the ins and outs” understand that there are certain criteria which have to be met in order to get help.
- Another participant said that there is a “cycle of denial”—meaning people are denied mental health care because there are too few services or no room (for acute mental health problems).
- One participant noted that “Kids don’t have the opportunity to talk safely about personal issues.” There is too much stigma in the school setting, they said.
- One participant noted that community organizations besides schools need to step up to help (examples mentioned were the Boy Scouts and Girl Scouts). [The group generally agreed with this statement.]
- In addition, one participant noted that these community organizations and agencies could supplement the good work happening in schools through wrap-around services. [The idea of supportive wrap around services was generally agreed to by the group.]
- Finally, one participant brought this full circle by stating that the community needed resources—both for public and private organizations—to help serve youth mental health needs. Nearly the entire group agreed. In other words, the group was generally supportive of the second action item from approach 1: *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.*
- Later in the conversation someone mentioned getting the run around with referrals and how it is hard to access services. It was noted that Narcotics Anonymous and Alcoholics Anonymous are “everywhere” but mental health support is not so widely available. Having to deal with insurance for mental health care is a barrier. Patients get bounced from clinic to clinic to health systems.
- A participant mentioned that Planet Fitness offers free memberships to students as an example of how businesses could provide similar opportunities. There was some push back because most people don’t understand the back end of service providers and the challenges and/or limitations that they face.

C. One core idea agreed to by most of the attendees is that the community should offer “free classes, services, and activities” for families and youth to address mental health and wellbeing.

- Examples mentioned include sports and physical fitness, music and entertainment—but they agreed that much more could be on the list. [Note: it was not really discussed *who* specifically would offer this, but the sense from the group was that it would be offered through collaborative community organizations and agencies.]
- One participant noted that activities and resources for youth already exist.
- Another participant agreed and also noted that some people struggle to access mental health services specifically.

D. Participants agreed on the need for more mental health professionals and providers.

- One participant pointed out the deficit of providers in the area, and others shared this concern.
- One participant who works in the health industry stated that an even bigger problem than attraction is retention. More is being done to offer psychiatric residencies and recruit more professionals, but they are not staying in the area.
- Another participant stated the value of interacting with medical students early in their educational pursuits to see what specialty they are contemplating. If psychiatry, we should begin recruiting them, and be willing to offer excellent salary and benefits to keep them here.
- [Overall, there was common ground in support of supporting more psychiatric residencies locally.]
- One person mentioned that health information and resources could be more effectively shared and disseminated if there were more case managers, such as community health workers. [The overall group did not dwell on this point, so it is difficult to know who agreed or not with this idea.]

- Another participant said that beyond recruiting more mental health professionals, youth in our communities need more peer support, particularly from young people who have been through mental health issues. There was moderate verbal support for this idea.
- Another participant agreed, noting that if someone has a criminal record or history of problems, they sometimes cannot get hired, On the other hand if they have lived experience that could be helpful for people with substance misuse and mental health issues.
- This led another participant to suggest that we recruit more parents with life experience to help youth with mental health issues. Often, they “don’t have the stigma associated with a professional counselor.”
- Another participant said that we needed more mental health support groups to address various mental health challenges, ranging from self-harm to eating disorders. “Either they don’t exist,” she said, “or they are not well marketed.”

E. Participants raised the idea of peer groups and other outlets for people to just be able to talk with each other and there was a good amount of agreement that having someone to talk to is a good thing, regardless of professional status.

- In the absence of doctors, adults who have been through the struggles themselves would be good resources for kids with struggles. Parent groups can support kids (not their own) as “emotional tutors.”
- Peer-to-peer support could be helpful.
- One man said only that he hated this approach and offered no other comment.

F. Developing case management approaches to follow-up with those receiving mental health services received “head nod” support when it was brought up to the group, but it was not discussed in depth.

G. Miscellaneous

- One participant stated that he had pretty much dismissed *all* of the action items from the first approach. But his was a lone voice. He wanted instead to focus on the third approach.
- One participant mentioned that a “missing piece” to the puzzle of addressing mental health is create more affordable housing. Although they are building apartments in Wausau, the cost remains unaffordable.
- Another participant stated that our community also lacked basic transportation needs and infrastructure. This makes it particularly difficult to get to doctors’ appointments, for example.
- One participant wanted to mention that they thought that we should bring back the draft because it helped people gain perspective. He mentioned that some type of service requirement would be good but maybe not necessarily military service because not everyone should have to go “build a fox hole like he did.”

➤ APPROACH 2: 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. There was some agreement among the participants about the need for and importance of supporting the most vulnerable, but there were concerns about stigma and how to define or identify those in most need.

- One person questioned the framework of being able to identify vulnerable populations. He asked, “Who does the most school shooting?” alluding to that being a population not identified as vulnerable, but obviously an issue of youth mental health. He felt that everyone has trauma and that it’s healthy to acknowledge it and “let our kids know we are doing the best we can.”
- There was some agreement that the stigma surrounding the individual who wants access or who is accessing services is still problematic.

B. There was mixed support for affinity-based support groups.

- Overall, there were mixed views about this action item. One participant said, “I like peer counseling, but I don’t like isolating youth.” She worried that affinity groups would inadvertently lead the “outcasting” of some youth.
- Affinity groups can potentially give a sense of belonging and a safe place to talk. One young man who identified as queer felt like a support group for like people would be good.
- However, some participants felt that affinity support groups would segregate people and outcast them.
- One Asian youth mentioned that people might open up more to others that are like them but felt this would be more useful in a professional context; even though she might share someone’s race, it would be her profession that guided her interest to find and engage a support group. She also thought that it was important to talk with other groups. There was agreement that support groups were good, but most felt they might be more harmful.
- They segregate youth. It’s also important for youth to be in a group of variation.
- Also, it’s hard to find people to lead these groups who are of the identity of the group.
- It’s easy to say a space is “safe” but it’s hard to make it so.
- Another participant noted that affinity groups do provide a safe space for some people to say what they need to say and know they will be heard.
- Another participant supported affinity groups IF they were self-selecting opportunities and as long as there was talk occurring across groups.
- In response, one participant said, “I think an LGBTQ support group would be helpful,” and noted that such a group would allow Queer and Trans people to talk and share issues.
- One concern about affinity groups centered around leadership. Who takes the lead in organizing them?
- Similarly, one participant worried that peer support groups would not have appropriate professional support. What if they are not comfortable talking about an issue with peers?
- One participant said that having a peer affinity group can allow some youth to bond around common concerns and interests. However, there might not be enough youth in a particular group to make it valuable.
- In addition, said another participant, youth need others to relate to. Meaning, they need to experience relating to people different from themselves.

C. One participant expressed concerns about the potential for over-diagnoses if resources are focused on the most vulnerable.

- One concern raised about this action item is the problem of “over-diagnosis.”
- Another participant worried about the abuse of drugs in trying to treat severe mental health issues. Some also take advantage of their situation to get drugs.
- Another participant suggested that this is also where peer support groups could be helpful and provide support for youth facing chronic conditions.
- One participant called attention to mass shootings, some of which are carried out by young people. They questioned who are doing the shootings, and answered the question by stating that it was mostly white kids. Their point is that “everyone is affected” and we cannot just focus on one subset of people.
- He was concerned that people would take advantage of lax prescription writing practices in order to get their children diagnosed so that they can sell their children’s prescription drugs on the street.

D. There was broad agreement that people are challenged to find mental health resources and services. Assigning community health workers to help underserved populations could help, the problem needs to be addressed more broadly.

- One person mentioned that we are not doing enough around mental health—not only for underserved populations, but for all populations.
- Another person said that recruiting case workers was a good idea, but she wondered, “Where do we put them so underserved people can find them?”
- This led another participant to suggest that we need more awareness generally about mental health resources—and employ better marketing--instead of creating “another middle man” (referring to case workers).
- Another participant agreed and wondered where teens can go to get the help they need. She also explicitly asked if we ought to have kids group homes. [No one commented on this idea.]
- This led another participant to state that “Those who need help are afraid to ask for it.” He said youth were afraid of stigmatization and getting put down. For this reason, we must find ways to work with parents and make sure they are on board. [Several agreed with this point.]
- Another participant agreed and noted that there is nothing to be ashamed of. Instead, we need to help parents understand that “It is not your fault if kids are having problems.”
- Finally, one participant said that “The whole black and white approach” to addressing youth mental health “has to go.” [The group seemed to be on board with this thought.]

APPROACH 3: 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. Most 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."**
- One participant liked this action item because they said it is difficult for families—let alone youth—to access resources around mental health. [NOTE: There was not much discussion about this action item perhaps because this was covered extensively during parts of Approaches 1 and 2.]
 - By improving parent-youth interactions, subsequent problems or issues could be mitigated or prevented.
- B. 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.**
- Most of the participants agreed overall with this action item. However, one also noted, "I get it, but teachers don't have time in their day to do all of this." She then added, "At what point do we need mental health [help] for teachers?"
 - One woman who is a teacher says teachers are learning more about trauma, brain development and the continuum of mental health and that she did this in her school/classroom.
 - Another participant said that we should prioritize giving kids an opportunity to speak freely in school about their challenges. If there was a specific time and place to do this, "It would put everyone on a level playing field." They continued, "If everyone is vulnerable, it reduces opportunity for bullying" due to mental health-related challenges.
 - Another participant said they believed that teachers are learning more about helping kids regulate by becoming more aware of problems faced by youth and by learning how to build trusted relationships with youth and families.
 - One participant appreciated this idea but noted that we need to give teachers more training and skills in this area.
 - One participant liked these ideas and added that it was important to "Create spaces during the day" focused on building relationships and on emotional development.
 - Many agreed both with this item as well as the need to better support teachers.
 - Later in the conversation, a participant came back to this point. He said that he supported more attention to curriculum that involved "regulation" for students. "There is nothing more important than kids knowing how to interact" he said. He also noted that we [the community] should use the resources we have at the lowest barrier of entry—which he implied was the public schools.
 - The issue of accountability in the home arose during this discussion. One person asked, "How much accountability lies with schools versus at home?"
 - Another person noted that "It kind of sucks for schools because they do not have enough resources."
 - One participant suggested that there is also a degree of personal responsibility for kids for behavioral choices.
 - Later in the conversation someone said, "teach kids how to better deal with each other? Woohoo!"
 - One man said his life was saved by a school counselor.

- C. Participants did not support the idea of students having a later start to the day and there was no further discussion of other possible structural changes that could improve the wellbeing of our youth.**
- One participant was against this action item and said that students already “lose enough education.” Particularly during and since the COVID pandemic, students do not attend classes as much as before and there is more truancy.
 - Nearly all participants agreed that this was not a helpful action item.
- D. Participants were skeptical that distributing information to parents regarding youth mental health and topics such as substance use would be actionable.**
- The group seemed to agree that it was a good idea on paper but that it would be difficult to get parents to rearrange their lives and make time for learning about how they can help improve the mental health of their children.
 - One participant agreed with this action item and noted that “There is no book on parenting,” Rather, “We are learning about social issues from the kids.
 - One participant said that parents need materials from schools and that schools and parents need to work together. [Examples mentioned included enhancing and getting more involvement in PTO and PTA.]
- E. 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.**
- Homes and schools need to work together. Parents need to encourage kids to be involved in sports, music, STEM. This is a way for many kids to find a safe space when they don’t have that at home or school.
 - Another said that kids needed more structure [there was significant agreement with this idea.]
 - Another participant said, “Learning is only 60% of what happens in school.”
 - One participant reiterated the first bullet point and said that the only viable option is to get more youth involved in sports activities and clubs—which can help kids.
 - Another participant said that parents are the important connectors to help kids have positive opportunities and experiences.
 - Another participant agreed but said that transportation is an issue for some families. In addition, she said, sports and club activities can be expensive. As she put it, “We can only provide them activities as far as the pocketbook stretches.” Where do parents go for assistance and how do we help them to get kids engaged?
 - The goal, said one participant, is to get kids engaged. [Group members agreed with this statement.]
 - There was some mention of accessibility issues because not all people have cars or live in areas where it is convenient to find public transportation.
- F. At the end there was some discussion about the pitfalls of technology and social media and the need to reduce negative influences of social media. Many people felt it was worth more of a discussion earlier in the dialogue.**
- Technology has been a bad influence. There has to be discipline at home to restrict access to phones.
 - There was a statement by one participant that we must reduce social media: “Technology creates problems.”
 - Another participant agreed and said that kids need rules around phone use.
 - Another participant agreed but noted that we need more structure at home to accomplish this.
 - However, another participant noted that this is difficult in single parent homes. She reminded the group that some parents relied on technology to help keep kids occupied while they try to manage work and household responsibilities.

AREAS OF COMMON GROUND AND PROCESS REFLECTIONS

A. Common Ground

- The entire group acknowledged that youth mental health is a serious issue in our community and that we need to address it. In particular, they were in support of strategies to reduce stigma for youth and caregivers around mental health challenges as well as support services.
- There was a lot of common ground around the idea of peer support and relationship building. Peer-to-peer programs and support at school is key. School is where youth spend most of their time. We want schools to have the resources to help kids and partner with parent.
- There is a need to de-stigmatize mental health. Having mental health needs should be viewed as normal and common for people to experience issues that they might need help with. Everyone needs to know how to access mental health resources. Most of the group appreciated the idea of a youth-centered public awareness campaign to reduce stigma and normalize seeking help to address mental health issues. However, they are not sure how to get the message out to youth. Many agreed that schools can help in this effort.
- The group generally agreed community should offer “free classes, services, and activities” for families and youth to address mental health and wellbeing.
- Community organizations and agencies must also supplement the good work happening in schools through wrap-around services and support.
- Nearly the entire group agreed with the second action item from approach 1: 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.
- There was general common ground around the idea of offering more psychiatric residencies as well as the need to recruit and retain and mental health workers.
- There was common ground around the idea of schools communicating more—and more effectively—with parents about mental health issues. Similarly, involving mental health organizations and experts is important.
- There was agreement that schools provide a natural “space” for building positive relationships and trust that could allow for some education and support around mental health.
- Structure at home is important, but it’s almost impossible to enforce. The group also agreed that some structure was good for youth and that having access to resources was good. Someone mentioned that “sometimes school is all a kid has.” There was also a lot of agreement that extra-curricular activities could provide structure and a path to personal growth.
- Adding emotional regulation to curricula is important. There is a need to recognize that in some areas, teachers are being limited in what they can say.
- The group also agreed on the importance of youth being engaged in activities outside of school. But they agreed that costs and transportation are significant barriers for some youth and families. Sports, clubs, STEM, activities related to school are critical to building self-esteem.

B. Tensions

- There was mixed support for peer affinity groups. Some felt they could be helpful, but there was concern that if not done well, it could lead to greater stigmatization for some kids.
- There was some tension around responsibility for regulating technology in the home—and around the issue of how to help single parent households and other homes where resources are lacking.

C. Questions from Parking Lot

- The issue of youth group homes was raised. The group agreed that they did not have enough information to comment further on this topic.

DELIBERATIVE DIALOGUE SUMMARY – 11.27.2023

Topic	How Do We Support Youth Mental Health in Our Communities?
Dialogue Date	November 27, 2023
Dialogue Location	Virtual via Zoom
Moderator Name(s)	Eric Giordano
Notetaker Name(s)	Julie Bunczak
Observer Name(s)	Nicholas Giordano
Total Participants	6
Liberal	2
Moderate	3
Conservative	1

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

This table shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a “1” in a table cell means one of the moderator(s) or observer(s) selected that category; a “2” in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as “1.”

<i>Thinking overall about today’s dialogue...</i>				
<i>...how much disagreement was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
	2			
<i>...how much common ground was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
			2	
<i>...how much do you think the participants considered perspectives or viewpoints that they hadn’t considered before?</i>				
Not at all	A little	Some	Quite a bit	A great deal
		2		
<i>...how much do you think the participants valued the input provided by their fellow participants?</i>				
Not at all	A little	Some	Quite a bit	A great deal
		2		
<i>...how did participants with differing views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				2
<i>...how did participants with similar views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				2

➤ **APPROACH 1: 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. Participants generally agreed that prioritizing a youth-centered public awareness campaign would be valuable to reduce stigma and normalize youth seeking help with mental health issues.**
- One participant thought there should be an awareness campaign of how to find the resources, needs to be focused on parent support, and helping additional community groups, religious groups, and youth support groups.
 - One person mentioned that resources are not updated, and people who are in need also need easier access.
- B. Participants agreed on the need to expand the psychiatry residency program in Central Wisconsin and to bring more psychiatrists to the area. In addition, participants recognized an even greater need for counselors and primary care doctors (especially pediatricians) who are sensitive to mental health needs.**
- A participant asked, “Is there a lack of mental health professionals in the area?”
 - One participant mentioned that online access and Googling leads to more reliance on private counselors, creates stigma, and insurance barriers prevent people having access.
 - “When you Google mental health professionals, you get a lot of counselors, but many can’t access them due to lack of insurance and stigma.”
 - In discussing this topic, one participant had a language barrier potentially impeding their ability to get help for their daughter who had undiagnosed mental health disorder. They were told to relax, but the problem grew and became hard to handle and cope. They believe that parents are not heard by some professionals, and some parents need to be understood. When their daughter was a teenager, everything was private and confidential, so their older daughter would talk with the counselor but wouldn’t share with the parent, making it hard for them to know how to help.
 - Support groups would be helpful, but one concern raised was “how do people find them?”
 - Online resources are out-of-date.
- C. High quality childcare and childcare is lacking which adds more stress to families.**
- In the community there are some childcare providers who are not licensed with no regulations in place. They support having more resources in high quality childcare.
 - Unlicensed childcare can be contributing to childhood trauma.
- D. In this deliberation there was a theme surrounding the community having an opportunity to make a change and to support low-income families by making activities more accessible to youth.**
- For example, Girl Scouts could hold meetings in schools during the lunch hour.
 - Art is another outlet. Businesses don’t need to write grants just for therapy, it can be for overall healthy activities.⁵
 - A lot of community organizations have groups and meetings and clubs, but the youth are not getting access to these events. There needs to be more subsidies for these kids.

⁵ It was noted that the drawback to this issue printed in the issue guide is not about mental health at all.

- There needs to be more providing and reaching out to more youth through community organizations.
- One participant was in grant writing previously and tried to get an art program running. They think communities need to give kids opportunity to express themselves through art. There needs to be more encouragement of businesses to be more creative and innovative in enhancing youth experience, and support. It needs to go beyond just providing more counselors.
- Wisconsin Valley Art association is one group/organization that does this successfully. They provide classes to kids and have volunteers that prepare activities for kids. Parents come with children and there is family and community interaction.

E. Several participants agreed that stability in the home is the most important and that mental health issues can stem from problems in the home and from bad family situations.

- Mental health problems stem from bad family situations, especially from minority backgrounds [the participant who mentioned this is Black]. He also grew up with mental health challenges. The wealth gap plays a part. He was “priced out” of activities like hockey, as well as peer groups. Stability in the home is the only approach. Families with generational wealth don’t consider those with generational trauma.
- One participant thought strengthening home and individual is most important.
- One participant thought that being left out due to race and socioeconomic status created personal health issues and mental health issues. This participant was priced out of hockey and was segregated based on status of items. Nowadays youth create comparisons based on appearances and certain activities.
- One participant mentioned how their company gives a pizza party instead of a bonus, saying that companies are not helping alleviate financial strains which impact mental health.
- People with generational wealth don’t think about those dealing with generational trauma and disparities.
- Communities shouldn’t ask teachers to raise children as their job is hard enough. It’s not a teacher’s job, but it is an issue at home. Parents should be the main receptacle of teaching youth.

➤ APPROACH 2: 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. Most participants agreed that targeting particular groups for resources might be “divisive” and instead favored initiatives that had a broader benefit.

- Singling kids out is a big drawback. They can be different, but brought together. They would then be identified as disadvantaged.
- Adult mental health strategies don’t work for kids. They don’t want to be separated in a group.
- Inclusion across groups is important.
- Kids are different than adults in how they view mental health. If we try to take adult mental health strategies and put them on children, they don’t work. Teens don’t want to be separated, and they want to be with their peers.

B. 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.

- Having a background in where kids come from would help. There is a need to make people culturally competent.
 - This can be scary for someone who doesn't know a different culture. It would take a lot of resources and time. It's a good idea, but with a big learning curve.
- One participant is an interpreter and she has done counseling sessions. Doing counseling with an interpreter does not work; we need to find the right people who are bilingual.
- One participant brought up cultural competency and doesn't know if there is enough. They think there is lots to learn from different cultures, and statuses.
- Schools need to focus more on recruiting people with cultural competencies. People with a Bachelor's degree have the opportunity to take more classes and more exposure which allow them to be role models for children on what cultural competency should look like.
- One participant said that interpreting for counselors results in poorer communication and people are more hesitant to share with another person in the room. Individuals should be able to get help in their own language.

C. There are not many community-based resources for those with significant mental health issues, especially if they need a medical diagnosis.

- Rural kids are being especially underserved because services all concentrated in the city. There are needs of immigrant kids in rural areas that are different from elsewhere.
- Another participant mentioned the combined impact behavioral issues and mental health issues can have. Sometimes youth cannot stay in their own homes, and it is hard to find appropriate places for them. Sometimes youth must go outside the community and even the state to get the help they need. We need to maintain the youth in the community and keep them here by providing local resources and opportunities.
- Who is diagnosing the mental health of the children? How do we know if it is a mental problem? There needs to be more effort at schools and targeted at youth in identifying concerns.
- Who is diagnosing?
 - Big Pharma - one participant thought it was Big Pharma because they want to sell pills/push pills on
- Pediatricians don't really listen to the parent, then just look at physical growth, not emotional or behavioral growth. We are missing someone in the medical field who can evaluate a child's behavior. There are gaps in medical services.
- There is a need for more medical psychologists and psychiatrists in the area.
- Need one-on-one programs in our schools.
 - But one participant noted that school do not recognize those mentioned in action item number 2 unless they have a medical diagnosis.
- Is the parent identifying them, or is the school identifying the behavioral issues?
 - One participant mentioned how parents know their children. Pediatricians are overwhelmed and do not listen. They lack the time to listen to what the child is doing and their development processes.
- The community needs someone in the medical field who evaluates the personality and emotional growth of children. There are gaps in services available to help diagnose and observe children.
- One participant was in special education and was institutionalized for six weeks. From this experience, he believes kids need more one-on-one. They miss school because of behavior issues. Everyone has their own history that needs to be understood and schools need to have counselors for these kids. Individualized help is essential.

D. Participants did not support affinity-based groups. Most agreed that forming affinity groups based singles kids out.

- Kids can be different and express themselves but singling them out by helping out only a select group would cause resentment and further problems.
- Other kids would know they were disadvantaged.
- Being inclusive is important to learn from each other.

➤ APPROACH 3: 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. 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.**
- Personal contact and kindness with kids is important.
 - Parents don’t want to let kids go outside out of fear of strangers, so kids feel trapped. Kids need to learn that it’s OK to be friendly to neighbors.
 - One man is part Black, part Indian. Being left out is terrible and causes mental health problems.
 - Everyone in the community can agree that wellbeing of children is a major priority.
 - Financial literacy for parents who need it could make a big difference. A lot of mental health issues stem from poverty. Money does not solve everything, but a lot of mental health issues come from broken homes or being left out/excluded from society.
 - It would be good if more parents stayed at home. But it’s impossible these days to do that.
 - There is a financial and knowledge gap of how to deal with real-life situations. Teachers are doing enough. The main thing is to help parents help kids get through life. Life is set on a positive path by responsible and financially well-off parents.
 - Increased need for knowledge of how-to live a healthy life as half of the kids are not getting proper nutrition, clean water and eating enough meals. Knowledge is not passed on and not seen in their home. They don’t have access so the knowledge should be more accessible. Problem stems at home, but people are also left out at school, and being left out prevents kids from fitting in and leads to mental health issues.
 - Some youths are put into a “lower tier” and experiences of generational trauma impact their mental health. Many grow up without feeling like they belong. This leads some youth to bad behaviors like fighting. More emphasis is needed on getting parents the knowledge of financial literacy and health and wellness.
 - One thing the community can agree on is the wellbeing of children as they are the future.
 - Community connection is broken and more “stranger danger.” One participant recognized there are complexities to these issues, but in the past, people talked more, and kids were more connected and willing to seek help from their neighbor.
 - Being able to have kids be confident inside and being able to talk to other people. Need to get kids involved in service and helping others, instead of worried about themselves and being isolated.
 - Teach kids and parents to reach out to neighbors and feel comfortable reaching out to the community for help.
- B. 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.**
- School needs to help prepare kids for real life. School leaves out information they should know which suggests the curriculum needs changes relevant to today’s society. Kids are not learning skills to survive emotional complexities of daily life.

- There was an emphasis on becoming unified over being independent.
- A lot is left out now. It needs to be more relevant. Kids need to learn how to navigate life's social complexities.
- There are different levels of mental health, but many behavioral issues are not actually a mental health challenge. Need education on how important things like sleep, eating right, getting outside are. Lack of these things lead to behavioral problems. Public awareness campaign would be good.
- One participant thought this approach sounds really good. In their opinion, a combined and multi-level approach would be important. There are different levels of mental health, medical diagnosis, several children having behavioral issues that categorize as mental health issues. They are concerned about what is going on at schools regarding the health curriculum. They think at a younger age there needs to be more education on the importance of sleep, drinking water, and physical activity. Children are not getting the basic things as many come to school on Monday morning sleep deprived. More focus on raising public health awareness to alleviate lower-level things.
- One participant mentioned increasing awareness such as running campaigns through social media focused on the children of today. We need to use social media to raise awareness of mental health as getting stuff on tv is expensive and not worth the money.
- Kids pay more attention to tik tok. If a campaign is started, everyone needs to support it including businesses, schools, non-profits to be on board and have no one oppose it.
- One participant thinks there needs to be an action step to increase a campaign on social media. Communities need to get youth to be more aware and utilize social media to reach the youth about mental health awareness. There needs to be both physical and health related information.
- There was lots of agreement with the idea above,
- More education on healthy habits, sleep, nutrition etc.
- Information beyond mental health and focusing on the self-care and daily habits that contribute to mental health.
- Kids need more outside and physical activities. Electronics are limiting these other activities as kids are on their phone constantly, however, taking the phone away creates more problems.

C. Participants suggested a new action item: A public awareness campaign about the importance of self-care, even for young kids. This should target both youth and parents.

- Participants also suggested a campaign using social media to give positive messages about mental health and physical well-being and self-care.
- There should be a self-wellbeing information campaign that empowers kids. A first-grade teacher thinks kids should be given responsibility earlier, especially regarding their mental health and physical health.
- There should be more messages to youth and parents. The focus should be more towards empowering the youth themselves as well as parents.

D. Another action item proposed by the group includes reducing cell phone use in schools and giving more homework in order to reduce use of social media at night.

- Cell phones are a big problem. Some parents don't care if they're being overused or used inappropriately. Kids are staying awake all night on social media. This could also be part of a public awareness campaign.
 - How to resolve this? Parents can take a phone away, but that creates more problems.
- Later start to the school day is not practical. Kids should just go to bed earlier.
- Day cares are not safe, nurturing environments.
- Teachers are leaving because of behaviors but also because of policies, e.g. can't hug kids anymore. Some kids don't have a nurturing household and need that from school.
- Kids go to bed with the devices which negatively impacts their health.
- There was overall agreement on the need for raising public awareness. One participant who works for a school district mentioned cell phone usage. There are a lot of disagreements on cell phone usage, and homework is often not done before the cell phone is out. Some parents don't care if kids have the cell phone out and are using it.

- One participant mentioned the need for measurements and restrictions on phone and technology usage. Homework is not given out as much and kids are staying awake all night using social media and technology.
- Behavioral issues and policies put in place that limit teachers. Teachers cannot hug students and provide needed connection. Some of the children do not have a nurturing environment while current policies and procedures do not allow teachers to have the compassion they want to have.
- One participant said that having a parent at home and one who works is ideal, but they also grasp that this is not reality anymore. They noted that having defined roles for parents might lead to a better outcome. In today's society, it takes two parents working to support a family. Kids are on the phone all the time and kids want to connect with each other over the phone.
- Electronic and social media are distracting kids. At the same time, families need help, especially families that are no longer "traditionally" structured.
- How do kids get the help they need if they are not getting it at home?

E. There was no support for changing the structure of the school day.

- Participants noted drawbacks in changing the start of the school day and said that kids should go to bed earlier.

AREAS OF COMMON GROUND AND PROCESS REFLECTIONS

A. Common Ground

- Public awareness campaigns were a popular choice for this group, including via social media because kids are "on their phones all the time anyway." Awareness is the first step, for both parents and youth.
 - Campaigns and raising awareness on social media would be an ideal option.
 - Awareness to and for parents is essential.
- Technology is a problem, but we don't know how to counteract it. We need to make a conscious societal decision to stop it from controlling our lives. It seems that less access to a phone results in better mental health.
- Early prevention to build resiliency and knowledge through changes in health curriculum were supported.
- Finding individuals who are trained mental health professional to stay in the community can be difficult.
- Sometimes small changes can be made, and people need to be aware of the basics because they might isolate people who are trying to seek help.
- Encouraging people to write grants and improve activities is beneficial to youth mental health.

B. Tension

- Cultural competency is important, but there was disagreement about how big of a priority this is and how it can be achieved. Cultural competency at schools would help but can be scary approach for some people to accept. It takes lots of resources and time as there will be a learning curve.

C. Question from the Parking Lot

- How do you help families in poverty deal with issues that translate into mental health issues for children? Where does support come from for those in generational poverty? When people are pushed into a corner, and they don't feel like they do not fit, they tend to push back with "bad" behavior.

YOUTH DELIBERATIVE DIALOGUE SUMMARY 1 – 11.20.2023

Topic	How Do We Support Youth Mental Health in Our Communities?
Dialogue Date	November 20, 2023
Dialogue Location	Incredible Bank, Wausau
Moderator Name(s)	Francisco Guerrero
Notetaker Name(s)	Julie Bunczak
Observer Name(s)	Maysee Lao
Total Participants	13

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

The table below shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a “1” in a table cell means one of the moderator(s) or observer(s) selected that category; a “2” in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as “1.”

<i>Thinking overall about today's dialogue...</i>				
<i>...how much disagreement was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
	1	1		
<i>...how much common ground was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
			1	1
<i>...how much do you think the participants considered perspectives or viewpoints that they hadn't considered before?</i>				
Not at all	A little	Some	Quite a bit	A great deal
		1	1	
<i>...how much do you think the participants valued the input provided by their fellow participants?</i>				
Not at all	A little	Some	Quite a bit	A great deal
			1	1
<i>...how did participants with differing views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				2
<i>...how did participants with similar views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				2

➤ APPROACH 1: 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. Many youth 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.**
- Doctors are a part of the community, so mental health assessments should be incorporated into regular doctor visits. This can normalize talking about mental health and reduce stigmas surrounding mental health.
 - Many felt that it is easier to talk to a doctor than it is to their parents about their mental health.
 - Parents aren't very understanding when it comes to mental health. Youth feel like their thoughts and feelings are brushed off, whereas if they spoke with a doctor, they feel more comfortable and heard.
 - If checkups are put in place into more healthcare systems, then there wouldn't be such a stigma or a different thing to participate in.
 - Mental health assessments should be a part of a doctor's visit because it's hard to seek help on your own, but if it's incorporated into a checkup, you'll get the help you need.
 - Sometimes it's easier to talk to a doctor than parents. Parents shrug it off whereas doctors are more understanding. Most youth agree with this. Participants said that because Doctors are a part of the community, they can play a role in youth's mental health.
- B. The association between mental health and physical health needs to be recognized in society. Communities address the issue of youth mental health when a tragedy occurs, but it needs to be addressed more consistently through things like talks, speakers, and runs.**
- One youth noted, "When something bad happens in the community that's when the community comes together."
 - More events should be put in place before "devastating events occur."
- C. Stigma surrounding mental health makes it scary for youth to share and be open with the community and family. Some spaces are safer than others. From the youth perspective, the issue isn't a lack of resources, but rather a need to make youth comfortable seeking help. There was much agreement that some youth are afraid of the outcomes if they share their problems.**
- They could be told they are overreacting.
 - They could get a scary diagnosis.
- D. Early intervention is good for the current generation of young kids (referring to elementary ages and those in early childhood). The current generation of teens did not grow up with the positive messages regarding mental health that those in early childhood are now getting.**
- Younger kids know more about mental health now.
 - Adults right now didn't get exposure to mental health topics when they were younger.

E. Students are not necessarily comfortable talking with school staff and most reported that they “don’t feel safe” talking about mental health at school. Some of this is driven by a fear of what will happen if they do open up to a staff member.

- For some students, it depends on the teacher. For some teachers, it’s just a job and they don’t give off a welcoming vibe. It is unknown what will happen after talking to a teacher.
 - One youth said that some teachers will ask, “How are you doing?” as a check in.
 - However, another youth shared that teachers tend to make meaningless small talk with students.
- One youth said they trust teachers, and they feel like they can talk about anything with them.
- A second youth agreed that they can talk to teachers, but if they say the wrong thing about how they feel, they worry about what will happen. They don’t want to be a burden.
- One suggested that schools could have mental health checkups during homeroom with a guidance counselor.

F. Youth agreed that there is a real disconnect between generations. Older people in government, on school boards, and their parents, are making decisions for youth without experiencing their problems. The youth voice is important when discussing youth mental health.

- One youth shared that there are regulations being made in schools without hearing the voices of students.
- Another youth shared that we need to identify the problem before we make solutions. We need to find the cause.

➤ APPROACH 2: 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. Youth generally did not support the overall approach of focusing resources on the most vulnerable due to concerns about who defines “vulnerable” and whether it could lead to stereotyping.

- Does this mean those in a vulnerable group feel like they *should* have problems?
- Those who are NOT in a vulnerable group are made to feel that their problems are less significant.
- The most vulnerable should be supported, but how are they being measured as more vulnerable? Many youth agree that it shouldn’t be based on their socio-economic status, race, gender, etc. This singles out a certain group of people. Some may think, “Oh I don’t fall in that group, so it doesn’t apply to me—my mental health isn’t being affected,” or “Are you just irrelevant to the support being given for those dealing with mental health struggles?”
- A youth stated, “Why does there have to be a separation for who can receive help and who can’t or who is prioritized?” This youth shared an example that there’s a month for women’s mental health and a month for men’s mental health. “Why is there even a separation for that? Why can’t it be celebrated together? It’s prioritizing certain groups over others.”
- One youth said it gives a feeling of “I don’t deserve help because other people have it worse. It feels like you can’t speak up.”
- Personal experiences should define who receives help. No matter what race or group you come from one must realize that everyone struggles. The community should come together for everyone, not just for those who are “most vulnerable.”

B. There was little youth support for affinity groups. Instead, youth favor more general groups. They also expressed some support for opportunities to connect with and talk with peers. Peer groups provide opportunities for listening and the opportunity to “talk it out” without there having to be a “fix” at the end.

- Dividing into groups isn’t necessary. Why separate groups when the challenges are the same? We should be considerate of everyone, regardless of differences.
- Some feel they don’t deserve to feel a certain way because there are others who have it worse.
- Personal experiences can be the unifying factor. This happens when there’s a big community tragedy.
- Some people don’t share their problems because they don’t want to be a burden.
- Communication skills need to be taught in school.

C. When asked about sharing in a large group versus with one person (such as a therapist, a trusted person, parent, etc.), youth participants had a range of preferences and perspectives. Some would rather talk to a therapist or one person because they could trust them more and there would be less judgement. Others thought the opposite and said they are more comfortable with discussing mental health with a group, especially when it’s with their friends because sometimes it’s nice to just vent and not have to find solutions.

- Several youth agreed that in a group setting they don’t like sharing their feelings since they feel like it’s a burden. Multiple youth agreed that it’s easier to talk about issues with one person you’re comfortable with. But this also fuels the stigma that mental health can’t be discussed openly. Also, they don’t want a peer to be badly affected by what another student tells them.
 - One youth feels like it’s better to talk to one person. You don’t want to cause any problems and disagreements when discussing among a large group. “It’s scary to talk to a lot of people.”
 - One youth shared that they trust and rely on a professional more than a youth or another adult.
 - One person would choose a therapist over their father. They don’t feel like they can open up to their parent. The parent is quick to find solutions and causes, whereas a therapist is more willing to just listen and empathize with a patient.
- On the other hand, a few youth shared that it’s nice to talk with other people, including their friend group, because some may agree and share the same thoughts.
 - One youth shared that with their friend group they just talk it out and they don’t find the need to figure out a solution. They just sit and listen, so that’s helpful.
 - One youth shared it’s good to have close friends to just listen and be there for you who don’t try to solve your problems. Many agree that this is a good thing to have.
 - One youth agrees and sees the other perspectives, but it shouldn’t be that way of being scared to share in a large group. This fuels the stigma.
 - Many agree that their friends at school are supportive, and they can turn to them for help.

D. Youth reported mixed feelings about professional therapists. Some think it’s easier to talk to them than to family or peers because they are trained and know how to help. Others think they’re just doing a job, they have tons of clients, and won’t have a personal connection with them.

- One youth said that it’s harder to share with a professional person because it’s difficult to build trust. Another agreed, saying “It’s the professional’s job to make you happy and understand you, but it doesn’t feel authentic.”
- Some participants responded that parents want to “fix” problems.
- Most youth agreed that parents don’t understand youth mental health in this generation and they weren’t taught about mental health when they were younger. So that causes a disconnect.

APPROACH 3: 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. Some of the participants did not think that youth mental health is linked to health of a family, citing that there are plenty of kids with great family backgrounds who suffer from depression and anxiety. There are many factors that cause one to have a mental illness, not just family situations.**
- Even if no one in your family has alcoholism or a bad history, a kid can still experience mental health problems. There’s no direct correlation.
 - Medical professionals need to ask about family history of things like depression or alcoholism, and other histories.
- B. Youth feel that mental health education in schools needs to improve and be more focused on prevention. Youth need to be educated on feelings.**
- There needs to be more prevention taught and done. Actions are taken after an extreme event. It should be more preventative.
 - Educating youth at a younger age before they start developing their own thoughts can help raise mental health awareness. This can prevent stigma later in life.
 - Curricula needs to be specific and constant, not just one unit in one class one year. What is taught are diagnoses, not treatments.
 - Youth are told to “get help” with no explanation as to what that help should be or how to get it. It would be helpful to have a therapy session explained.
 - Health classes talk about extremes of mental health, but no information is provided on how to cope with less extreme situations.
 - Many youth reported that they skip when there’s a “mental health day” because they find the activities are a waste of time. Mental health days aren’t effective at their school. There’s more to it than just identifying it. Youth should learn about the process of healing and coping with a mental illness.
 - Youth agree that schools go over depression, anxiety, etc., but at times it’s not that extreme, they would like to learn more about how to figure out your feelings. They don’t like it that their feelings are always being generalized and being labeled as having depression.
 - Some schools just encourage more talking, but there should be more structure to mental health talks and presentations. Mental health should be incorporated into the curriculum.
- C. Youth report a disconnect between generations, with teachers and health professionals not knowing what they are going through. Families also need to talk more about mental health, but parents didn’t grow up having open discussions about mental health (so parents don’t know how to talk about it). Parents “feed the stigma.”**
- Guidance counselors are just college advisers, not mental health counselors.
 - Everyone agrees that their counselor acts more as an advisor than a therapist.
 - Some teachers implement more mental health talk than counselors and would feel more comfortable seeing some teachers than counselors.

- One youth said that counselors are just trying to get through their job and don't care for other things besides students' classes and coursework.
- Another youth thinks it may be more helpful to have counselors who are closer in age to them or fresh out of college. They believe that counselors have not experienced the same things as the students nor understand how students feel. They are not up to date on current mental health issues and treatment.
- Some parents are interested in resources if someone makes them curious about them, such as when an elementary-aged sibling talks about the mental health lessons they learned in school.
- "We get a feeling, and we label it with happy and sad. We don't sit and think about what we're actually feeling. We shouldn't just label something as happy or sad. Sit there and listen to your body."
- Implementing and encouraging families to be more involved in mental health related events/talks was not embraced by the group.
 - One youth shared that they don't think mental health classes would be helpful for their parents. They are older and close minded, so they don't understand what's happening with the generation right now.

▶ AREAS OF COMMON GROUND AND PROCESS REFLECTIONS

A. Common Ground

- Talking about mental health needs to be normalized, both at home and at school. Stigmas surrounding mental health hold youth back from sharing their problems/feelings.
 - Reduce mental health stigmas within families, social groups, and in school.
 - One youth shared that the main issue is the social aspect. People are scared how they will be perceived socially once diagnosed with a mental illness or when receiving mental health support.
 - A youth shared that people think their issue isn't important enough to seek help
- Many agree there shouldn't be a segregation for who should get support on their mental health. They do not like the idea of affinity groups. But talking with peers is helpful especially when it's not about trying to find solutions.
 - Youth need friends and peers to talk to; not to fix problems, but just to talk.
- Youth hesitate sharing feelings related to mental health with family members because family members may downplay their issues, not trust them, or want to quickly figure out the cause and a solution instead of talking it out and processing the situation. Youth worry about the outcome (diagnosis, being a burden, backlash, etc.) after sharing with family members.
- Youth are comfortable discussing their mental health with a doctor and think mental health assessments need to be part of regular check-ups. Mental and physical health are connected and people need to understand that.
- They would like more meaningful education from schools about mental health.
 - Many youth agree they would like to learn more about how to navigate their feelings. They feel like they don't know what help looks like. Youth feel like it's a checklist: If you feel certain ways, it falls under "depression." Youth believe their feelings are always labeled, and they think it shouldn't be like that.
 - Mental health education should be meaningful and not just coloring pages.
- They feel the adults are making decisions for young people about their mental health without understanding what kids are going through. For example, during mental health days at DC Everest, students spoke negatively about doing coloring. They describe a generational disconnect with parents, elected leaders, teachers, and counselors.
 - There is a need to mesh the older and younger generations so the two are not so separate.
 - Parents, teachers, and government officials are not necessarily in touch with what kids need.
- Youth expressed their view that schools don't really show authentic care for students' mental health.
 - Mental health day events consist of coloring and working on a puzzle. The next day it is back to normal.
 - Almost all youth agreed that guidance counselors act more as college advisors than therapists.

B. Tensions

- Not reported in the notes for this group.

YOUTH DELIBERATIVE DIALOGUE SUMMARY 2 – 11.20.2023

Topic	How Do We Support Youth Mental Health in Our Communities?
Dialogue Date	November 20, 2023
Dialogue Location	Incredible Bank, Wausau
Moderator Name(s)	Jeff Todd and Nate Zurawski
Notetaker Name(s)	Jeff Todd and Nate Zurawski
Observer Name(s)	Luke Rudolph
Total Participants	12

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

The table below shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a “1” in a table cell means one of the moderator(s) or observer(s) selected that category; a “2” in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as “1.”

<i>Thinking overall about today’s dialogue...</i>				
...how much disagreement was there among the participants?				
None	A little	Some	Quite a bit	A great deal
	1	1		
...how much common ground was there among the participants?				
None	A little	Some	Quite a bit	A great deal
			2	
...how much do you think the participants considered perspectives or viewpoints that they hadn’t considered before?				
Not at all	A little	Some	Quite a bit	A great deal
	1	1		
...how much do you think the participants valued the input provided by their fellow participants?				
Not at all	A little	Some	Quite a bit	A great deal
		1	1	
...how did participants with differing views act toward one another?				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				2
...how did participants with similar views act toward one another?				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
			2	

➤ APPROACH 1: 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. There was some common ground around the idea that de-stigmatizing mental health issues was good, but some of these efforts may cause more stigma. Many involved in providing support are not from the stigmatized group.**
- It is a good idea to get rid of stigma, but a lot of the people who work on these issues in the community are not the ones affected by mental health and are not the ones who need to hear the message.
 - One person said that there were plenty of resources and explained how some people might be afraid of the stigma related to receiving services. This spurred another to say that it can be hard to find good professionals and that one of her friends had a hard time finding help.
 - Finding professionals who are equipped to help in right ways “is good.”
 - Not all schools have counselors or trusted adults.
 - Referrals to outside resources are not comforting when you build up the courage to ask for help from a trusted source, and you get sent elsewhere
- B. Some youth expressed concerns about “impact syndrome” (when head injuries cause mental health issues). Some are getting used to self-diagnoses. Also, they felt that the use and overgeneralization of terms like “depression” can “water down” the seriousness of issues.**
- Some people can over-generalize and exaggerate with regards to depression—saying they’re depressed just because they are sad. This might harm people really struggling with mental health issues.
- C. There was agreement that some communities are not prepared to deal with suicides.**
- D. Giving youth the tools and resources to address their mental health earlier in life can help in future. They emphasized the importance of learning healthy coping skills earlier in life. A young person may have a hard time understanding why they are in treatment.**

APPROACH 2: 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. Youth expressed concern that focusing resources on the most vulnerable/at risk may be at the expense of the less troubled.**
- Youth think that normalizing that mental health conditions do exist and being okay with people who experience these conditions “without the over generalizing part,” would be the most beneficial. There are neurodivergent and people who have more energy or are excited who may say they are “ADD” or that their “ADHD is going crazy” which diminishes those who really have it.
 - Local resources are important to have a group of like-minded people to be with and seek help. But those with less severe mental health issues may not seek help if all of the resources are for those with severe mental health problems.
- B. After learning about what affinity groups were, the youth were mostly against the idea. Many felt that they could have the reverse effect and cause more rifts and divisions among youth. Affinity groups may actually promote bullying and produce more problems than they solve.**
- By grouping similar kids, a small school with few at risk students may be separating kids and promoting a “sheltered existence.” Grouping youth by race, gender identity, may deprive them of meaningful interactions with youth who are of different.
 - Separating to smaller groups wouldn’t help in the context of a small school. Some people already want separate groups, but separating isn’t always the best thing to do. Going to a small school where they aren’t exposed to a lot, separating further would make them even more sheltered.
 - It would be wrong to assume that just because someone looks the same or has the same ethnicity, that they might be going through different things. It’s stereotypical to group all of the white kids and Hispanic kids when their backgrounds could be completely different. A Hispanic and Hmong kid could have more in common than with their peers.
 - 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. They can all go through different or the same things.
 - Separating people increases opportunity for bullying. A friend in Spencer said the Gay Straight Alliance was bullied.
 - This approach seems to create categories base on looks, not by anything meaningful.
- C. Normalizing (destigmatizing) serious mental problems may be most beneficial. Providing local resources for bipolar and other serious psychiatric issues is good, but a possible downside is this may dilute limited resources.**
- D. Youth expressed that they feel they have enough resources, but the stigma prevents people from using them due to the over casualization of it.**
- Some referenced that they are encouraged to see their school counselors. But a lot of the time they hear about students who reach out to school counselors and are then passed on to different professionals or agencies.

- One participant noted that not every school has a counselor—so, you have to find a trusted adult.
- Some people doubt if they really are afflicted with mental illnesses and whether or not to seek help.

E. There was mixed feedback on the benefits of early childhood education. The youth did not think early childhood services would help with mental help, as it's too early before mental health issues have arisen. Others think addressing mental health issues early can help prevent issues later.

- If there are serious issues early that are visible, “if a big thing happens,” it can help to address them early. Otherwise, the child might not know why they are in therapy. A 5-year-old might think they are being punished or are in trouble by going to therapy.
- If younger kids who need it go into therapy when they are younger, it would be beneficial because they would learn healthy coping mechanisms early on and ways to deal with certain situations and help it from it getting worse. “When you’re young and something happens, adults say ‘you’re young’ and brush it off. But in some situations, it might not be fine in the eyes of a young child.”
- Giving kids tools and resources and having them grow up knowing how to identify issues or feelings would help them in the future when things happen.
- If a lower-income family is having trouble with a child, it might not be the best thing to have them in that community, because different communities are different, and it might not be a good community to be in.

F. 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.

- One non-Caucasian participant [out of two youth of color in the room] was in agreement that cultural competency was beneficial to many people, especially those who speak another language other than English.
- There is a small amount of people that live here who don’t speak English. If there are no resources available in the language they speak, they will feel isolated. Having a therapist who speaks your language is beneficial. Getting current therapists to learn another language and provide services in that language would be beneficial.
- People familiar with other cultures is very important. If someone is a different race and you don’t understand what their life is like at home, this can be a problem. Understanding is really important. If you’re dealing with people who are different from you, to understand them is to understand what they are like.
- If someone is putting the time and money into seeing a therapist, it’s good for them to know that it’s not just going in one ear and out another. Some people might need someone with the same race or ethnicity for identification; having someone who likes you might be beneficial for some.

➤ APPROACH 3: 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. Most of the youth agreed that their mental health was significantly affected by their home environment and that healthy family interactions are important.

- Some households would be unable to participate in positive mental health programs/events because of work responsibilities.

- They felt that it was good to have emotionally stable parents but understood that is not always the case.
- People who are raised in abusive families may feel that is normal. If we offer more support to them, it will be helpful.
- If mental health is a genetic issue, parents may be struggling with the same issues as their kids and they may not know. If they hear about their kids suffering from mental health issues, they may treat them differently due to the stigma.
- It's a different generation than parents. Parents might not believe in getting mental health support or they may think it's a waste of time.

B. Youth felt that there may be sufficient focus already on mental health in school health education classes, but increasing the frequency may help. In other words, repeating the messages. On the other hand, more presentations may promote overgeneralization.

- When discussing adding emotional regulation into already existing health classes, there were a handful of students who showed differences across schools. Some of the youth already had it in their school curriculum.
- Some of the students only had one health class in their secondary education. A couple of youth said that they would like to see something again in the case where it was only offered once, at say grades 7 or 8.
- One youth noted that they have religion and chapel class all year, which is helpful with emotional regulation.
- Another noted the importance of communicating clearly about what resources are available.
- If schools could do presentations and teach better communication skills about how to ask for help and how to express your feelings toward your caregiver, it would be helpful.
- One participant wondered if subjecting youth to presentations about mental health too often would play into the over generalization of mental health. Is there possibly too much awareness?

C. There was strong agreement around the need for structural changes at school such as a later start to the school day. Some youth liked the idea of a late start to the school day; others see downsides of getting out after it is dark.

- The youth showed a lot of energy in this brief discussion about structural changes. The idea of a late start was popular to everyone except for one or two of the youth. One acknowledged that it was great in some ways but that it also meant getting home later.
- Waking up later and getting more time to prepare for the day would help improve attitudes and the day as a whole. Getting good start to the day would be beneficial, it sets up your whole day.
- One student complained of the lack of natural light in the school. This can't be healthy, especially in the winter. No windows.
- A late start may not result in more rest and sleep as is expected. Youth may just stay up later.
- Extracurricular activities may be negatively impacted. Practices would go an hour later and there's not that much of a difference in a way. It just pushes everything back.
- Teens like to stay up later. Having school later might be better, they like to stay up later.
- When asked about what they thought about a late start and an early finish but with a prolonged year into the summer, they did not like that idea.

D. Many liked the idea of returning to a 4-day school week (common during the pandemic). This improved access to teachers during Wednesday break.

- Having a bigger workload using a 4-day week model was beneficial. The open days were good to visit teachers with open lab or office hours. It also gave teachers more time to prepare, so students enjoyed classed more.
- Some had experience with Wednesdays off. They could go talk to teachers and use it to work, and refresh before the rest of the week.

E. Several of the youth mentioned that their self-worth (especially parental value of them) is wrapped up in grades, GPA, etc. This and standardized testing placed a great deal of stress on them and are sources of anxiety.

- There seemed to be some agreement that standardized testing serves the school more than the students and is unfair. Many had the opinion that it was an unnecessary amount of stress.
- One youth acknowledged that testing mostly benefits the school and students don't gain much from it.
- Another youth mentioned grades and how stressful it can be when you are trying to get A's all the time. This led to further conversation about the load of work they are given and how it feels unnecessary.
- A lot of people judge themselves on their grades. If they don't have an A, they are crabby. It's stressful to cram all of the work in to get a 4.0 GPA. More homework just adds to the stress. Having good grades is critical to some kids' mental health. Seeing their grades all the time is taxing on them.

F. Minimize the amount of homework. Youth also do not like the idea of having to be involved with even more activities outside of what was already on their plates.

- Some youth suggested that this action would help de-stress youth lives.

G. Regarding science-based resources, several suggested showing the data to the school board, rather than the parents. They thought it would have more of an impact on their lives by showing evidence-based information to school board members to help inform decision-making.

- If they want to send home a packet for the parents, that's fine, but the parents can only do so much. Maybe it would be better to show the school board and school district, the people who have the power.
- Not all parents will pursue help for their kids.
- Youth did recognize parents' impacts and contributions to their children's mental health. Parents are their main role models. When they see their parents struggling, they feel it. If you see your parents struggle or be depressed, you're going to feel that same thing.
- Some parents care a lot about grades and you don't want to disappoint them and how it reflects on you.
- Some felt that parents contribute to some of it, but isn't all of it. If they are abusing you or don't care, it will have an even greater negative impact.

H. The youth briefly touched on social media after the moderator pointed out that it was not mentioned as it was in other dialogues with adults. While social media can be a problem, the majority felt that the positives outweighed the negatives.

- Many of them saw social media as a useful tool and a way to interact with friends who are far away.
- Some acknowledged that it is addicting, but that is also easy to turn off and walk away from.
- Social media may not be as harmful as portrayed by the mass media; there are many positives.
- Social media has an impact on mental health, but it isn't the entire reason youth have mental health challenges.
- Social media can have a positive impact. It can be used to get the message out or to help study and help stay on task. It helps youth to socialize and stay in contact with friends and family who have moved.
- Social media for younger people versus older people is very different. For the younger people, it's a use for good things or social media is good in a way, though some did acknowledge that if abused it can be bad for your mental health. Older people are too extreme and say it will keep your history with you forever, so not to use it.

AREAS OF COMMON GROUND AND PROCESS REFLECTIONS

A. Common Ground

- Youth agreed that parts of the issue guide weren't clear at first read, and they had to reread it.
- Many of the youth expressed that there already is an abundance of mental health resources available.
 - That did depend on the size of their school, but many of them knew where they could get help. In the other dialogues, the idea of there being a shortage of mental health resources was not often questioned, nor was the idea that students had trouble accessing services.

- Get rid of stigma. But don't overgeneralize or exaggerate the extent of the problem.
- Affinity groups may cause more problems than they solve.
- Most youth generally supported a later start to the school day or a 4-day week. There was energy around structural changes, especially the late start to the day.
- Minimize homework.

B. Tensions

- Not reported in the notes for this group.

C. Process Notes

- The facilitator had a hard time getting the conversation moving at first. The youth were all fairly quiet to start. Overall, during the first approach, the conversation was brief and only about half the youth felt comfortable telling us their thoughts.
- A key takeaway was that youth and adults do not see eye to eye on a lot of things.
- The topic of affinity groups made one of the moderators aware that many of the youth did not understand the concepts or the language that was being used. After going over the first action related to affinity groups there was a lot of quiet. Melissa, the on-site trauma counselor, asked if youth knew what was being discussed and then explained affinity groups. She then prodded some of the youth about their thoughts. The majority of the youth were not familiar with those groups or that language. Admittedly, the moderator had some expectation that they would be familiar and was "taking for granted that it was a new generational thing."
- There was some difficulty in understanding the concept or the need for cultural competency within the group of mostly Caucasian youth. After some further discussion and giving a couple more examples about a third of the room acknowledged through visual affirmations that they at least understood. The moderator started to explain some of the concepts with examples and this was helpful to most of the youth.
- The topic of structural changes in school, such as later start times really got the conversation moving. Many more youth became engaged and the one youth who didn't have anything to say suddenly became visibly vibrant in his desire to be part of the conversation. In adult dialogues, by contract dialogues, this was something that had no traction whatsoever, even though there is evidence to show that teens would benefit. [No data was provided by Let's Talk on this topic.]

YOUTH DELIBERATIVE DIALOGUE SUMMARY 3 – 11.20.2023

Topic	How Do We Support Youth Mental Health in Our Communities?
Dialogue Date	November 20, 2023
Dialogue Location	Incredible Bank, Wausau
Moderator Name(s)	Amy Prunuske
Notetaker Name(s)	Nicholas Giordano
Observer Name(s)	Jen Leber
Total Participants	11

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

The table below shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a “1” in a table cell means one of the moderator(s) or observer(s) selected that category; a “2” in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as “1.”

<i>Thinking overall about today's dialogue...</i>				
<i>...how much disagreement was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
	2			
<i>...how much common ground was there among the participants?</i>				
None	A little	Some	Quite a bit	A great deal
			1	1
<i>...how much do you think the participants considered perspectives or viewpoints that they hadn't considered before?</i>				
Not at all	A little	Some	Quite a bit	A great deal
			2	
<i>...how much do you think the participants valued the input provided by their fellow participants?</i>				
Not at all	A little	Some	Quite a bit	A great deal
				2
<i>...how did participants with differing views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				2
<i>...how did participants with similar views act toward one another?</i>				
Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
				2

➤ APPROACH 1: 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. Youth were generally skeptical of whether a public awareness campaign would be beneficial for reducing stigma surrounding youth mental health issues.**
- When asked if they think increased public campaigns would be beneficial, one participant thought it would create more stigma and embarrassment, resulting in less youth wanting to speak out. Another participant agreed with the idea above and thought any efforts should be more discreet like putting out handouts in the mail.
 - One participant thought that public campaigns could potentially help certain individuals, as it would potentially normalize talking about it.
 - Billboards could be helpful in not feeling so alone/isolated or realizing, "Oh, that's a real thing. I didn't know."
 - Having a billboard would be embarrassing and make matters worse.
 - Handouts/mail would be better to raise awareness.
- B. Having adults to talk to about issues is not always the best solution, as "no youth wants to tell their whole life story to a stranger." Providing a safe space where youth could be alone if they feel too sensitive or triggered would be beneficial.**
- It would be nice if you could go to the counselor office and not talk but just have a room to yourself.
 - It's hard for people with mental health problems to seek out help for fear of rejection and insecurity. It might be better for people to check in with youth.
 - In terms of more activities at church/home/community, one youth shook his head no. Another youth said not everybody goes to church or feels safe at home.
 - Not everyone has a community they feel they belong to which makes it hard to connect with or reach them.
- C. Most youth want help in the moment, but afterwards they would like to move on and not be constantly reminded of their previous struggles. Case management approaches may not be well-received by youth.**
- In response to the idea of following up more using a case management approach, one participant thought that follow-up would "get really annoying really quick." How long would the follow-up be for?
 - Many youth don't want to share with everyone and want to be left alone. Too much outreach may do more harm than good.
 - "The following up would be annoying, having someone constantly asking about you."
 - Another youth said that there comes a point when kids don't want to keep rehashing their story to different people, they just want a safe space to be alone.
- D. On the one hand, youth mentioned that a case management approach might be too intrusive. Yet some recognized the need for more outreach and for expanding mental health professionals in schools.**
- It was mentioned that mental health problems lead to certain thoughts or thinking patterns that make youth question if people really care. Therefore, people need to actively reach out and help these youth feel that someone really cares.

- It would be nice to have more mental health professionals in schools; one youth mentioned that at their school, there is only one club talking about mental health.
- Guest speakers at schools might be a good idea. Participants liked the idea of having more guest speakers at school talking about mental health because many people struggle with remembering what options or resources are available. Another youth agreed with more discussion in schools because people forget about it pretty quickly after one discussion.
- How can we keep reminding youth about the resources or help available without annoying them?
- It was mentioned that at school there was only one club dealing with mental health so more efforts need to be made to overcome this problem.
- It was said that early exposure to mental health and its importance is positive and beneficial.

E. There needs to be more efforts targeted towards supporting parents, especially young parents.

- More support should be directed at parents for to how to raise their kids. If mental health concerns were normalized and kids were exposed to mental health discussions at a young age, it would be good.
- There needs to be more community events that extend into high school that bring together families and community members and where youth feel comfortable attending. Weston School had a family fun night—one youth misses these activities from elementary school where families can come. Another agreed with this.

F. Adults and teachers seem to still not understand that kids have a life after school such as needing to work which makes it hard to complete homework assignments on time. This can impact youth mental health.

- Make the regular teachers more aware of mental health issues; one youth mentioned teachers pushing deadlines on students will increase stress.
- “Some teachers need to realize that we have a life outside of school. We go to school for 7 hours and have to work sometimes don’t have enough time to ‘do school’ at home.” They want more flexibility for deadlines and less homework.
- Teachers need to communicate with each other more so they aren’t overwhelming students with homework especially important on game nights for those in athletics. Communication needs to increase between teachers on homework expectations and workload. If each teacher assigns 20 minutes’ worth of homework, it adds up quickly.
- There should be more support animals in schools and students would be much happier to talk to people if they could pet a dog at the same time.
- Another youth said that bullying needs to stop, and that people should be more educated during the middle years not to do it.

G. 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 as a form of bullying; bullying needs to be stopped and most of it is occurring over social media.
- Youth suggested blocking people on social media (make it more normalize to do this, less judgement from peers). Youth need to get better at blocking people online who talk negatively, but that might be hard for some.
- Social media creates a culture or atmosphere of superiority where kids start buying into the idea that they are better than their peers based on what they see on social media. Some kids think that they’re better than everyone else and make you feel like you’re living your life wrong based on what you do or don’t do on social media.
- Social media can create beauty standards and intelligence standards that are impossible to live up to.
- Psychological competition on social media – posting highlights (only the good things, only the good pictures), competing to post “good” pictures after seeing someone else’s good picture.

- Social media causes youth to constantly compare themselves to others which creates an unhealthy environment and mindset. Social media also causes youth to have unrealistic standards for beauty and think that everyone has a perfect lifestyle.
- Social media causes a psychological competition where people like to be “on the top.”
- One participant mentioned how even though sometimes people do not directly bully them online, they feel threatened by the existence of groups online that target the group they identify with.
- Knowing how some people feel about things can feel threatening (opinions shared on social media or shared through hearsay).
- Assumptions are made all the time and some people don’t ask you how you feel and/or value what you have to say. Concerns are dismissed. “What do you mean you’re depressed; you have a perfect life.”
- Individuals need to communicate better (the teenagers themselves) through social media and in person.
- Make it OK to post ugly pictures—we don’t always have to be perfect. Society needs to normalize non-perfect imagery.
- If they see a bunch of perfect people and hair and makeup tutorials online, they feel like they have to do it too to be liked.
- Marketing, ads and brands are making people feel less confident, make them feel like they look like garbage—they see a product and a before/after and think they need it too.
- One youth feels bad about being at home gaming all by himself and not working/making money.
- Some youth did not think that accessing social media at a young age is bad.
- Snapchat is used as a form of communication and shouldn’t be defined by just keeping streaks going.
- One participant thought that accessing technology and social media is not bad, but how it is *used* can be. They mentioned how using technology to play video games allows them to connect with their friends and gives them a safe space to talk to their peers and friends they otherwise would not have.
- Efforts targeting teenagers are too late, as they won’t listen and be willing to change. Accessing social media younger can help teach kids how to use it and navigate it earlier.

H. It was widely agreed that sometimes it is hard to speak out against adult figures in positions of power who are contributing to mental health problems such as coaches. Many of the youth liked the idea of having surveys given at the end of the season or semester to evaluate their coaches to see if they are hurting youth mental health.

- Mental health issues can come from sports when they have bad coaches or teammates, it’s hard to speak up against a bad coach because they have authority. Would probably tell classmates but not necessarily a teacher.
- One youth said that there was an evaluation for coaches and even if the kids give a bad review, the school is too small to get more coaches, so nothing is done about it.
- Having one bad teacher or bad coach can ruin your whole experience—if you have one bad science teacher, it can make you hate science. Suggested having observers in classrooms to get rid of bad teachers.
- Coaches—better to have someone you like even if they aren’t the best at coaching.
- Having an evaluation form about your coach after every season would be great.
- It was said that one bad teacher or role model can ruin school or a certain subject for students. A possible solution could be to have more supervision or visits to evaluate teachers. Multiple teachers or coaches for a single activity, sport or class could also help.

➤ APPROACH 2: 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. Youth were mostly against the idea of affinity groups. Many felt that they could have the reverse effect and cause more rifts and divisions among youth.**
- 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.
 - Participants 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 affinity groups be broadly advertised but meet in Zoom initially to decrease visibility.
 - Those types of groups are supposed to be helpful, but for one youth, it was the most embarrassing thing and she felt more targeted as well as misunderstood by the teacher leading it. It was uncomfortable and unhelpful. This was because people knew she was going to it through signs and announcements, and watched her walk into the classroom. A potential solution would be to make it more private and/or bring someone who isn't part of the identity group to make it less stigmatized for people to go.
 - Another youth was in agreement: Taking one group of people shines a spotlight and makes sure everyone notices. Putting up posters and stuff are not necessary, should be through email because people who care will notice it and those who don't will ignore it.
 - Another youth agreed and said that it might be helpful to have an email sent to everyone with the option to participate and then hold this over WebEx/Zoom so nobody knows who is participating except for the people attending.
 - Another youth thinks it's weird to separate people instead of having *everyone* participating.
 - Another youth agreed with having everyone participate and thinks it would help raise awareness.
 - Another youth said being put into a group makes you feel even more different from others.
- B. Rather than invest more resources in community-based care services for youth with long-term conditions, youth felt that both "small issues" and "more severe issues" should be supported and that case workers should be available to address multiple issues.**
- It's good to focus on big aspects, but the "little" mental health issues need to be given more attention because they build up over time.
- C. Youth recognized the ties between physical health and mental health.**
- The group explored the inter-relationship of mental and physical health and teens acknowledged that they may need encouragement to be active and to promote mental health. "Why is that just mental health, it should be for health as well!"
 - We also explored benefits of school programming including cooking classes and promoting healthy habits being equivalent to financial literacy courses. One youth mentioned that an agricultural class helped to supply fresh vegetables to address concerns about the healthiness of school food.

- People with mental health issues have physical health issues as well because their mind pollutes their ideas about themselves.
- One youth disagreed with moderator’s question suggesting youth are not eating enough healthy foods. He said that if you feel good, you are more likely to eat better, and vice-versa. Another student said that kids need more motivation to eat healthier and go outside to exercise because of phone use.
- School food is a problem, this youth actively avoids the food because it’s disgusting, but she likes the cooking classes and thinks that the cooking class could add an option to the school menu.
- One cooking class should be mandated just like financial literacy is mandated.
- Another youth agreed that the school should require one cooking class, mentioned agriculture class that is offered.

D. The group recognized value in exposure to different cultures and learning different languages in schools. They suggested that schools should expose all students to different cultures, religions, and sexuality.

- Learning a language should be a requirement at a younger age and there was concern that school is just “glorified babysitting” in comparison to other countries. They felt like more exposure to the Hmong culture would be important given they are a big part of our community.
- It would be helpful if there were different languages students can learn in school other than Spanish, French, German.
- America should be like other countries and teach languages earlier (elementary); this should be required.
- In other countries most people can speak 2 languages, and why are kids in other countries so much smarter than kids in America, is America’s school system just glorified babysitting?
- Integrated language in the curriculum (immersion schools).
- One participant thinks that if more youth learned Spanish from a young age, it would decrease the need for interpreters because there would be more people understanding each other.
- Should have more Hmong language exposure when we’re younger because there are so many Hmong speakers in Marathon County.
- Another participant said that youth should receive more education on different cultures, as “There are more people in the world than just white people.”
- Everyone needs to be more aware. “If you don’t belong to a vulnerable group, you are still valid in feeling like you’re having mental health issues and should feel comfortable seeking help.”
- Youth should learn more about different religions and cultures and sexualities.
- One participant said that schools should require classes about different religions and cultures (agreeing with previous youth).
- Overall, it is important to destigmatize other cultures.

➤ APPROACH 3: 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. Youth recognize the need for more parent education and support. Most agreed that their mental health was significantly affected by their home environment and healthy family interactions are important.**

- “I don’t think there’s much stuff for parents, it’s mostly for kids and kids don’t talk to parents about it because they don’t want to, it’s important for parents to have resources too.”
- One participant felt that parents do not have enough, or all, the information made available to youth that they receive at school and kids do not let their parents know about all the resources available.
 - One participant thought this could be solved by providing more updates through technology.
 - At little sister’s school they use an app called Seesaw to give updates on birthdays, activities, etc. School could do a better job keeping parents updated on normal activities that kids are doing, not just the fun stuff. Parents should see more of the day-to-day stuff to help facilitate conversations at home.
 - Another participant went on to suggest that updates could include more awareness of the “bad things” but also the day-to-day things that happen at school, including smaller activities.
- Classes for parents might be a bit overwhelming or having people tell parents how they should be teaching their kids might not be received well, but providing statistics and tips might be better.
 - Forcing parents to attend or requiring parent classes would be too much. Directly telling parents what they should and shouldn’t do might be the most effective method. Instead, classes and information should focus on statistics, tips and general advice.
- One person echoed a statement that parents need to be at home more and be present. They got into an argument with their mom about her working too much to provide more things when the teenager just wanted more time.
 - Parents need to be home and there for you emotionally rather than throwing it in your face that they buy things for you. Would rather have parent connection than stuff bought for them, and want connection before there’s something big that happens.
- Parents are often in denial that their kids have issues even if they are aware of statistics. Parents seem willing to acknowledge that generally youth have problems but fail to recognize it in their own kids.
 - Another youth agreed about parents being in denial, she thinks that they will blame themselves; parents want to think they are doing a good job.
- Parents need help handling stress, especially when they are working, going back to school, handling the household. Parents need more sleep, when they need downtime, they often cut into their own bedtime routines. Parents need help managing stress just as much as youth.
- Sleep is an issue as both parents and youth are not getting enough of it.

B. Changing school schedules to start later would not necessarily solve anything, as it would just push the students’ entire day back by an hour, still resulting in the same amount of sleep. Rather most youth thought there should be shorter school days.

- It is not a good idea to start school later if everything gets pushed back because then they’re just going to bed later, especially on game night for athletes.
- The school day should be shorter.
- Lunch time should be longer so they’re not rushed or can take a quick nap.
 - Longer lunches would give students more time to socialize and connect with their peers.
 - Lunch at one school is only 15 minutes some days and it takes 7 min to go through lunch line, leaving only a few minutes to eat. Would like 2 mods length for lunch.
 - Another youth mentioned that students have 20 minutes to get lunch and eat, not enough time to socialize. They want a longer lunch but don't want to lengthen the school day to give a longer lunch.
- If you have shorter school days, will school have to be expanded, making summer shorter? Not sure what’s better, longer school day or longer school year.
- Homework tends to add more time to a student’s schedule which increases their workload, adding extra hours to school day.
- Participants mentioned how there is an expectation on youth to manage various obligations and be a perfect student by balancing activities like homework, sports, extracurricular activities, home life, etc. “Schools pressure us to do homework, sports, clubs, family time, and sleep—can there be less pressure to do so much from parents and schools?”

- We spend so much time in school when we're young and sports and family should be more valued.
- Youth spend so much time on school skills not life skills. Youth thought school is overall not preparing students for life. Participants thought school should teach more career or skills training earlier on.
 - Some subjects taught at school do not seem relevant, like algebra.
 - Lots of college pressure – life skills are not taught, like paying bills, taxes, retirement money, etc.
 - Start teaching us more real-life skills and marketable skills that can transfer to careers.
 - Financial and life skills might decrease stress as an adult so you know what you're doing.
 - Financial class should be in senior year, not freshman year, so students remember it and it feels relevant.
 - Schools don't talk about half of the jobs that are actually out there, need more job shadowing.
- There should be prioritization of health classes, but the focus should move away from just a teacher giving information and instead have the class be more collaborative and peer discussion based. There should also be an emphasis on learning how to manage stress.
 - Sex education is also important and should be prioritized. Education is the biggest solution to preventing teen pregnancy: it should be like gym class where they have to have sex ed/health class every year.
 - One participant thought there were not enough health classes and the class itself was too early on. They thought it should be longer.

C. Provide parents with information about how to talk to youth about substance use and addiction and provide information about appropriate consequences for behavior.

- It was mentioned that sometimes health classes about drugs cause more intrigue by making it so taboo like the previous DARE program. Education is important for kids, but it could encourage some people to try drugs.
- One participant thought that sometimes the punishment given to youth does not match the crime. When youth abuse drugs or alcohol, they should be given more treatment and resources
- Participants mentioned that they are often punished with punishments unrelated to the crime such as their phone taken away for doing something not related to the phone
 - One youth talked about an instance where a punishment made a kid want to engage in substance use more.
 - Punishments don't fit the behavior and make things worse, need better responses to a kid engaging in drug use.
 - Punishment isn't appropriate for someone doing drugs, get the kid help.
- Punishment should be related to behavior. For instance, one youth said she shouldn't have her phone taken away unless she was doing something bad on her phone. Although she did acknowledge the idea of taking away something important to the youth is a strategy often used by parents.

D. Youth expressed generally little support for prioritizing family-centered community activities.

- People wouldn't necessarily participate because "We already have family dinners, go on family trips and by day three we're sick of each other and it makes it worse. If we went to church and then did a family program, and had all our time together, it would create tension."
- What happens in the family is something the family needs to control, not something the community can control or change.
- Optional opportunities might be good for families so they can decide to do it if they feel they've been missing connection. Once a month bonding might be good—not too often, but not too spaced out either.
- Kids tend to be more open minded than their parents. It might be nice for parents to let kids hang out and parents can talk to each other.
- Want to spend more time with cousins and friends—family nights don't have to be just immediate family members.
- Peer mentoring programs might be nice because they are on the same level, not the same as a parent.

- One participant mentioned how the community cannot force families to act a certain way but can give suggestions.
- One participant mentioned how kids can help bring families and communities together by having kids who play with each other result in parents meeting each other. More efforts should be made to facilitate this community connection and bring families together. Example: more school events
- Family goes beyond traditional definitions, so these events should welcome bringing extended family, friends, pets, etc.
- One participant mentioned that youth need some kind of mentor or individual providing support that knows more than them and is reliable and trustworthy.

E. 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.
- Older people see us and think we're different/less mature, and that's just the world evolving, but older people only see us as people who slack off. "Older people can't expect us to be the same as them, because the world is different for us." Another youth agreed "Staying off your phone is ridiculous, It would be like telling my grandmother to stop reading the newspaper."
- Another youth agreed: "It's about the world evolving, but it's also about mental health and social media is a big factor. People are too into the media and not living in reality – they are in denial about the effects of social media."
- "Adults expect us to be mature but we're so young, we're only 16 and don't know anything because we haven't been exposed to everything."
- Technology has come so far—use Google instead of looking stuff up in a book, etc.
- "Adults expect us to be resilient and strong, but my mom wouldn't let me go out or do anything on my own and then all of a sudden wants me to be perfect at everything on my own after they've done everything for me for so long."
- One youth said their dad is aware of social media because he uses it, mom focuses on being outside all the time—would rather have me stop playing a game online with three friends and go outside alone which is dumb. Reason given is because they bought me a nerf gun, but now I'm just outside by myself shooting myself with a nerf gun.
- Parents praise their kids to other parents but criticize kids at home or don't notice them until they're falling apart.
- Parents should treat kids like they want to be treated—mom doesn't like being micromanaged at work, but micromanages kids at home. "Who cares if I did bad on one test when my grade in the class is still good? I obviously know I messed up." Insinuated that harping on it isn't helpful or enjoyable.

AREAS OF COMMON GROUND AND PROCESS REFLECTIONS

A. Common Ground

- There was not as much information in the notes for this group related to areas of common ground. However, one area referenced was the impact of social media on kids and its connection with bullying. At the same time there was recognition about how dependent we all are on technology, including parents. Social media can cause stress.
- Youth want stronger relationships between parents and kids.
- Stress management should be open to youth and their parents.
- In terms of structural changes in schools, these kids are leaders in their schools and can bring some of these ideas back to their schools.
- Support animals in schools may be a good idea.

B. Tensions

- Not reported in the notes for this group.

C. Process Notes

- It was difficult to get all the youth to participate. Three youth continued to pass.
- Several of the actions in the issue guide were of minimal interest to the youth. The most engagement from the youth was elicited when the moderators went off-script with their questions. For example, one moderator asked, “Why do you think we are seeing an upward trend in the data?” and the other moderator asked, “We are hearing from our other groups that youth aren’t as resilient now. What are your thoughts on this?”
- They seemed to be more hesitant to disagree with each other and identify tradeoffs, but were interested in building on each other’s thoughts.