



## EXECUTIVE SUMMARY

# LET'S TALK, MARATHON COUNTY

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

Key Findings from Youth Mental Health Deliberative Dialogues

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# OVERVIEW OF LET’S TALK, MARATHON COUNTY

## GOALS OF LET’S TALK, MARATHON COUNTY

In the fall of 2023, the Wisconsin Institute for Public Policy (WIPPS) launched the Let’s Talk, Marathon County project.<sup>1</sup> Let’s Talk, Marathon County is aimed at fostering constructive conversations among residents on a variety of public issues.<sup>2</sup>

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.

The Let’s Talk team assembled a panel of 94 community members from across Marathon County to meet in groups of approximately 10 people to engage in conversations about public issues, starting first with *How Do We Support Youth Mental Health in Our Communities?* Panelists discussed different topics over the next several years. The goal was to select a panel of community members who reflected a range of political affiliations and ensured geographic representation from rural and urban areas of the county, as well as a cross-section of demographics.

## WHAT ARE DELIBERATIVE DIALOGUES?

Let’s Talk, Marathon County uses 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. An issue guide was provided to the participants and consisted of background information, including a curated page of national, state, and county statistics on youth mental health. In addition, it outlined three potential approaches for supporting youth mental health: (1) build community support; (2) support the most vulnerable; and (3) empower youth and families. For each of the three approaches, the issue guide provided possible actions as well as possible drawbacks.

## YOUTH MENTAL HEALTH DELIBERATIVE DIALOGUES

In November 2023, six deliberative dialogues were conducted on the topic of *How Do We Support Youth Mental Health in Our Communities?* Dialogues were held in three locations in Wausau, as well as one each in Marathon City and Mosinee; one was held virtually. Within each dialogue, the goal was to include approximately 10 panelists. In addition, each dialogue was structured to reflect a distribution of approximately 30% liberal, 40% moderate, and 30% conservative participants.

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

A total of 61 of the 94 Let’s Talk panelists registered for one of the youth mental health dialogues; after accounting for cancelations and no-shows, a total of 54 individuals participated.

<sup>1</sup> Let’s Talk, Marathon County is fully funded by New Pluralists: <https://newpluralists.org/>. WIPPS was chosen from a pool of almost 800 applicants and no taxpayer dollars were used for this project. More information can be found at: <https://wipps.org/lets-talk/>.

## PANELISTS' VIEWS OF THE DELIBERATIVE DIALOGUES

At the conclusion of each deliberative dialogue, participants were asked to complete a brief, 20-question survey about their experiences engaging in the deliberative dialogue. The questions were designed to gather information about whether the dialogues expanded participants' views on the issue of youth mental health; helped them consider tradeoffs and solutions; increased appreciation for diverse viewpoints; and increased interest in engaging in community issues. Overall, 98% of dialogue participants completed the survey. The following are highlights of the participant's feedback.

- **A majority of the Let's Talk panelists who participated in the dialogues reported that the dialogue helped them better understand the issue of youth mental health and also helped them to evaluate the pros and cons of potential solutions.** Fifty-seven percent (57%) reported that participating in the dialogue helped them better understand the issue "quite a bit" or a "great deal" and 66% reported that the dialogue helped them evaluate the pros and cons of potential solutions "quite a bit" or "a great deal."
- **The dialogues were characterized by low levels of disagreement and considerable common ground.** Sixty-two percent (62%) of the Let's Talk dialogue participants reported "none" to "a little" disagreement and 93% reported "quite a bit" or "a great deal" of common ground; about one-third (32%) reported "some" disagreement.
- **The dialogues helped Let's Talk panelists expand their views on the issue of how to support youth mental health in their communities.** About the topic of youth mental health, many (41%) reported that they considered perspectives or viewpoints they hadn't considered before "quite a bit" or "a great deal." Eight-six percent (86%) responded that they valued the input provided by the other participants "quite a bit" or "a great deal"; 51% felt that their input was valued "quite a bit" or "a great deal" by the other participants.
- **The dialogues were characterized by high levels of respect, including for those with differing views.** A majority (77%) of participants reported that those with differing views acted "very respectfully" towards one another.
- **The dialogues helped participants appreciate diverse viewpoints and helped them develop greater comfort with and trust in fellow community members with differing views.** Three in four (77%) of the community members reported that participating in the dialogues made them value viewpoints that differ from theirs "somewhat more" or "much more" than before the dialogue. Seventy-seven percent (77%) reported being "somewhat more" or "much more" comfortable interacting with members of their community who hold different viewpoints.
- **Dialogue participants reported greater confidence in their community's ability to engage in civil conversations.** A large majority (85%) reported that participating in the dialogue made them "somewhat more" or "much more" confident that their community can engage in civil conversations about youth mental health.
- **In general, participants reported an increased interest in learning more about what makes a healthy community and increased interest in engaging with fellow community members about the issue of youth mental health.** When considering percentage of community members who selected "quite a bit" or "a great deal," a majority reported that participating in the dialogues made them want to learn more about the issue of youth mental health (70%); talk more with fellow community members about the issue (76%); collaborate more with fellow community members (75%); and be more involved in decision-making in their community about the issue (74%).

# PANELISTS' INSIGHTS ON YOUTH MENTAL HEALTH

This following summarizes key themes and panelists' insights from the six Let's Talk dialogues held on the topic of *How Do We Address Youth Mental Health in Our Communities?* Detailed reports can be located at: <https://wipps.org/lets-talk/>.

## Summary of Let's Talk Deliberative Dialogue Participant Views about Actions to Address Youth Mental Health

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

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

## APPROACH 1 – BUILD COMMUNITY SUPPORT

- **Participants believed youth mental health to be a critical topic that requires a multipronged or multifaceted community approach.** Participants recognized that the community plays a key role in addressing challenges associated with youth mental health and that communities, schools, parents, and leaders have a role in engaging youth and decreasing stigma. Youth perspectives are essential to addressing how to support youth mental health.
- **Participants had mixed views about whether prioritizing a youth-centered public awareness campaign could be valuable for reducing stigma and normalizing youth seeking help with mental health issues.** Building awareness and reducing stigma is important because it can help re-frame the idea that something is wrong and could potentially motivate people to initiate services more often, yet mental health campaigns may have limited impact.
- **Participants generally supported preventative solutions, including investing in wrap-around services and early childhood education.** Preventative measures that focus on root causes of mental health issues, including the role of parents, are often overlooked.

➤ **Preventative approaches should also address technology and social media.** Participants views were somewhat mixed about the relationships between technology use, social media, and youth mental health, with many recognizing both the positive and negative implications. They expressed a need for a better understanding of the effects of social media on youth and their mental health, with some favoring potential regulation.

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

## APPROACH 2 – SUPPORT THE MOST VULNERABLE

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

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

➤ **While there was some agreement among participants about the value of providing support groups, there was generally little support for affinity-based support groups.** Many were opposed due to concerns that such groups could create more stigma by singling out youth based on sexual orientation, gender identity, race, and/or ethnicity.

➤ **There was support for language assistance for non-English speakers in order to help navigate resources to help with mental health.** Most participants felt that cultural competency needed to be promoted along with more acceptance of differences at the community level.

## APPROACH 3 – EMPOWER YOUTH AND FAMILIES

➤ **Participants agreed that mental health is linked to the health of the family.** They recognized that some families face challenges in meeting basic needs and addressing these needs is foundational for addressing youth mental health issues. However, some expressed concern about the government’s role in meeting individual needs.

➤ **Participants expressed support for enhancing school curricula to improve youth mental health and wellness.** Most of the participants agreed that building emotional regulation into school curricula could be positive, but also acknowledged that teachers are often stretched too thin and that it might be hard to ask them to do more.

➤ **There was mixed support for adjusting school hours so youth can have more sleep and for improving the structure of the school day.** Some agreed that later start times could improve youth mental health. Others strongly opposed changes to the structure of the school day, citing concerns that students have lost time in school from the pandemic.

➤ **Parents need more resources, education, and support, including resources that are credible and trustworthy. But participants did not agree on the role of different parenting styles and it is a parent’s choice whether to use the information.** 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, but recognized that not all parents will utilize what’s available. Some were skeptical that distributing information to parents regarding youth mental health and topics such as substance use would be actionable.

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

## ADDITIONAL INSIGHTS ON MENTAL HEALTH FROM THE YOUTH PERSPECTIVE

An additional three deliberative dialogues were held with 39 high school students enrolled in the 2024 Central Wisconsin Area High School Leadership Program. Participating youth represented D.C. Everest Senior High, Marathon High School, Mosinee High School, Wausau East and West High Schools, Northland Lutheran High School, and Newman Catholic High School. Feedback from these deliberative dialogues is summarized below, providing an important perspective on the topic.

- **Youth noted the need to reduce stigma around mental health.** Many acknowledged that public awareness campaigns could help normalize mental health; others thought that such campaigns would create more stigma and embarrassment, resulting in less youth seeking help. While many recognized the need to reduce or eradicate stigma, those providing support are often not from the stigmatized group, causing difficulty for youth to find the help that they need. This is partially due to youth feeling shame for receiving services.
- **Youth are selective in who they trust and with whom they feel comfortable disclosing their mental health concerns.** They do not always feel comfortable disclosing mental health concerns to parents, teachers, or school staff. Youth are afraid to reach out for help because of uncertainty regarding how they will be received – will they be dismissed, or on the other end of the spectrum, will they receive a scary diagnosis?
- **Youth mostly viewed case management as too intrusive and being constantly checked up on could lead to them to shut down.** Instead, having more mental health professionals and guest speakers was supported, along with more discussions surrounding resources and mental health support is welcome. Care should be taken to make these reminders palatable for youth rather than nagging.
- **Youth noted the need for more support for the after-effects of suicides in communities.** Support should also be extended to youth with “small” or “less severe” issues before they become bigger problems
- **Youth participants recognized that social media can contribute negatively to youth mental health when it is used to bully other youth or make them feel more insecure about their physical appearance or lifestyle.** Teaching kids earlier on how to use technology and social media would be more beneficial.
- **Youth recognize the need for cultural competency among mental health providers and at school.** Counselors and mental health resources need to be linguistically and culturally appropriate. Those who are non-English speaking and lacking finances may not be able to afford or access care. It is important to respect and appreciate cultural differences. Being aware of these factors is necessary to properly treat the person.
- **Youth did not support affinity groups and generally did not support an overall approach to addressing youth mental health that primarily focuses on the most vulnerable.** Underlying this view was a concern about who defines “vulnerable?” These approaches can inadvertently send a message to kids that they may not be “suffering enough” to seek out help.
- **Youth recognize the need for more parental education and support.** Most agreed that their mental health was significantly affected by their home environment and healthy family interactions are important. Support for parents and families is desired, especially for young parents. Family community events similar to those offered for elementary school are missed by students in high school.
- **Youth strongly support changes to reducing external expectations from parents and others about grades and test scores.** These external pressures can add to their stress and anxiety.
- **Youth recognized generational gaps between adult versus youth perceptions of issues and experiences; social media and technology were referenced to illustrate the generational differences.** Youth think that older people only see them as people who slack off without realizing they are growing up in a different world than their parents and older generations.