



DANE COUNTY
BOARD of
SUPERVISORS

REPORT

Research and Assessment of Youth Mental Health Support Stabilization in Dane County

Ned Eggert • May 2026

REPORT PREPARED FOR
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INTRODUCTION

Across all ages, poor mental health is increasing in America. This trend is especially prevalent among America's youth. The pandemic and proliferation of social media platforms have led to a pronounced uptick in reports of depression, anxiety, and attempted suicide among youth. Dane County has recognized this and, in response, has introduced and supported a variety of programs to assist struggling youth in our communities. Despite the existence of these programs, poor mental health persists.

EXECUTIVE SUMMARY

This report aims to identify gaps and areas of opportunity in Dane County's mental health stabilization services and offer models and policy recommendations for ways to address them. Dane County has a diverse network of programs to support youth with mental health struggles. What persists is a lack of accessibility. It is unreasonable to expect a struggling child or adolescent to bear the many significant burdens they face in their efforts to get the help they need. This report highlights models/case studies from across Dane County, namely Safe Communities, Sources of Strength, and BadgerSPILL. Based on the practices and successes of these programs, this report recommends designing an in-school mental health response training program for students and implementing an online chat network of trained youth support specialists. This eliminates barriers to accessing information, transportation, paperwork, and

stigma, and aims to create an environment where youth may access the benefits of available mental health resources.

SCOPE

This project examined current policies in place in Dane County and reviewed models that might provide opportunities to assist those affected by youth mental health struggles in Dane County. We must continue to improve our existing resources; we can do so by collaborating with and drawing on external programs. The scope of these recommendations is limited to what might be within the Dane County Board's and county government's jurisdiction, and an effort has been made to keep them feasible and implementable. All recommendations will adhere to the following two gaps identified:

- 1) A youth or family member of a struggling youth needs to understand where to go and what to do to access appropriate mental health support.
- 2) Once they come to that understanding, our programs must encourage and enable youth to seek help by lowering the administrative and other barriers they face in the process.

This report uses the term “mental health” rather than “behavioral health” as it fits more appropriately in the scope of the recommendations. Mental health signifies deeply personal thoughts, emotions, and conditions that manifest in one's mind. This includes anxiety, loneliness, hopelessness, depression, and any behaviors caused directly by such conditions. Behavioral health is more expansive, including how lifestyle choices like diet and exercise impact physical and mental well-being. For this project, we will use the term mental health, as this report does not touch on such lifestyle choices.

METHODOLOGY

The findings in this report are informed by several research methods. A comprehensive review of academic literature was conducted to understand trends in youth mental health. More specific research was done on Dane County's youth mental health outlook and current youth mental health stabilization services, with an emphasis on self-

reported survey data. Interviews with community members, program leaders, state and county representatives, and professors were held to include the considerations of experts with firsthand experience. Further, I surveyed several programs outside of Dane County to find case examples and precedents for both of my recommendations.

ANALYSIS OF YOUTH MENTAL HEALTH

Dane County's youth are facing a significant and worsening mental health crisis. Overall, students are more depressed, anxious, self-conscious, and hopeless, and think more about hurting themselves and others than ever before.

- 5.8% of high schoolers report being diagnosed with an eating disorder
- 16.8% of high schoolers report being diagnosed with depression
- 18.6% of all students have considered the idea of suicide
- 24.6% of high schoolers report being diagnosed with an anxiety disorder
- 58% of high schoolers said they feel lonely often or always

And most discouragingly,

- 14.9% of Wisconsin students made some sort of plan or step toward suicide
- 8.7% reported attempting suicide

(Wisconsin Youth Risk Behavior Survey 2023, Dane County Youth Assessment 2024)

A common objection to the statement that there is a mental health crisis is the idea that these numbers trend high in part because of the nature of self-reporting and the increased acceptance of speaking up about mental health issues. First, self-reporting is always an issue with students, so the objection serves only to question the magnitude of these statistics, not the overall trend of worsening mental health. To that objection, this report suggests such statistics are orders of magnitude away from healthy. Even if .87% of students reported attempting suicide instead of 8.7%, this report would be necessary.

A pitfall of youth mental health policy is forgetting that such policy has real, tangible impacts on the most vulnerable people in our community. Rather than contesting 8.7% as a figure, we should acknowledge that until that number is 0%, we still have areas to improve. As for the second objection, rates of suicide and depression in eras before mental health conversations were considered acceptable were still all too high. It was the truth then and remains the truth now that policymakers and elected officials must use their jurisdiction and influence in partnership with others in our communities to help fix this.

AVAILABLE YOUTH MENTAL HEALTH STABILIZATION

In the following sections, this report will list some of the available mental health resources for youth in Dane County. This includes programs offered by Dane County's Department of Health and Human Services (DCDHS), the State of Wisconsin, non-profit organizations, the University of Wisconsin Health System, and services offered by private corporations.

EXAMPLES OF YOUTH-FOCUSED RESOURCES OFFERED BY DCDHS

- [Journey Mental Health Center](#)
- [Briarpatch Youth Services](#)
- [Dane County Youth Connect](#)
- [Building Bridges Program](#)
- [Crisis Intervention Hotline](#)
- [Comprehensive Community Services](#)
- [Joining Forces for Families](#)
- [Behavioral Resource Health Center](#)
- [Children's Long-term Support](#)

RESOURCES OFFERED BY STATE OF WISCONSIN / WISCONSIN DHS

- [988 Crisis Hotline](#)
- [Youth Crisis Stabilization Facilities](#)
- [Mendota Juvenile Treatment Center](#)

These resources are all readily available for a youth in Dane County looking for support. Multiple other programs assist with mental health stabilization. This list only includes those that make specific considerations for youth in their messaging and services. Further, both the county and state provide significant funding in the form of grants for programs that are specifically tailored to youth mental health stabilization. This report will touch on a few of these programs in the section on best practices. Clearly, the number and variety of available programs is not the problem. The persistence of poor mental health in Dane County despite the existence of support programs is the biggest indicator that youth are not aware of or able to access these programs without facing significant barriers.

UNIVERSITY-PROVIDED MENTAL HEALTH SERVICES

The University Health Services (UHS) programs are accessible to all UW students but are not accessible to the public. For those in the student body, the university offers crisis support and virtual therapy through [UWill](#). In addition, a student-run anonymous mental health response service, [BadgerSPILL](#), is provided by the UW student government and will be discussed later in the section on best practices.

The University of Wisconsin's division of Child and Adolescent Psychiatry provides mental health care for children, provided by students in training to be mental health specialists. They, alongside the Center for Innovations in Parent-Infant and Early Childhood Mental Health, train students, conduct research, and provide mental health outreach programs. The University Health Services (UHS) programs are accessible to all UW students, but are not accessible to the public. For those in the student body, the university offers crisis support and virtual therapy through [UWill](#). In addition, a

student-run anonymous mental health response service, [BadgerSPILL](#), is provided by the UW student government and will be discussed later in the section on best practices.

UW programs are invaluable for their efforts to assist with the response to and treatment of youth mental health. However, these programs are either limited to students or limited in the number of families they can assist due to capacity and the demands of departmental research. By being based solely in Madison, their reach doesn't tend to extend to the outer areas of Dane County. The UW system's role is to assist UW students and a limited number of families with children willing to participate in research. It is not designed to fill the gaps elsewhere in the community. However, there are practices from the UW system that can inform how Dane County might provide further access to youth mental health care.

PRIVATE YOUTH MENTAL HEALTH RESOURCES

Youth struggling with mental health concerns will go to great lengths to get easy, quick, and anonymous support, even if it means paying out-of-pocket (or a parent's pocket) for a private service. Often, this happens because of the stigma or embarrassment that comes with admitting to a peer or supportive figure that you are struggling. Private online services, such as TalkSpace and BetterHelp, offer convenient, fast connections to therapists online. They aggressively market on social media and therefore have significant reach across child and teen audiences. However, these private services are not subject to the same regulation and oversight as licensed practices. Up to 70% of respondents report negative experiences with such programs (Pintwala, 2025).

There is also a significant financial barrier to accessing these programs. BetterHelp and TalkSpace charge \$65-100 per week for their services. Neither service, and this is largely true for other similar online services, accepts a wide range of insurance. These companies generate billions of dollars in profits a year. Given the aggressive marketing toward kids, lack of insurance coverage, poor reviews, and high costs, these companies do not appear to be good-faith efforts to address youth mental health. These companies prioritize business and profit over offering care, which is why this report doesn't consider them as acceptable models for mental health stabilization.



POLICY INTERSECTIONALITY

Several socioeconomic factors serve as signals for poor mental health, and limiting the negative impacts of such factors will, of course, aid the cause. The following section will detail these factors and how they manifest in youth in Dane County. Though no single policy can correct socioeconomic inequality, acknowledging such factors is important in constructing a holistic policy position. The makeup of race, religion, gender, sexual orientation, and economic status is unique to the individual, and although levelling the playing field for all in these areas is outside of the scope of the project, it is worth touching on disparities in mental health stability for the sake of building understanding.

ENVIRONMENTAL FACTORS

Trauma, domestic violence, single-parent households, poverty, hunger, health issues, bullying, addiction, and academic pressure all may compound upon Dane County's struggling youth. These issues disproportionately impact minority groups and their communities across Dane County.

PERSONAL IDENTITY FACTORS

The environmental issues above are seen with disproportionate frequency among minority groups across both Dane County and Wisconsin, for example:

Low-Income Youth

Sixty-seven percent of youth whose families are struggling financially report depression compared to almost 26% of students who say money is not a problem for their family right now, highlighting a gap between low-income and more affluent students. (Dane County Mental Health Assessment, 2023)

BIPOC Youth

Levels of depression are lower for White students (23.0%) compared to other racial groups, with reports of African American students at 34.2%, Hispanic students at 33.2%, and multi-racial students at 32.6%. Further, 50.1% of White students who are depressed are receiving mental health services. Only 28% of students of color who are depressed are receiving mental health services (DCDHS Youth Survey, 2024).



Female Youth

More female students reported experiencing anxiety (66.8%) and depression (45%) than male students (36.4% and 24.9%, respectively). Female students were also twice as likely to harm themselves (28.3%) compared to male students (13.7%). (Wisconsin Youth Risk Survey Report, 2023)

LGBTQIA+ Youth

About 58% of high school youth who identify as LGBTQIA+ said they have experienced feelings of depression, compared to 24% of students who identify as straight/heterosexual. (Dane County Mental Health Assessment, 2023).

Unhoused Youth

Sixty-nine percent of youth experiencing homelessness report mental health challenges. Suicide is the leading cause of death among youth experiencing homelessness, and these youth report high rates of suicide attempts (Covenanthouse.org).

Immigration Status

Although not enough research has been done on the impact immigration status has on documented and undocumented youth mental health, we can pull from trends for immigrant adults to infer that the socioeconomic burden, uncertainty, and trauma that come with immigration weigh on our immigrant youth, and that efforts should be made to support

SOCIAL MEDIA AND AI

The late 2010s and early 2020s saw the introduction and popularization of social media platforms and generative AI. This was also the period in which youth mental health declined. The academic consensus remains that the unhealthy, parasocial relationships fostered by social media use, paired with the forced isolation of the COVID pandemic, led to the alarmingly high rates of anxiety, stress, and depression we see today (Draženović et al. 2023).

Now, youth mental health policymakers must recognize the fact that it is much easier for a struggling child to go online or use generative AI to assist them rather than seeking comprehensive support. Admitting to someone you have a problem is incredibly challenging, especially for a child or adolescent. AI allows the youth to forgo that and offers immediate, matter-of-fact support that offers the illusion of professionalism. Surveys indicate that up to 33% of teens use AI companions for social interaction, and 12% use them for emotional or mental health support (Robb, Mann, 2025).

The problem arises with the content of generative AI itself. AI is not capable of replicating the genuine conversation and support offered by Dane County's many stabilization programs. In fact, AI has been seriously damaging to youth who use it for support. Take the case of 16-year-old Adam Raine, who had extended conversations with ChatGPT about his depression and took his own life after being discouraged from reaching out to his parents and peers (Chatterjee for NPR, 2025). ChatGPT even encouraged him to go through with it and offered to write his suicide note.

Unfortunately, trends show that Adam will not be the last. Research indicates that generative AI expresses stigma to those with mental health issues and responds inappropriately to even the most common situations presented to it, likely because Large Language Models (LLMs) pull information from across the internet. The internet is often hateful, anti-intellectual, and misinformed. Even if it wasn't, the data compiled across miscellaneous websites would never be able to match personalized conventional therapy or crisis support provided by a trained human (Leffer, 2023).

The desire for youth to have anonymous, arms-length mental health support is illustrated by the prevalence in use of private online mental health services. Even at great costs, people, and especially youth, generally prefer not to make large efforts to access care. This is why generative AI and social media are preferred by the youth; they don't have to admit to someone that they have a problem. Many children may not have a trusted person they would want to talk to in the first place. Generative AI or online for-profit mental health services are not sufficient in providing care for our youth. It is the need to increase accessible, professional, community-based, online care that this report intends to address through its recommendations.

Policymakers are already taking note of this. In Illinois, HB 1806 has banned therapists from using AI to recommend lifestyle changes, make diagnoses, or offer suggestions on treatment for mental health conditions. AB 406 in Nevada does the same, imposing \$15,000-per-violation fines on AI companies and therapists who recommend the use of AI as mental health companions. (Illinois General Assembly, 2025; Nevada State Legislature, 2025). If it were within the scope of my project, I would recommend policies on age verification, mandated citations, and confidence gauges for generative AI and LLM tools, as well. It is, however, within the scope of my project to reinforce the idea that AI should never be used or encouraged by the county in its approach to youth or other mental health service provision.

CASE EXAMPLES FOR PROVIDING ADDITIONAL YOUTH ACCESS TO MENTAL HEALTH RESOURCES

A POLICY IDEAL: ONE-STOP SHOPS

In this section, I will give examples and recommendations for a policy ideal. In other words, this is what this report would recommend if we had unlimited time, support, and funding. I first heard the term “one-stop shop” in my conversation with County Board Supervisor Michele Ritt, which I will use as a term to signify a physical space where all mental health accommodations can be made to the public. Someone struggling could walk in and get immediate assistance with crises, resource referrals, therapists, programs, or advice, without having to fight the many roadblocks in their way.

Models currently in Wisconsin include:

- Milwaukee: They offer a mental health walk-in clinic that is available daily for walk-ins or calls. It provides mental health assessments, consultations, and assistance in coordinating care, and is specifically set up to respond to all non-emergency situations.
- Southeast Madison: Anesis Foundation Therapy Center is an organization that provides family, marriage, and general 1-on-1 counseling. They have a contract with the county that provides them funding to serve as a county resource.

However, Anesis does have an upfront cost and requires insurance. Would-be patients may also have to face transportation, information, and financial burdens to access.

- Southwest Madison: Dane County’s Behavioral Health Resource Center (BHRC) functions similarly to the clinic in Milwaukee. It is a fantastic resource, but for capacity and staffing reasons, it cannot currently serve the entire county. If we had more facilities like Anesis therapy and the BHRC, the county would be better equipped to handle the youth mental health crisis.

Limitations of current models:

- Lack of public awareness of available services
- Not always available for in-person, 24/7 response
 - 988 does offer 24/7 response over the phone
- Serve large geographic service areas with limited capacity
- Transportation barriers for youth in suburban or rural areas (e.g., Mt. Horeb and Sun Prairie in Dane County)

Current one-stop shops offer fantastic resources to those who can access them, and the county should push for additional locations and expansion of service hours within them.

In theory, lowering barriers to access to youth mental health stabilization services is something any state or county could do with enough time and funding. However, we live in a policy reality where we must consider capacity and resources and do what we can to achieve our policy goals under these constraints. I did not include adding true one-stop shops in my recommendations because it would come at a high budgetary cost and require a years-long implementation timeline, which is outside the scope of this report.

CASE STUDIES AND BEST PRACTICES

My recommendations are inspired by and aligned with the practices of the following programs, which I believe are exceptional examples of holistic, peer-based care. This section will present positive examples of both recommendations, detail their best practices, and go over how these programs are funded. The recommendations section will detail what elements of each program are present in my recommendations. These case studies show that both Youth Peer Support Worker (YPSW) programs and online school mental health forums are cost-effective ways to provide accessible mental health stabilization to students in their day-to-day lives.

A. Case Study for Peer Support Models

SAFE COMMUNITIES OF MADISON-DANE COUNTY AND SOURCES OF STRENGTH

Safe Communities of Madison-Dane County is a program that identifies four key areas of harm reduction in Dane County. For this report, we will focus on their work on suicide prevention. One of their initiatives for suicide prevention is the utilization of peer networks to create safe conversations about youth mental health.

Sources of Strength is a non-profit global organization that offers suicide prevention and mental health care. It was created by Mark LoMurray with the support of NAMI Maine to pursue a new approach to suicide prevention in 1998. They do so through utilizing what they call their eight key factors: family support, positive friends, mentors, healthy activities, generosity, spirituality, physical health, and mental health. They offer useful, holistic support to people of all ages to help identify and heal issues in behavioral health.

Safe Communities and Sources of Strength both go into schools with trained advisors to offer training to adult advisors and peer mentors alike.

- What they offer:
 - Programs of varying length incorporate games and mini-lectures so they can maintain a child-friendly environment that prioritizes moments of strength.



- Students who are trained as Youth Peer Support Workers (YPSWs) can be utilized in further programs, or exist to passively encourage healthy conversations

This report draws on the practice of providing “targeted support” through peer mentors. Both programs encourage their student peers to change social norms by acting as “supportive agents of change” for their classmates rather than trained counselors. This practice is designed specifically to help lower stigma and encourage productive conversation. They also carry out their programs efficiently, with training programs typically lasting from a single day to a few weeks.

Challenges and Successes

Both programs do great work to connect with the youth in Dane County and foster the type of mental health education that research suggests the county needs. Further, research suggests that such programs that train Youth Peer Support Workers can be a cost-effective means to enact this bottom-up change. However, their reach can only go as far as we can fund and staff them, which has proven to be a challenge thus far.

Successes in both programs:

- Effectively train Youth Peer Support Workers
- A study concluded that in participating schools, the presence of such a curriculum lowered the overall odds of new suicide attempts by 29% (American Journal of Preventive Medicine, 2025). Further, their peer leader program and elementary curriculum are both listed on the National Best Practices Registry.
- Safe Communities partially funds Sources of Strength, and both are already funded by Dane County, meaning there are many consistencies and communication mechanisms between the programs, and both are already in contact with and generally supported by Dane County.

Challenges for both programs:

- A lack of people trained to go into schools and facilitate the programs.
 - Dane County only has one trainer for all Safe Communities initiatives.
- The county has not made a particularly strong commitment to either program.
 - Although the county gives funds to Safe Communities, it is not nearly as widespread as in other parts of the state. This [interactive map](#) puts a pin on each school that has adopted Sources of Strength in yellow. Southwest and Northeast Wisconsin, as well as Milwaukee, have adopted either Sources of Strength or similar programs *en masse*, and Dane County appears limited in comparison.
 - This signals that the county has a unique opportunity to advance such a program in our schools and adjust it to the needs of our communities.

Funding

I have grouped the two initiatives in part because Safe Communities offers financial support for Sources of Strength in Dane County.

- Safe Communities funding of Sources of Strength includes:
 - Licensing fees
 - Adult advisor stipends
 - Training materials

Both programs extend far beyond Dane County; however, for this project, we can effectively treat the Safe Communities suicide prevention effort and Sources of Strength as one entity.

The county provides funding for Safe Communities and Sources of Strength in the form of grants. In 2026, the County is budgeted to spend 63.5 million on behavioral health initiatives, and supervisors fought to lower proposed cuts to community-based

nonprofits like Safe Communities from 4% to 1% (Dane County of Wisconsin, 2026). Sources of Strength can implement its program in schools for around \$5,000 to \$7,000 per school. There are various pricing options depending on what services the school wants and if there is a multi-school partnership.

B. Case Study for Online Peer Support Forum

BADGERSPILL

BadgerSPILL (Supporting Peers in Laidback Listening) is a UW-Madison-based program in which a team of student volunteers responds to 5-10 mental health distress emails a semester, offering advice and referring people to appropriate support and resources. It was created on campus in 2009 to address poor student mental health. It is a great resource because it is a dedicated on-campus program and offers a sense of anonymity while still providing genuine connections between peers.

Challenges and Successes

BadgerSPILL is the most proximate example of a program that leverages the internet to stabilize youth mental health. The internet and social media have been catalysts for poor youth mental health. When misused, it often leads to a sense of detachment from the outside world or poor self-esteem. The dawn of social media happened only a dozen or so years ago, meaning this is a problem that disproportionately impacts youth, making it harder for them to have sincere conversations about their mental health.

The successes of BadgerSPILL includes:

- Providing students who need anonymous and non-judgmental prompt responses to questions or feelings.
- Providing students with a creative way to navigate information barriers, transportation costs, and stigma.

- BadgerSPILL sends surveys to students who have used the program, and students have rated the program a 9.2 out of 10, with the overwhelming majority saying every campus should offer a similar program.
- Students cite the casual nature of online conversation and lack of judgment from responders as key to their appreciation of the program.

The challenges of BadgerSPILL include:

- It's limited to UW-Madison students and has limited outreach on campus.
- The program operates within a specific scope of serving the student body, so it cannot reach youth across Dane County.
 - This isn't a mark against the program itself, but rather a sign that the county should consider implementing something similar.

Funding

Funding for BadgerSPILL comes from the Associated Students of Madison's Student Services Finance Committee. This is a branch of the student government that gives criteria to receive school funding and awards programs like BadgerSpill each year, if they meet said criteria. Specifically, the Grant Allocation Committee of ASM, which handles grants, decides every year how to adjust or reroute school funds. The most recently available funding number for BadgerSPILL was an annual budget of \$50,400 for the 2017-18 school year (Ortiz, 2016). These funds cover all operating costs necessary to offer support to UW-Madison's entire student body.

CONSIDERATIONS FOR YOUTH OUTSIDE THE SCHOOL SYSTEM

Both recommendations in this report concern implementation through the school system, and this report acknowledges that not all youth in Dane County are accessible that way. Whether it be because a child is unhoused, sick, or misses class for any reason, this report acknowledges the importance of reaching those youth and encourages policymakers to push for programs that can do so effectively. This report endeavors to



reach as many of Dane County's youth as possible and believes the best way to do so is through schools. An attempt was made to ensure the recommendations are flexible and that considerations could be made for children outside the school system, with proper implementation. Here are a few examples of how these recommendations could be adjusted to consider said youth:

1) Leverage existing community spaces

- Bring YPSWs to community centers and public libraries to host public training and support sessions, and students outside the school system could be directed to get the same care as students in schools so long as outreach efforts are made.
- Post QR codes in public buildings and install the chat service on public library computers to distribute the benefits from recommendation 2 outside schools, as well.

2) Leverage the internet

- Again, putting QR codes in public spaces and having library access to the chat service would be a good first step, but we could also put a link to information about both services on the DCDHS website and allow all youth direct access to both programs without facing transportation burdens.
- DCDHS could budget for advertising these programs (as well as all of its programs) on select social media sites, so they are more commonly encountered by youth.

CONSIDERATIONS FOR LACK OF STAFFING

Given that Sources of Strength and Safe Communities sometimes struggle with finding the staff to train, design, and administer their program, considerations must be made for the potential lack of qualified people who could run the programs in both recommended programs. This problem persists across many of the programs listed in this report, and research suggests that this is because of a nationwide surge in demand

for their services, coupled with high rates of burnout and relatively low pay (Ballout, 2025). I also recognize that the budgetary implications for funding the annual salary of a mental health specialist for every school in Dane County that opts in are unrealistic.

I believe that there are ways to work around this without sacrificing the quality of instruction in the program. Although addressing the root cause of such issues is, of course, out of the scope of the project, I again encourage policymakers to investigate possible solutions to assist mental health workers.

Possible alternatives to fully county-sponsored staffing:

- Split the difference: Part of the implementation of the program could be to negotiate terms with each school district to ask them to contribute to the salary of their mental health specialist(s). This would ensure workers could be paid an adequate salary.
 - Teacher-sponsored support: Just as teachers are paid an extra stipend to chaperone school trips, clubs, or sports teams, teachers could be paid a stipend to lead trainings (possibly after school) or monitor the school chat board. This is a more realistic workaround for recommendation 2.
 - Part-time assistance: Even if we only trained a small percentage of the student body to be support workers and chat board monitors, there could be a significant increase in trust, support, and belonging across schools. If this were the case, we could also pay one part-time worker to do a training course across multiple schools over the course of a school year. **This, to me, seems the most plausible outcome in implementation.** However, I hesitate to call this the ideal for my recommendation, as it would likely be high-tracked, high-performing students who would be picked as support workers, leaving the most vulnerable, low-performing students who disproportionately have mental health problems without a real “peer” they know well.



RECOMMENDATIONS

This report recommends the implementation of the following two programs as a single initiative pushing for youth mental health care in schools.

1. A program that hires mental health specialists to train high school students to become peer support workers over the course of a year.
2. An online forum providing youth the opportunity to talk anonymously to trained peers and social workers for guidance, advice, and directions to professional mental health support and resources.

Recommendation 1: Youth Peer Support Workers (YPSWs) Program

- Recommendation:
 - Train high school students as Youth Peer Support Workers (YPSWs)
 - A YPSW is a student who a mental health professional has trained to have appropriate and well-informed conversations about mental health with their peers once they see warning signs present. They are also able to encourage struggling students to seek proper professional health and refer students to the specialist who trained them for further assistance. The presence of YPSWs in schools is effective at normalizing conversations around mental health and familiarizing students with resources they can access outside of school.
 - Deliver training through short-term, school-based courses (ex, advisory or homeroom periods).
- Research Support:
 - There is a strong academic consensus suggesting the use of YPSWs to be optimal for lowering stigma and burdens on struggling students.
 - Meta-analysis of dozens of studies of YPSW training programs found YPSWs to be a promising and important development



to facilitate preventive, recovery-oriented care (de Beer, et. Al 2022).

- Qualitative interviews and surveys with children and youth who have interacted with YPSWs effectively (Boucher et al., 2022).
- Limitations of research:
 - Lack of time to compile long-term data
 - Ongoing debates over the logistics of implementing such programs
- Both studies cited acknowledge the slim, insignificant likelihood that such a program would hurt students. The question isn't about whether these programs have a positive impact, but whether we have enough data to say whether they are stronger than alternatives. For this reason, it remains true that the county should push for the implementation of a pilot program utilizing YPSWs so that it has the basis and jurisdiction to adjust the program as more research and feedback from students are compiled. It is not acceptable to be complacent given the climate of poor youth mental health present in Dane County today.
- What Implementation Could Look Like in Dane County:
 - Establish training requirement
 - To be able to appropriately respect the needs and privacy of their peers, YPSWs must be trained by a mental health professional.
 - Identifying and Recruiting Mental Health Professionals
 - DCDHS would be tasked with siting at least one mental health professional per high school in Dane County, so that each school district would be able to opt in or out of the program without having to face the burdens of funding or researching professionals.
 - The county would grant money to pay for the salaries of these employees, and they would work on-site in schools with students.



- Implement School-Based Training
 - Nearly every Dane County middle and high school has an advisory or homeroom period in its day. YPSW training could allow students to participate in adequate training either individually or in groups
- Design Training Structure
 - Dane County, collaborating with identified mental health professionals, would decide the characteristics (size, number, etc.) of the groups they need, how many students to train at once, and how long to train them.
 - Structure the program as a short-term course, ideally a one-to-four-week course, to make it feasible for much of the student body to be trained as YPSWs over the course of a year. It would also be decided at what grade level it is most necessary or optimal to offer such training.
- Developing an Engaging and Student-Centered Curriculum
 - DCDHS and identified mental health specialists could work with the schools to develop a creative and engaging program that resonates with students.
 - Encourage student participation by allowing them to sign up for the course with their friends and incorporating a recognition system (e.g., providing a pin) to indicate that they are trained.
 - There are endless possibilities to creatively implement such a program, allowing teachers, YPSWs, and mental health professionals to further optimize the program over time.
- Pilot and Scale Program Strategically
 - An ideal starting point would be in Dane County's less urban, central areas.
 - Recognize that Madison, Verona, and Sun Prairie currently have similar programs that exist in their school districts.
 - Use the early pilot program to further the county's mental health services, with the long-term goal of expanding access countywide.



The two main goals of this report are to recommend policies that make community youth aware of how to get help and make it realistic for them to access that help. A good-faith effort to implement YPSWs accomplishes both goals because it brings care right to students in school and allows them to talk to both their peers and a specialist about how to access more professional care should they need it.

This recommendation takes inspiration from programs listed but intends to consolidate the best practices of each into one highly accessible, county-provided resource. Specifically, the idea that older school kids can take a short course to become better equipped to have healthy conversations about mental health would leave a positive impact on the county for generations. As of right now, such programs are not offered by the county itself and are only present in select schools. Therefore, DCDHS has little to no power to modify, expand, or adjust the practices of such programs.

Recommendation 2: School-Based Online Mental Health Forum

- Recommendation:
 - Develop an anonymous, county-supported online platform where middle and high school students can:
 - Ask for help
 - Receive a prompt response from either a teacher, social worker, county-funded school mental health specialist, or a student trained by a program mentioned in Recommendation 1.
 - Make sure all students have access through school-provided devices, either through an app or website.
- Research Support:
 - This would serve as a healthy alternative for youth who would otherwise turn to generative AI or private mental health care, as they get care that is anonymous, online, and at no financial cost.
 - The concept of a school-based online mental health forum is relatively new. Because of this, there isn't yet enough research on these programs to



definitively say electronic support groups are a better alternative for struggling youth than other programs within Dane County. However, the research we do have indicates such programs are promising enough to be a worthwhile addition to Dane County's existing problems (Ali et al, 2015). Given the relatively low long-term operating costs of keeping a forum running, it is worthwhile to explore the idea of implementing such a program, given the persistence of poor youth mental health in Dane County.

- Research supports exploring online peer-focused mental health resources, such as the second recommendation in this report. For example, academic studies have shown that people with mental illness report benefits from interacting with peers online in many ways (Naslund et al, 2016). Feelings of increased social connectedness and belonging, as well as finding genuinely helpful advice, are the most reported benefits. More recent studies focused on younger people (aged 25 and younger) have shown that online peer mental health support demonstrated positive effects on recovery.
- What Implementation Could Look Like in Dane County:
 - Establish Online Mental Health Forum
 - The county could contract a website developer to create an online forum that could be accessed by students through an app that can be downloaded on school-provided devices.
 - Ensure that the app or website has an emergency button for students to press in moments of distress.
 - Implement Daily Monitoring and Oversight
 - County staff could be responsible for moderating the platform, or delegate that responsibility to the school districts. It would be possible for a teacher, school social worker, or volunteer to moderate and respond to posts on the board.



- Teachers or specialists would check the form daily to make sure trained students are responding appropriately.
 - Ensure that qualified adults are responding to sensitive or serious posts that are brought to them, and the moderator would be able to reach out to the student to uphold their duty as mandated reporters.
- Encourage Student Engagement and Incentives
 - If needed, a school could appoint multiple teachers or moderators or have the school’s trained students volunteer to respond to their peers. A way to imagine this would be if high school juniors and seniors volunteered to respond to their classmates, as well as students in lower grades. This would likely be of interest among older students as a strong resume-building activity for their collegiate applications.
- Provide Pathways to In-Person Support
 - Another idea would be that the posting student could request a face-to-face meeting with their respondent or moderator after online contact is made. This would allow the student to break anonymity at their own discretion and encourage the end goal of healthy, unashamed personal conversations.
 - Youth tend to prefer to talk to trusted, familiar faces rather than professionals, as it comes with a sense of lowered personal stigma. It is therefore important for youth to have someone they want to talk to in moments of crisis rather than resorting to dangerous actions. The moderator for this program would function as that trusted, familiar face
- Incorporate Flexible Participation Models
 - Just like the first recommendation, this program would be highly malleable, allowing it to be adjusted to fit the needs of each district, school, and student.



Recommendation 3: Dual Implementation of Both Recommendations

These two recommendations are designed to work best if implemented in tandem. For example:

- Students trained as YPSWs from Recommendation 1 would be perfect responders in Recommendation 2.
- The county-funded specialist from Recommendation 1 would also ideally be the moderator in Recommendation 2.
- The effectiveness of Recommendation 2 depends on the ability of schools to pick and train effective YPSWs. Although in theory a group of teachers could respond to every post made by the student body, a much more community-grounded and efficient approach would be to allow a school's YPSWs to respond to posts on the mental health forum to encourage peer support and take some of the burden off the teachers.
- School districts would be approached by the county with an outline of the implementation process and be given the option to opt in or out of both the YPSW program and the online mental health forum.

It is strongly encouraged that the Board of Supervisors consider these initiatives as distinct, but part of a package.

CONCLUSION

Youth mental health is a complicated, ever-present issue that will undoubtedly take years to address properly. It is a consequence of many social and economic policy decisions, technological developments, and changes to our social environments. Given the current persistence of poor mental health, it remains the duty of all public servants to make an honest effort to pursue possible solutions. This report serves as a review of Dane County's youth mental health outlook, the stabilization services it provides, and insight into possible additional solutions. A program that trains youth to be in-school mental health responders, and a school-based online mental health forum, would serve

as a strong precedent for a more bottom-up, responsive approach to mental health stabilization. I encourage all who have read this report to continue to have meaningful conversations about youth mental health in Dane County and to advocate and work for progressive mental health policy to help make youth mental health stability a reality.



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