HOW CAN WE SUPPORT MENTAL HEALTH IN MOUNT HOREB

A report from the Come to the Table community discussion July 21, 2026

BACKGROUND Approximately 40 Mount Horeb residents came together at Mount Horeb High School on July 21, 2026, for an honest and thoughtful conversation about mental health in our community. Participants gathered in small groups of about ten people, guided by trained facilitators and notetakers from the Wisconsin Institute for Public Policy and Service (WIPPS) and UW-Madison Extension. These conversations created space for residents to talk openly about their experiences, consider the challenges facing our community, and explore possible ways forward.

Top Priorities Heard from Participants

- Improve communication and awareness of existing mental health resources.
- Create a centralized community resource guide.
- Create a group/task force to guide this work.
- Reduce stigma through personal stories, testimonials, and open conversations.
- Strengthen collaboration among community organizations, schools, businesses, faith groups, healthcare providers, and local government.
- Increase opportunities for social connection and reduce isolation.
- Support earlier intervention with youth and parents.
- Explore community health worker and navigator models.
- Ensure resources are accessible to all populations, including rural residents, seniors, young adults, LGBTQIA+ individuals, and underserved families.

Top Concerns Heard from Participants

1. People don’t know where to find help.
2. Stigma still makes it difficult to ask for help.
3. Those who need help most may be the hardest to reach.
4. There are gaps between identifying a need and actually getting help.
5. Community resources can feel fragmented and disconnected.
6. Funding, staffing, and long-term sustainability are significant barriers.
7. Social isolation remains a concern, especially for people who are already disconnected.
8. Youth, parents, and families need support earlier.
9. The community needs to make sure no one is left out.

Three Themes Participants Identified

We have resources, but people don't always know about them or know how to access them	**We want people to feel connected and comfortable asking for help, but stigma and isolation can keep people from reaching out.**	**We have community interest and ideas, but coordination, funding, staffing, and long-term leadership will determine whether those ideas become lasting change.**

APPROACH ONE: BUILD COMMUNITY-WIDE SUPPORT

Strategy/Action #1

Increase mental health screenings and referrals in healthcare, schools, and other community settings.

This option generated strong discussion, with participants seeing both potential benefits and challenges. Concerns centered on who would be reached, how the information would be used, available resources, participation rates, and the lack of qualified mental health screeners. While some noted that schools and healthcare organizations already conduct screenings, others pointed out that these efforts reach only a limited portion of the community. Overall, participants saw value in gathering current, community-wide mental health data to better understand local needs and guide future action.

Strategy/Action #2

Expand the definition of 'sick leave' to incorporate paid time off to improve overall wellbeing.

Participants generally felt that this makes sense, though at the same time, many had questions about what this could look like in practice. Concerns were raised about the different realities businesses face, the lack of clear evidence showing a return on investment, and the added pressure this could place on small businesses. Another question that arose was whether giving someone time off for mental health, without follow-up, could increase isolation. Participants also noted that paid time off alone cannot address the broader mental health needs of a community.

Strategy/Action #3

Build awareness of informal social activities (e.g., walking groups, hobby-based gatherings, or collective service projects) to build social cohesion and combat isolation.

Most participants were in favor of this action. A majority of the comments focused on specific actions and ideas toward implementation, including a public ad campaign, increasing the diversity of events/activities to reach broader audiences, and strengthening community partnerships to increase social engagement. Some potential barriers emerged around issues of transportation, activity costs, and combating social isolation among individuals who do not typically engage in social activities to begin with.

Strategy/Action #4

Strengthen partnerships between local organizations (faith-based, athletics, educational, etc.) to improve mental health awareness and strategies.

Participants were broadly supportive of this strategy, and their enthusiasm came through in the many ideas they shared about who needs to be at the table. The list of possible organizations was lengthy. Through these conversations, attendees made it clear that a stronger, more connected community can't rest on only one organization or small group. Participants envisioned a community-wide effort that brings together local government, churches, community organizations, and groups representing the many diverse voices and experiences that make up Mount Horeb.

Strategy/Action #5

Identify strengths and gaps in the behavioral healthcare response utilizing a community survey in partnership with hospital and public health partners.

Participants did not spend much time addressing this action item. This lack of attention could mean that there is little interest in a community survey or perhaps that participants are unsure about the return on investment of local surveys. While a few participants expressed support for collecting local data, most did not identify this action as a priority.

APPROACH TWO: SUPPORT THE MOST VULNERABLE

Strategy/Action #1

Invest more resources in community-based care coordination to help older adults navigate and access mental health resources.

Conversations addressed both the need to help seniors have better access to mental health-related care as well as the barriers to access. While there was broad agreement on embracing the strategy, there was a collective recognition of serious challenges in finding resources, especially qualified personnel to fill gaps.

Strategy/Action #2

Invest more in community-based care services for individuals with long-term conditions (ex., bipolar disorder, chronic depression, autism, etc.).

Conversations didn't dig deeply into this action item, which could mean that they were not interested in it or that the complexity of the issue may have been a deterrent for deeper discussion. An anecdotal observation is that participants appeared unwilling to make the hard choice whether to focus more resources on individuals with chronic and complex mental health needs versus other (and more numerous) populations with less complicated mental health needs.

Strategy/Action #3

Encourage organizations to create and promote peer support groups to address the needs of the most vulnerable community members.

Participants recognized the importance of, and the difficulty in, addressing the needs of vulnerable community members. Some of the potential solutions mirrored those found in Approach 1 in terms of building greater community awareness and coordinating activities focused on addressing mental health. While there was significant agreement around the value of affinity groups, a smaller minority of participants expressed concern about inadvertently stigmatizing people because of their differences.

Strategy/Action #4

Involve vulnerable community members, including youth, in a health assessment to determine available resources and priorities for improving mental health.

This action item created more questions than answers among participants, including how to connect resources to youth not just in early years, but throughout their lives; what the purpose of information collection would be; and who would be the “torchbearer” for a project like this. One key idea that emerged from this discussion was the importance of providing youth with opportunities to talk about their feelings and concerns and for them to build relationships with one another and with adults.

Strategy/Action #5

Assign community health workers to help underserved (e.g., rural, low-income, and ethnically diverse) families and youth navigate access to mental health resources.

Conversation around this topic was quieter and less detailed than with some of the other strategies. That may reflect some uncertainty about what this approach could look like in practice. Concerns about funding, training, and the capacity needed to support the model came up during the discussion.

APPROACH THREE: EMPOWER FAMILIES

Strategy/Action #1
Expand programming and awareness, outside of school supports, for parents and caregivers on youth mental health (ex., NAMI Family-to-Family program).

Overall, participants appreciated this strategy and spent significant time discussing the importance of reducing stigma around mental health beginning at an early age and throughout life. At the same time, participants were realistic about challenges of overcoming ingrained culture and social norms, highlighting differences between urban and rural areas; addressing men's mental health needs; and providing support for families.

Strategy/Action #2
Incorporate mental health skills, like emotional regulation and coping strategies, into community resources like Neighbors Helping Neighbors, Library, Senior Center, etc.

Participants did not spend much time discussing this strategy, and it is difficult to draw conclusions regarding their level of support for it. It is possible that because of content overlap with building awareness discussed in Approaches 1 and 2, participants found this somewhat redundant.

Strategy/Action #3
Promote screen-free social connection opportunities for families and community members.

Participants agreed with the idea that large amounts of screen time were harmful to youth mental health, though a few argued that we could use more concrete data. And while everyone agreed that reducing screen time would be a net positive, most thought that education and conversation—rather than an outright ban—would be preferable. It was not clear from the conversations who would be responsible for leading the effort to reduce screen time.

Strategy/Action #4
Offer more support for people facing depression, domestic violence, substance use, and lack of basic needs.

Participants supported this strategy but had few thoughts beyond a general expression of support. Important questions were raised about who would acquire funding and how. This strategy likely requires a level of coordination and advocacy that is beyond what residents typically engage in (hence the references to involvement of local government, hired expertise, and outside organizational support).

Strategy/Action #5
Integrate parent training and support resources into middle school and high school orientation programs so that all parents of incoming students receive information, education, and access to available supports.

Participants were strongly supportive of this strategy and discussed specific actions for providing educational resources as well as creating space for information sharing about mental health. Some suggested that mental health resources should be provided beyond the schools.