

Member Meeting

Thursday, September 10, 2020



The Connection
N.E.W. MENTAL HEALTH

WELCOME and THANK YOU...

...for all you are doing to competently and compassionately serve our community during this unprecedented time...



YOU WOULDN'T LET THIS
HAPPEN TO YOUR PHONE.
DON'T LET IT HAPPEN TO
YOU EITHER.

SELF CARE IS A PRIORITY,
NOT A LUXURY.

2020 Membership

Membership Dues for 2020 were optional in recognition of the financial hardship of the pandemic on you, my member agencies

Your organization's membership dues were paid this year by the COVID-19 Community Response Fund

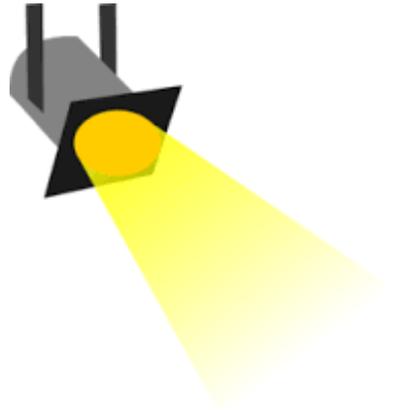
(a fund created by United Way Fox Cities, the Community Foundation for the Fox Valley Region, and generous donations from the community)

THANK YOU!!!



Agenda:

- **Project Spotlight:** ThedaCare Behavioral Health – Walk-in Mental Health Clinic
- **Release of two critical reports:** Public Perceptions during COVID-19 (Harris Poll) and Suicide in WI Report
- **Focus on Men:** Awareness campaign (ZS Community) and man-focused services survey
- **Outcomes Report** from Healthy Teen Minds – Sources of Strength strategy
- **National Depression Screening Day** – October 8, 2020



Project Spotlight!

Maisi Schrauth & Carrie Kubasta



ThedaCare®



Action Alliance Harris Poll: Suicide Prevention as a National Priority

Harris Poll from July 2020

- 52% are more open to talking about mental health due to COVID-19
- 93% believe suicide is preventable
- 95% would help someone close to them who is considering suicide

Mitigating short and long term mental health/suicide related consequences of the pandemic is a **complex and urgent public health issue** requiring multi-sector perspectives and solutions. Treatment needs to be:

- Accessible
- Affordable
- Effective
- Culturally Competent

Link to Report:

https://theactionalliance.org/sites/default/files/press_release_2020_public_perception_poll_for_distribution_on_9.1.2020.pdf

Barriers

- Not knowing what to say (31%)
- Not having enough knowledge (28%)
- Not feeling comfortable with the topic (19%)

Due to COVID-19 people are having a greater understanding of mental health and supportive of others

Sources for help and learning coping skills

- Mental Health Professional (50%)
- Doctor/Primary Care physician (43%)
- Hotline/Crisis Line (41%)
- Internet searches (35%)

Mental Health and Physical Health viewed as equally important 78%

Suicide in Wisconsin: Impact and Response

WI Data-Section on Veterans and Adolescents

- Suicide rate ↑ 40% from 2000-2017 (National rate is 14.0; WI 15.3)
- By Gender: Males 36% ↑ and Females 49% ↑
- Men age 45-54 still the highest rate of suicide (2013-2017)
- Rate of hospitalization and emergency dept. visits for self- injury highest among Females age 15-17 (2016-2017)
- Education level: highest rate for those with a High School diploma or less than those with some college or more
- LGBTQ+ more likely to have history of SA and ideation and leave a suicide note compared to heterosexual counterpart

Method (2013-2017)

- 49% used a Firearm; 27% Suffocation; 16% Poisoning
- Age 10-17 suffocation most common
- Age 18+ Firearm

Alcohol/Drugs and Suicide (2014-2017)

- Alcohol, Antidepressants, Benzodiazepines and Opiates
- 1 out of 4 had an alcohol issue

Suicide Note, previous SA or disclosed intent

↓ by 50% (2013-2017)

Language Matters

Link to Report:

<https://www.dhs.wisconsin.gov/publications/p02657.pdf>

4 Strategies:

- **Increase and enhance protective factors**
 - Reduce the impact of ACEs and promote social-emotional development in kids
 - Increase social connectedness in multiple settings-workplace/school/Faith based orgs
 - Support efforts to increase safety with lethal means
- **Increase access to care for at risk populations**
 - Expand access to care for AODA, Mental Health and Physical Health
 - Support innovative ways to expand access including technology and peer led or non clinical support services
 - Increase public knowledge of risk factors, warning signs and preparedness to support and respond

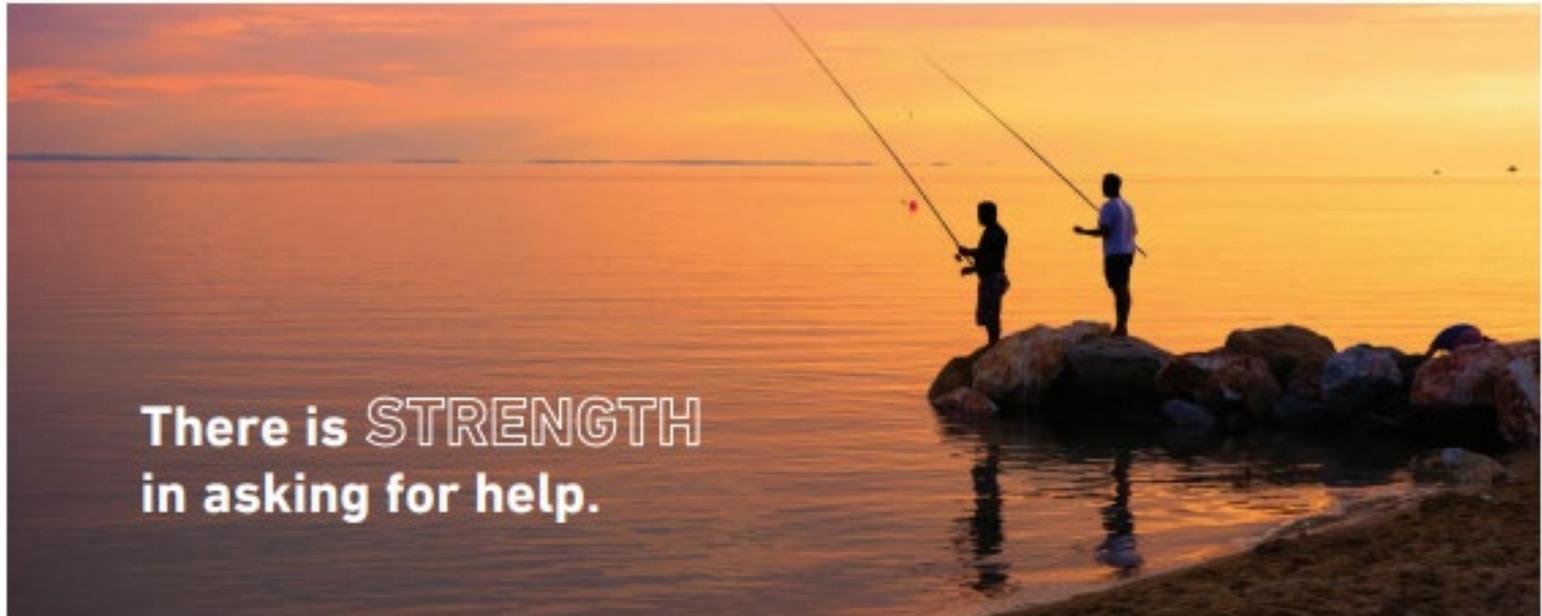
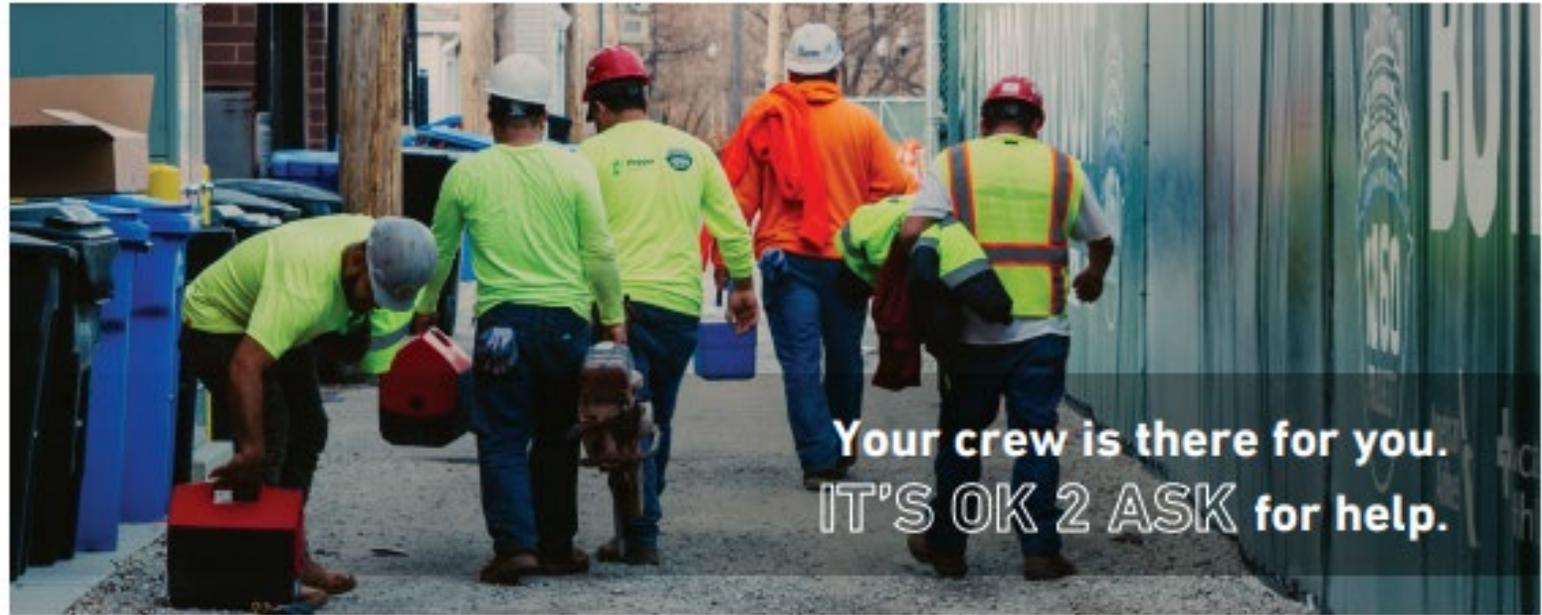
4 Strategies (cont.):

- **Implement best care practices for prevention in health care systems**
 - Promote systemic Zero Suicide approach and understand that suicide is preventable for those receiving treatment
 - Expand the use of EBP specific to suicide treatment
 - Improve care transitions
- **Improve surveillance of suicide and evaluation of prevention program**
 - Use WI data to describe the impact of suicide related behaviors and expand data linkages to better understand suicide
 - Standardize and enhance capacity for investigating and reporting Suicide deaths
 - Improve and expand evaluation of suicide prevention programs

Opportunities for Action/Resources

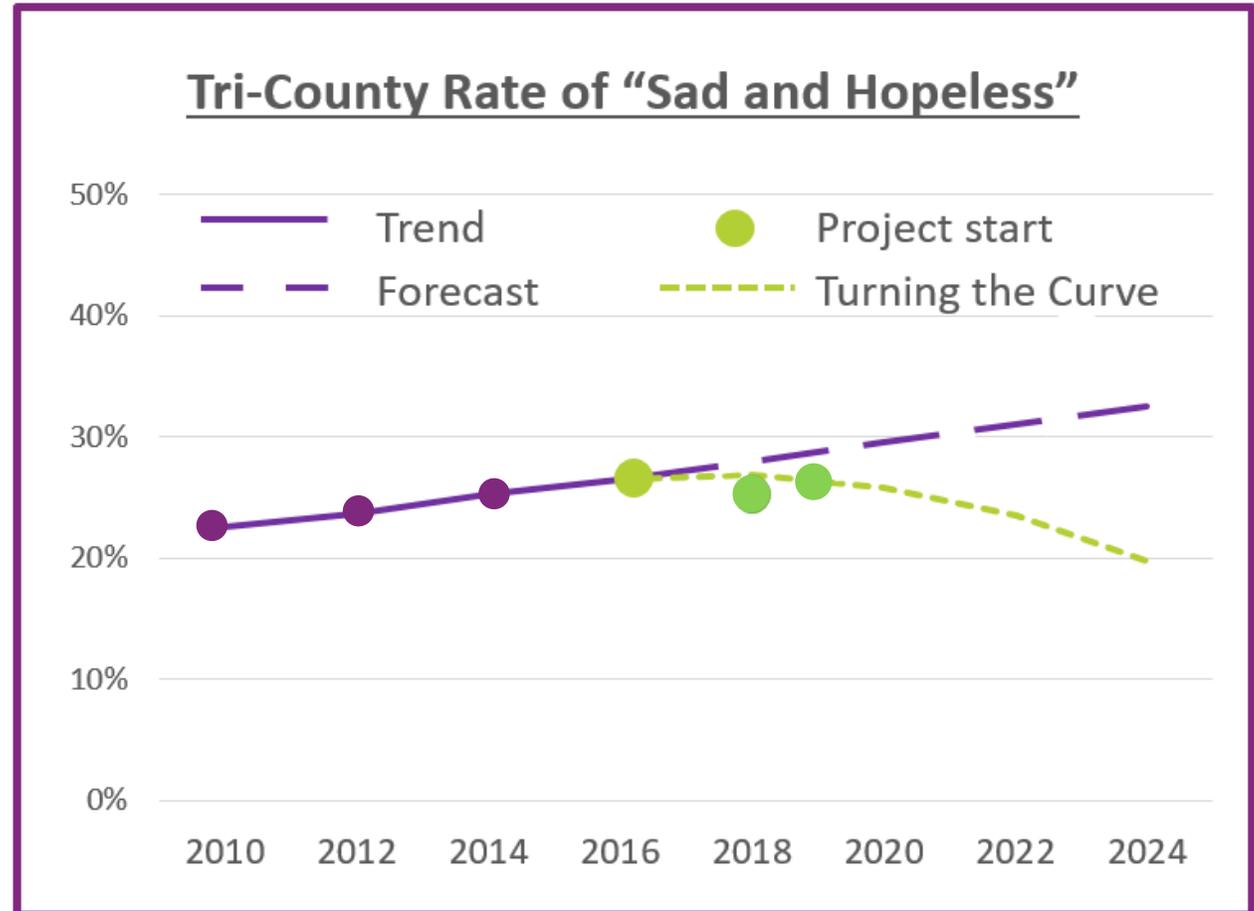
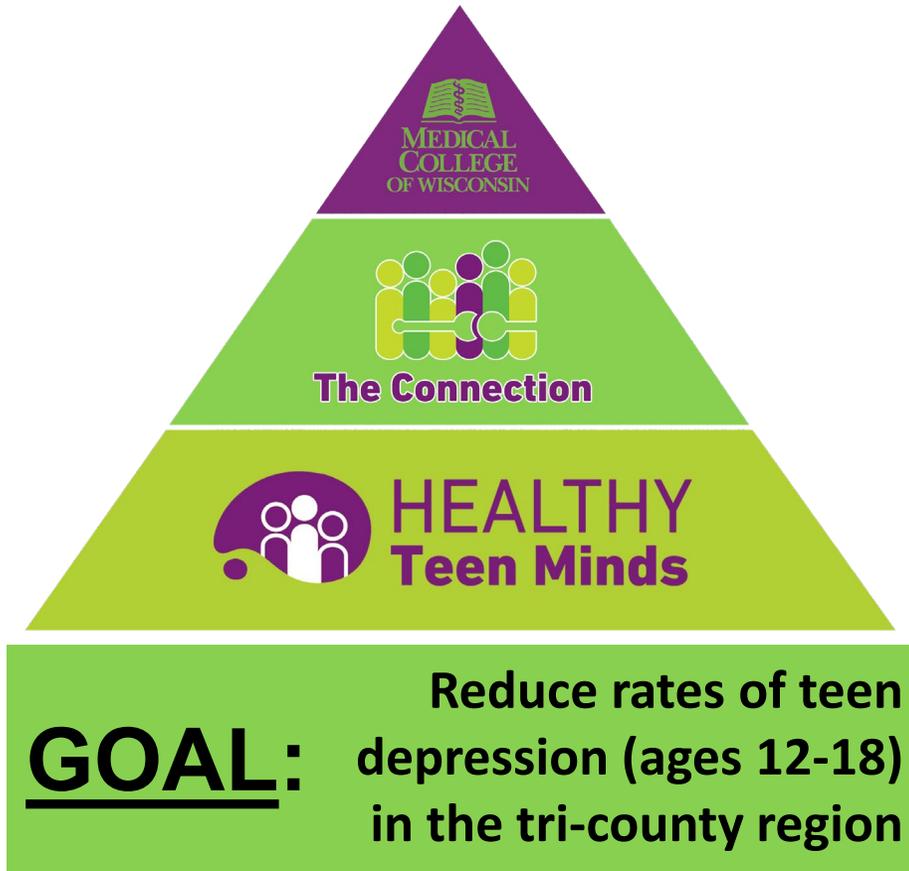
Awareness Campaign and Suicide Prevention Month

Survey coming your way to ask
about “male-centric” services



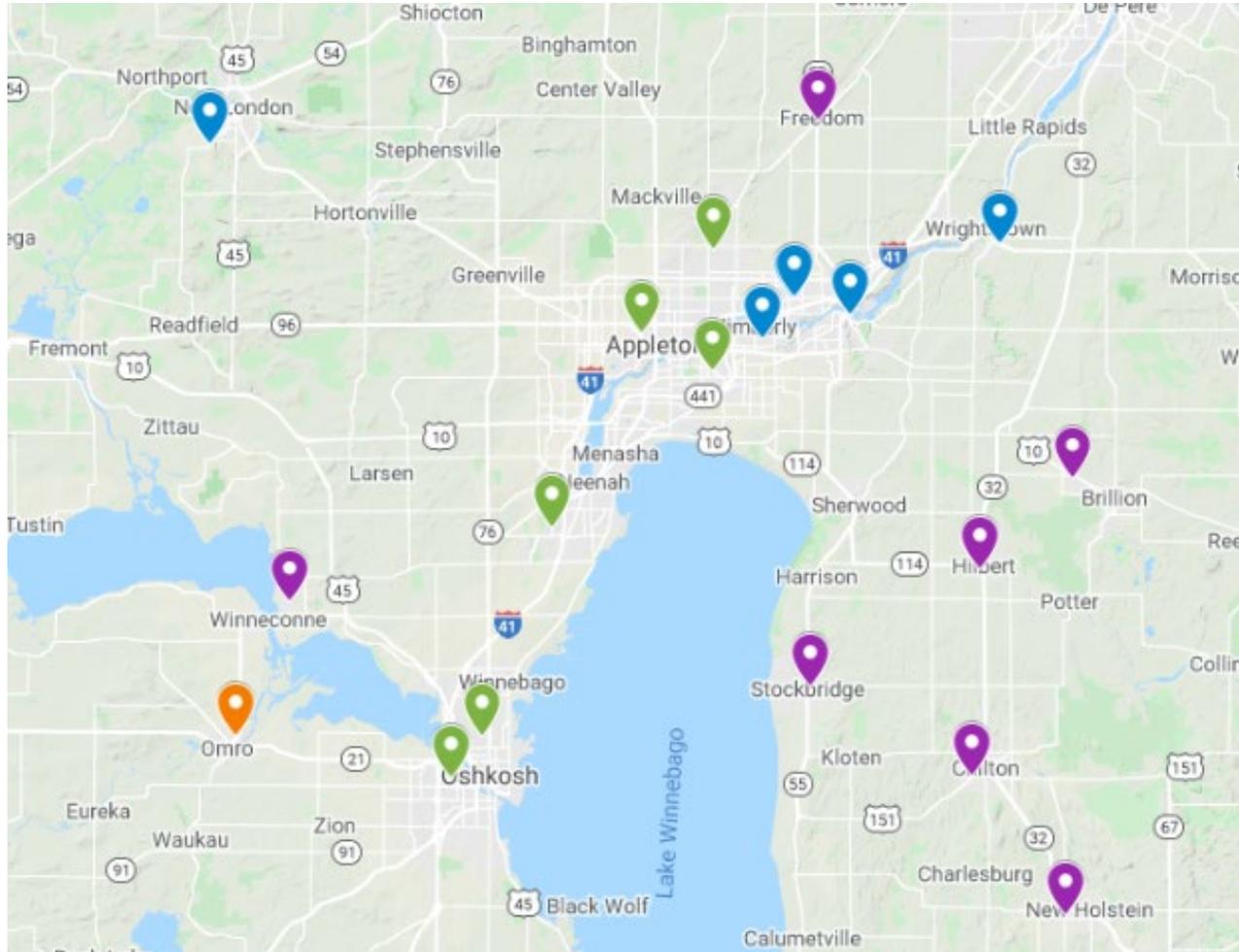
Healthy Teen Minds

Serving Calumet, Ouagamie & Winnebago Counties



Healthy Teen Minds' regional reach: Sources of Strength implementation

18 schools
strong!



Cohort 1 (2017)

Cohort 2 (2018)

Cohort 3 (2019)

Cohort 4 (2020)

Sources of Strength: 2020 virtual implementation



Carlyn Andrew

Director of Counseling and Training
Boys & Girls Club of the Fox Valley



Mandi Dornfeld

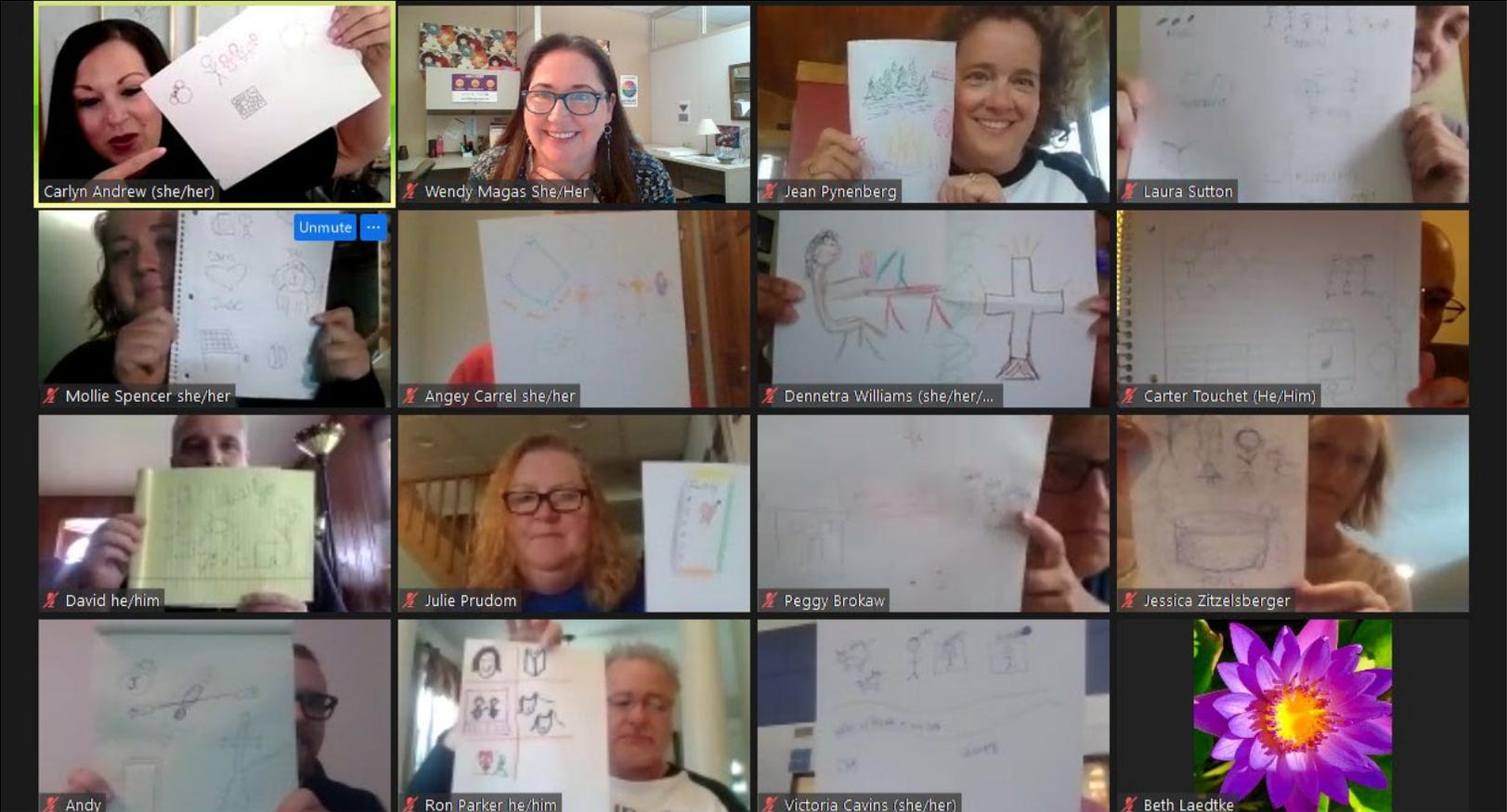
Human Development and
Relationships Educator, UW Division
of Extension, Winnebago County



Wendy Magas

Project Coordinator
Health Teen Minds

Sources of Strength: 2020 virtual implementation



After 3 years of implementation, our first cohort of schools are seeing some positive change!



Sources of Strength: cohort 1 outcomes

NOTE that these are statistically significant

In their survey responses, Peer Leaders

- demonstrated more positive attitudes toward the need to intervene when a friend was suicidal and to do so by seeking help from an adult
- reported an improvement in peer-to-peer relationships in their schools
- are also feeling stronger connections to trusted adults at school



In their survey responses, Peer Leaders demonstrated shifts toward being more likely to intervene when a friend was suicidal and to do so by seeking help from an adult

Based on an index of the following “In my opinion...” questions:

- ...I would tell an adult I trusted if I knew a friend was suicidal
- ...I would tell an adult about a suicidal friend, even if that friend asked me to keep it a secret
- ...my friends would try to get help for someone who was suicidal
- ...I know adults who could help a friend thinking
- ...my school has people who can help students going through hard times
- ...I can think of an adult who I trust enough to help a suicidal friend
- ...students with problems can get help from adults at my school

In their survey responses, Peer Leaders reported an improvement in peer-to-peer relationships at their school

Based on an index of the following “At my school...” questions:

- ...I have many friends
- ...I often hang out with other students
- ...I can help make my school a better place
- ...I get along with students who are different from me
- ...students just talk mostly to their friends

In their survey responses, Peer Leaders are also feeling stronger connections to trusted adults at school

Based on an index of the following “At my school...” questions:

- ...adults care about people my age
- ...adults push me to do my best
- ...adults respect what people my age think
- ...there is an adult who listens to what I have to say
- ...there is an adult who I trust
- ...there is an adult who cares about me
- ...there is an adult who I can talk to about a problem

Sources of Strength: Adult outcomes

In their survey responses,
Adult Advisors have increased
their knowledge and attitudes
regarding:

- **suicide prevention resources**
- **suicide intervention policies**
- **taking action to intervene
with a suicidal student**

**NOTE that this is
statistically significant**

Based on an index of the following
agree/disagree questions:

- There is a specific plan for helping students who are contemplating suicide at my school
- I'm familiar with my school's policies for helping students
- Suicide prevention student education or resource materials (posters, brochures, etc.) are available at my school
- There are adequate referral resources for students contemplating
- If a student experiencing thoughts of suicide does not acknowledge to situation, there is very little that I can do to help*
- If a student contemplating suicide does not seek assistance, there is nothing I can do to help*
- I cannot understand why a student would contemplate suicide
- A suicide prevention program in my school will send a message to students that help is available
- I am too busy to participate in suicide prevention activities
- If a student contemplating suicide refuses to seek help, it should not be forced upon him/her*
- The Sources of Strength program will be a useful addition to our school (based on what I know now)

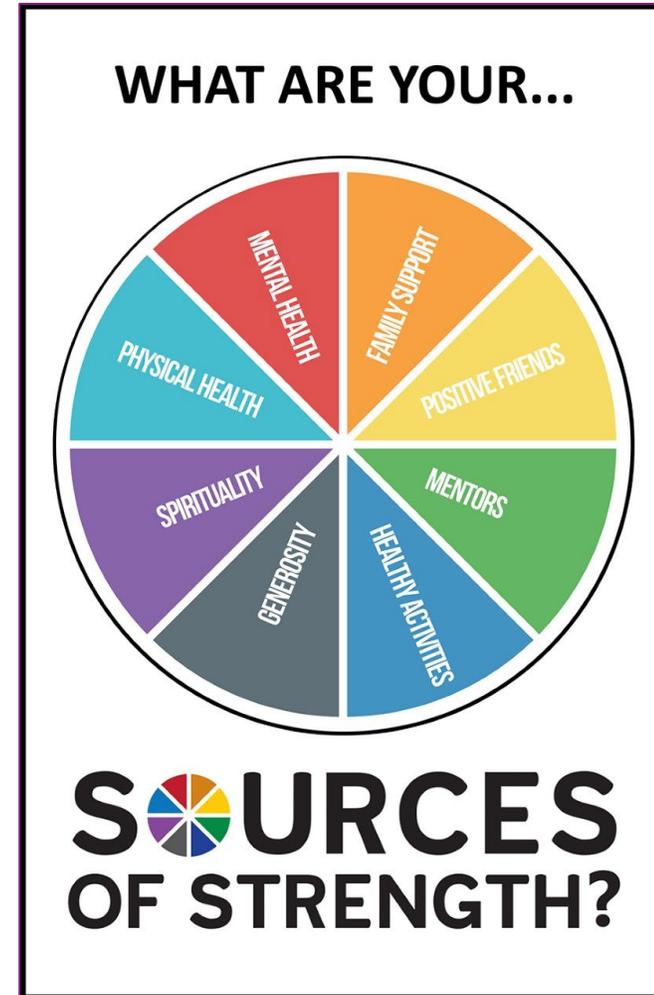
*reverse coded

Sources of Strength is an invaluable tool for teens and educators

"We get lot of kids coming into our (counseling) office who are feeling down and depressed, and we do have kids who talk about suicide. I always go to my Sources of Strength poster and start talking about it right away. And I can find out from that – that brief little talk with them – if they know about Sources of Strength.

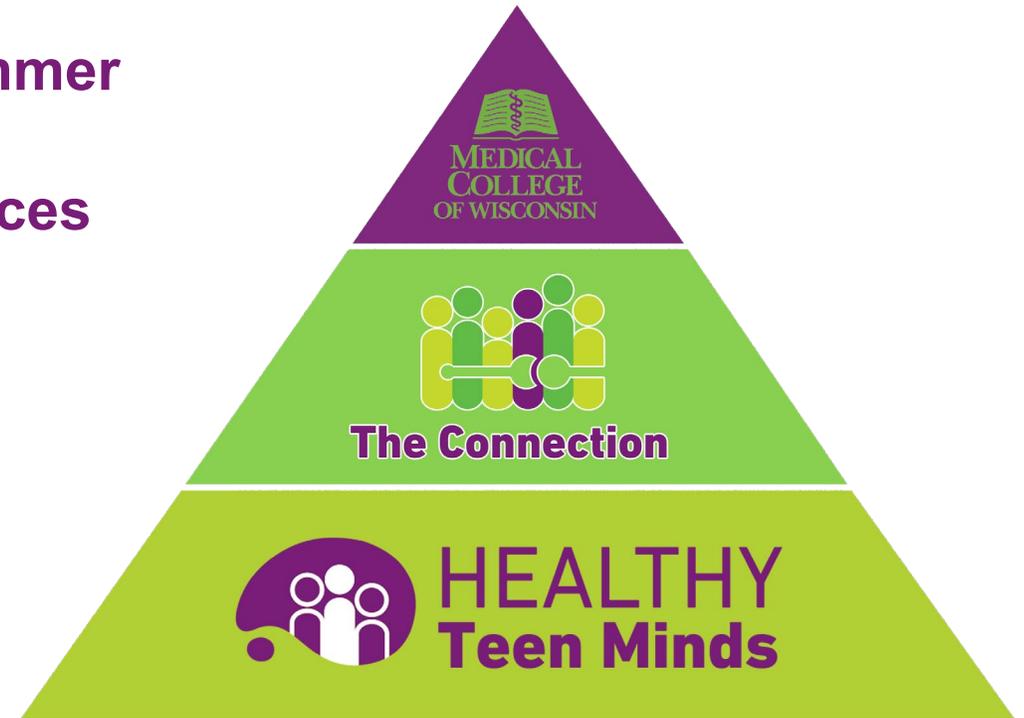
"And it's amazing how many times students come into our office, who come with someone. A lot of those students are those network of Sources students who know they need to get them to not just a trusted adult but someone who can help them. We stay very busy."

-- Julie Prudom, counselor, Appleton North High school



Next steps...

- Continue training and coaching for 18 Sources schools
- Host a Training for Trainers (T4T) next summer
- Recruit for fifth (and final?) cohort of Sources
- Continue work in other strategy areas





Thursday, October 8, 2020:

We will send a kit with social media content for you to share in late September/ early October

GOAL: Bring community to the online,
anonymous screener (adult & youth surveys)

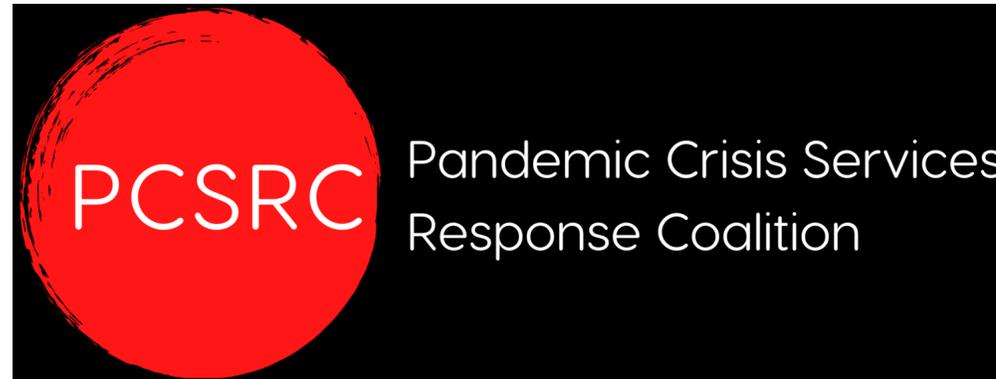


NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

#988CantWait

- On Tuesday, September 15, we are joining a coalition of partners to call on the House of Representatives to pass the National Suicide Hotline Designation Act
- Having a ***three-digit dialing code (9-8-8)*** in place can't wait – especially as the pandemic creates increased risk for suicide
- Mark your calendars for the virtual “day of action” next Tuesday as we take this message to Congress and urge the passage of this life-saving legislation

Federal agencies and experts warn that a historic wave of mental health problems is approaching – a shadow pandemic of psychological and social injuries, trailing the disease by weeks, months or years, consisting of mental health crisis, alcohol misuse, drug overdose, trauma and suicide.



Incubating Projects:

- Solving problems. Not managing them. It's time for BOLD ideas.
- COVID-19 has created chaos and opportunity... and unusual flexibility where we normally hit walls with our passion for quality improvement!
- Project Zero is working for change within our Crisis Response System
(We are building upon the seeds of the original 24/7 Crisis committee from the early days of The Connection)
- We need people in crisis to get connected to care quickly & humanely



Mental Health Navigator(s)

- 1st and 2nd shift
- Manages shared calendar of available appointments
- Accessed by system partners (first responders, 2-1-1, EDs, etc.) not public-facing
- Sits in the Access Dead Zone – document system gaps
- Connects highest risk folks quickly and directly to treatment
- Runs “Friday Feedback” – users provide feedback about the process
- Currently seeking an agency to “house” the employment of Navigators



Open/Urgent Appointments

- Recruit provider partners to participate in the model – take appointments regardless of insurance or county of residence
- Creation of no-risk reimbursement fund (for when system of care has capacity)
- Fund upfront payment to hold open appts (for when system of care does not have capacity)
- Offer training for participating providers in risk assessment, crisis counseling and safe suicide care



ED Redesign and MH Walk-in Model

- ThedaCare will pilot mental health walk-in in September
- Exploring whether ED can be bypassed if medical clearance is done at walk-in
- ED Redesign will be explored within Health Systems (Ascension, ThedaCare, Aurora, Children's Hospital of WI)
- Certified Peer Specialists available to ED



Mental Health Clinician or Telehealth Add-on to Law Enforcement

- MH may serve as First Responder deployed by dispatch or in conjunction with Law Enforcement OR implement telehealth project – MH on iPad with Law Enforcement to do assessment
- Manages “Handle with Care” implementation – a notification system alerting schools when youth have police contact at a scene. Schools can respond to youth with trauma-informed care at the next contact.
- Training for Victim Crisis Responders (VCR) re: postvention



Training on Safe Suicide Messaging

- We are in a public health crisis around suicide-related behaviors – BUT we have to communicate about it strategically and safely so we don't create a contagion effect or unintended consequences!
- There are research-based guidelines and recommendations for safe reporting
- Training is needed for: Media outlets, Law enforcement, Education, Health systems, Local government, Nonprofit agencies, etc.

reporting on suicide.org

Targeted Awareness Campaign

GOAL: Increase Help-seeking Behavior within highest risk group - Middle-age white males

- **The Providers** – Recently unemployed, Farmers
- **The Helpers** – Physicians, EMS, Pastors, Essential Workers
- **The Handy** – Construction, Manufacturing
- **The Heroes** – Veterans, Law Enforcement



**Member Agency
Announcements?**

YOU
are
AMAZING

**Next Meeting:
November 12, 2020**