

NEW Mental Health Connection Member Meeting

Thursday, September 14, 2023



AGENDA

- **Agency Spotlight:** Rogers Behavioral Health & What are PHP and IOP?
- **Registration is OPEN:** 2nd LGBTQ+ Mental Health Summit
- **September is Suicide Prevention Month:** Men & Suicide
- **REMINDER:** “Just For Me” Series 2023 – Only 4 more!





The Connection's Agency Spotlight



And understanding the mid-level care options
of PHP & IOP

Rogers Behavioral Health

Megan Dircz, Director of Operations

Carly Reinhold, Care Coordinator



What we treat:

- OCD and anxiety
- Depression
- Addiction
- Eating disorders
- Trauma
- Offering TMS services

Rogers Behavioral Health today

Rogers is a nationally recognized, not-for-profit provider of evidence-based mental health and addiction services

24,280+ admissions a year

1,490+ average number of patients treated each day



2,629+ employees

180+ medical staff including

100+ psychiatrists

Rogers provides specialized services throughout a growing network of communities across the U.S.

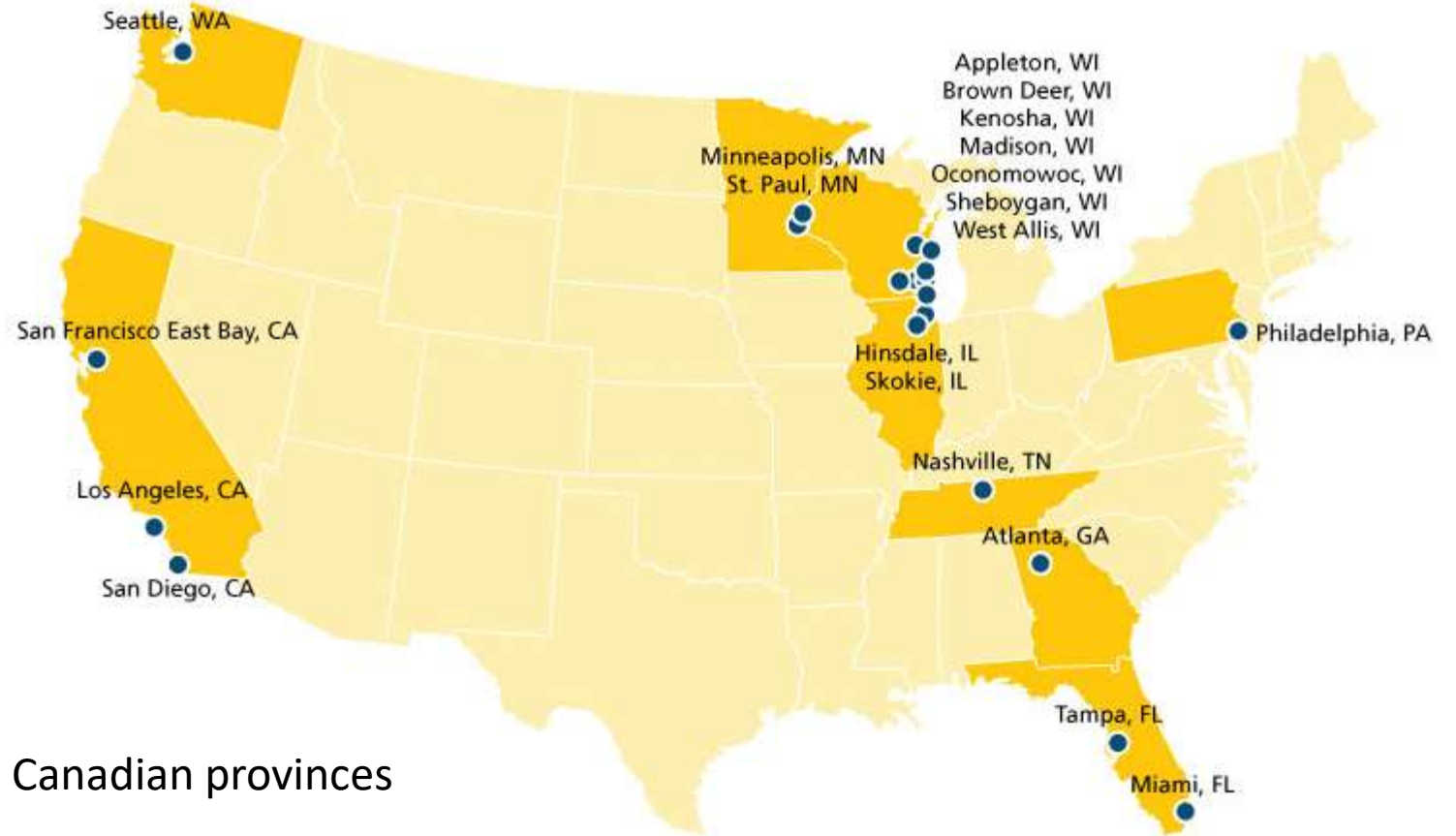
3 inpatient hospitals

15 residential programs

20 outpatient centers

40+ unique partial hospitalization and intensive outpatient programs

Patients come from all 50 states and 4 Canadian provinces



Seven Locations in Wisconsin

Appleton

- PHPs IOPs

Brown Deer

- Inpatient hospital
- Residential
- PHPs and IOPs

Kenosha

- PHPs and IOPs

Madison

- PHPs and IOPs

Oconomowoc

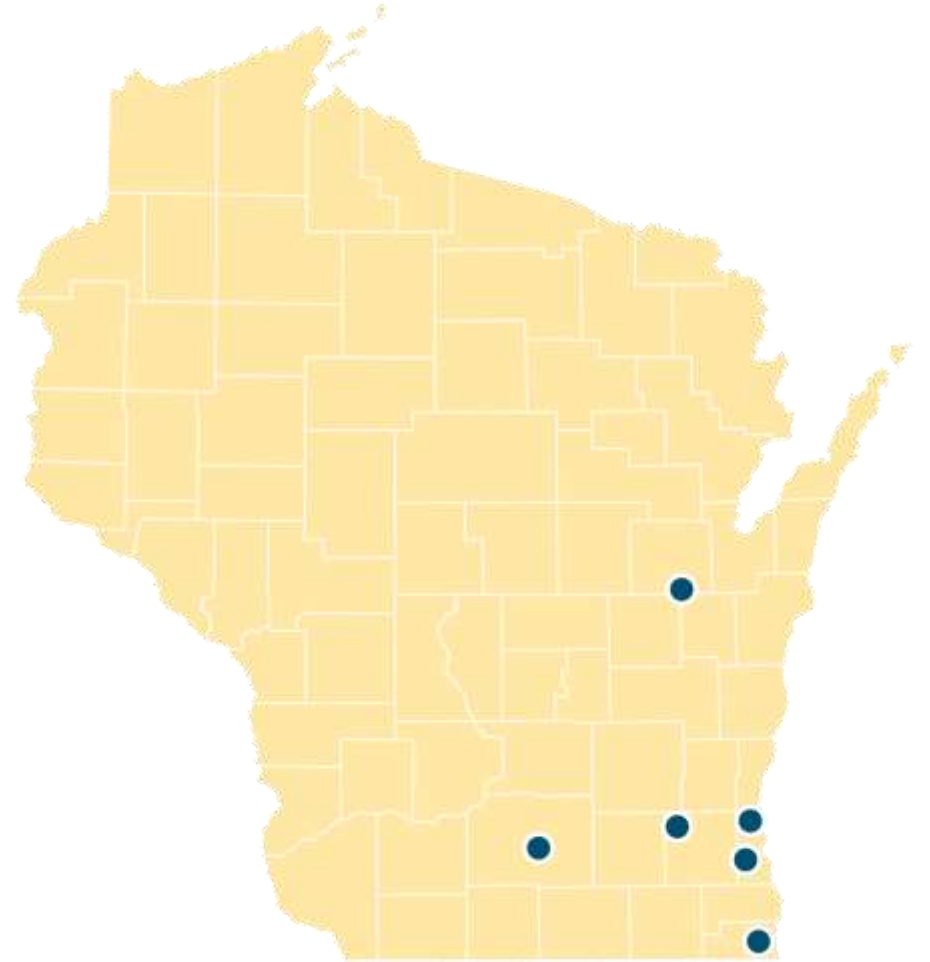
- Inpatient hospital
- 8 residential programs
- PHPs and IOPs

West Allis

- Inpatient hospital
- 1 residential program
- PHPs and IOPs

Sheboygan

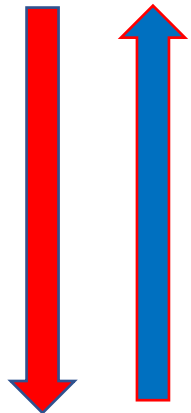
- PHPs and IOPs
- Supportive Living



Rogers Continuum of Care

Levels of Care:

Most Acute



Least Acute

➤ Inpatient Medical

- Inpatient Units (IP) – Acute Stabilization for Mental Health and Substance Use Disorder – 5 to 7 day stays
- Residential Treatment (RTC) – 30 to 90 day stays
- Partial Hospitalization Program (PHP) – 6 to 6.5 hours a day/5 days a week
- Intensive Outpatient Treatment (IOP) – 3 to 3.5 hours a day/5 days a week

➤ Outpatient Therapy

Inpatient Unit Care

- 3 Inpatient Units
 - Oconomowoc
 - Adult/Adolescent/Child Crisis Mental Health and Adult/Adolescent Detox
 - Child/Adolescent/Adult Eating Disorder IP
 - Length of Stay – 2 to 3 weeks
 - West Allis
 - Adult/Adolescent/Child Crisis Mental Health and Adult/Adolescent Detox
 - Brown Deer
 - Adult/Adolescent Crisis Mental Health and Adult Detox

Residential Treatment

- Oconomowoc
 - Eating Disorder – Adolescent/Adult
 - Focus Depression Recovery – Adolescent/Adult
 - Herrington Center – Mental Health and Addiction – Adult
 - OCD/Anxiety
 - Trauma Recovery – Adult
 - Nashotah DBT – Adolescent (All Gender)
- West Allis
 - Focus Depression Recovery – Adult
 - Herrington Center – Mental Health and Addiction – Adult
 - Mental Health and Addiction Recovery – Adolescent
 - Mental Health Recovery - Adolescent
- Brown Deer
 - Depression Recovery- Adult/Adolescent




Rogers Behavioral Health – Appleton: Levels of Care

Day Treatment Care:

Day treatment care is our lowest level of behavioral health treatment
- we offer two levels of specialized outpatient care:

- **Partial Hospitalization Care (PHP)**
 - 5 days/week, 6 hours/day, 6-8 weeks
- **Intensive Outpatient Care (IOP)**
 - 5 days/week, 6 hours/day, 4-6 weeks

Appleton's Programs

- Adult Mental Health Treatment
 - Eating Disorder PHP
 - Focus Depression PHP
 - Focus Depression IOP (virtual)
 - Mental Health and Addiction PHP/IOP
-  • Mental Health Recovery PHP
 - OCD/Anxiety PHP
 - OCD IOP (virtual)
 - Trauma PHP
- Adolescent Treatment
 -  • Mental Health Recovery PHP
 - 12-18 year olds (if in high school)
 - 11:00 am – 5:30 pm
 -  • Mental Health and Addiction PHP
 - 12–18 year olds (if in high school)
 - 11:00 am – 5:30pm

What is Partial Hospitalization (PHP) and Intensive Outpatient (IOP)?

- Both offer intense outpatient treatment; step down from hospitalization; step up from weekly/monthly outpatient care
 - Partial hospitalization care (PHP): 6 hours a day
 - Intensive outpatient care (IOP): 3 hours, 5 days a week
- ✓ Group check in each day
 - ✓ Group therapy
 - ✓ Individual session with psychiatrist or another prescribing provider
 - ✓ Individual assignments

Admission

Admission Phone Number – (800) 767-4411

Admission begins with a phone call; our staff will connect you and/or your patient with our intake team.

- Intake schedules a screening.
- Generally, take 30 to 45 minutes
- Typically, over the phone. We ask about: demographic info, insurance, history and current symptoms.
- Medical staff reviews screening and within 48 hours makes a program recommendation.
- Intake follows up with a recommendation, insurance and deposit information.

Referring a Patient:



https://rogersbh.org

Contact Us Careers Refer a Patient Donate Blog @Español

ROGERS
Behavioral Health

Search

We want to help
Call 800-767-4411 for a screening or [click here](#).
[Refer a patient](#)

What We Treat Why Choose Rogers What to Expect Our Locations Treatment Outcomes Resources

We're hiring! Choose a health career that changes lives. Check out our open behavioral health opportunities. >

"I wouldn't be here today if it wasn't for the help of Rogers."
- former patient

[Get help now](#)

Rogers Behavioral Health
The Leader in Mental Healthcare

Find a program
Use the directory below to search services that meet your needs for **eating disorders, OCD and anxiety, depression and mood disorders, addiction, or PTSD.**

Condition	Age	Level of Care	Location
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Insurance?

- We are In Network with most commercial insurance
 - Aetna
 - Cigna
 - Blue Cross Blue Shield
 - Optum
 - United Behavioral Health
 - United Health Care (UMR)
 - We can take T19/Medicaid/Badger care with an HMO

Questions?

Carly Reinhold

Outreach Representative

262-283-4112

Carly.reinhold@rogersbh.org



ALOK



The Connection
N.E.W. MENTAL HEALTH

Diverse & Resilient

Opportunity to earn CME/CEU credits!

LGBTQ Mental Health SUMMIT

COMMUNITY ■ MENTAL HEALTH ■ TOGETHER

Saturday, Nov. 4, 2023 • Neenah, WI

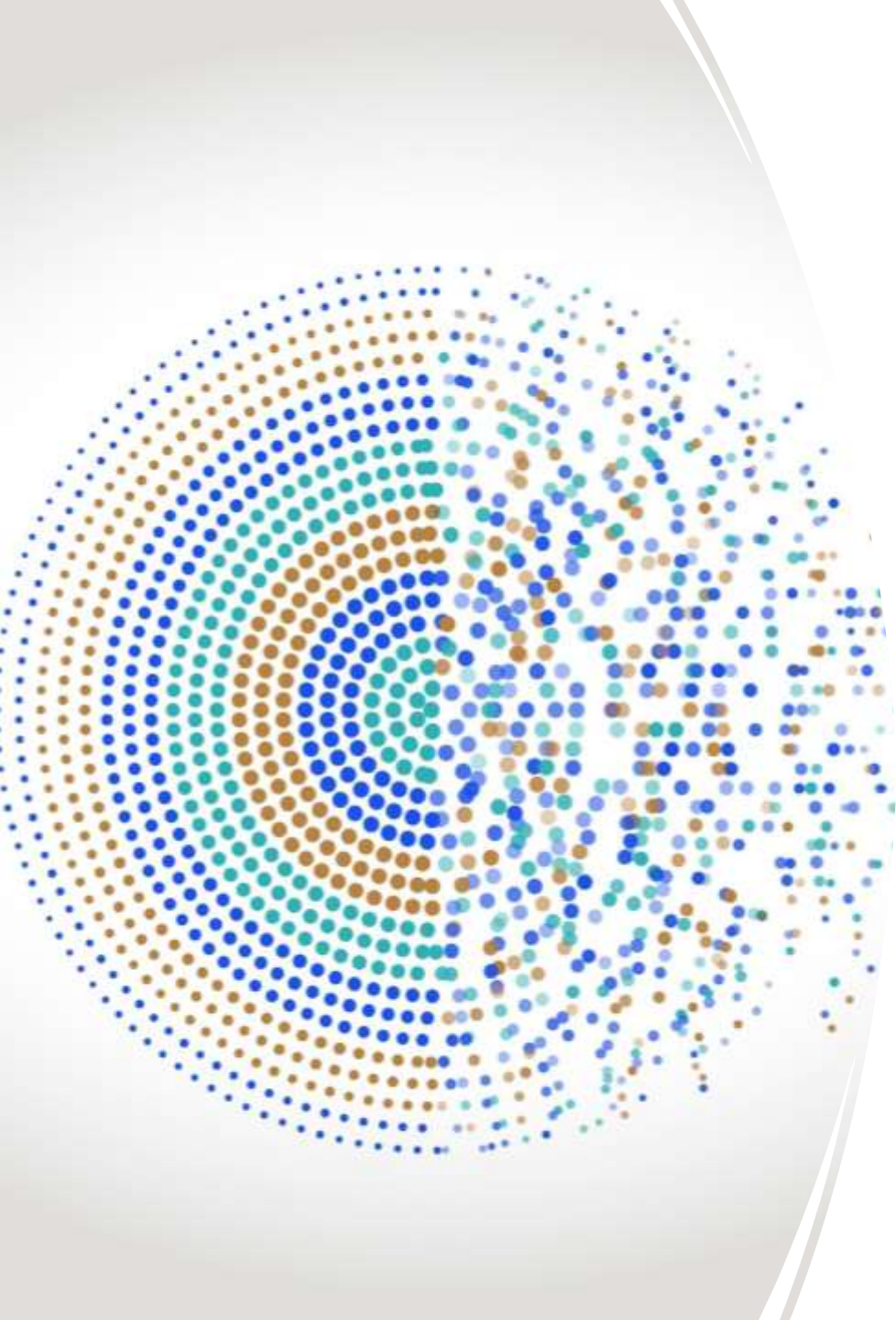
National Suicide Prevention Month

September 10th-16th

Social Media Toolkits

- [SAMHSA.gov](https://www.samhsa.gov)- Warning Signs and Hope
- [NAMI.org](https://www.nami.org)-Stats
- [AFSP.org](https://www.afsp.org)- Calls to Action
- [NIMH.org](https://www.nimh.nih.gov)- Share Science. Share Hope
- [CDC.gov](https://www.cdc.gov)-Connection is Prevention





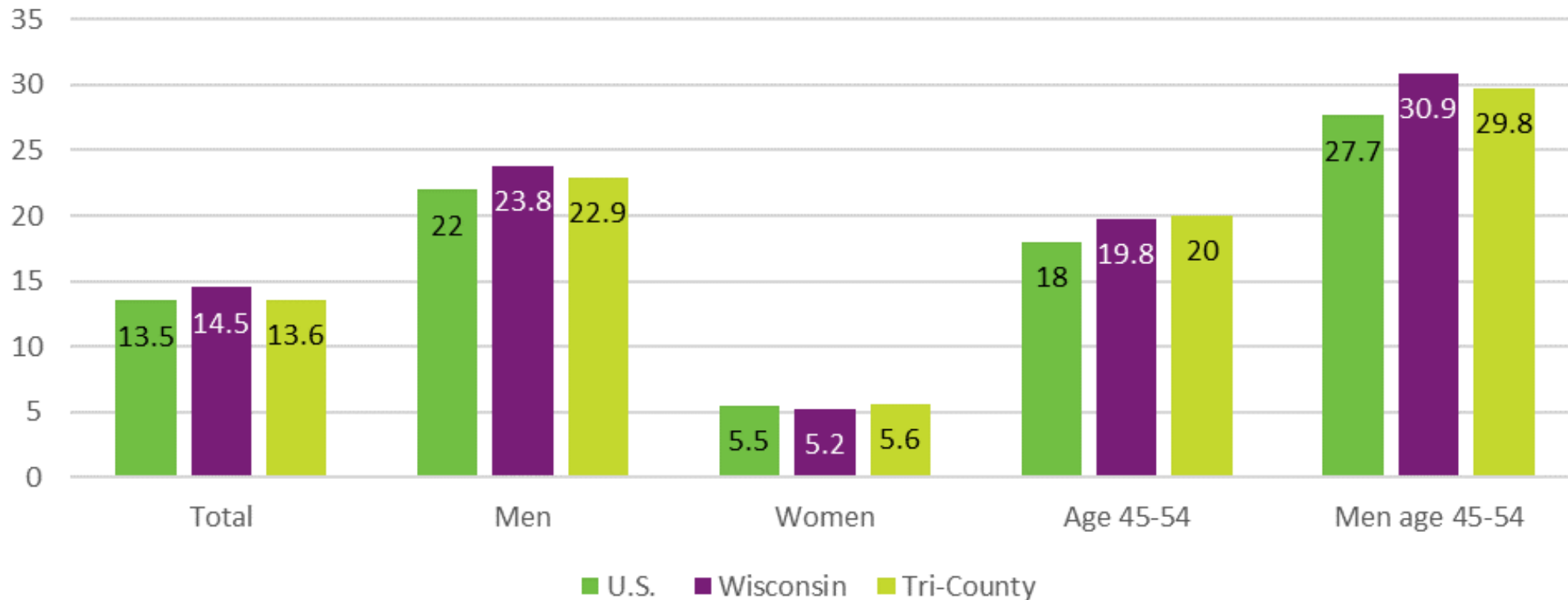
Men in the Middle Years

"Talk Like a Man"(2017)-Franklin Cook, MassMen
Director of Community Outreach

Mental Health and Suicide Prevention

Stats on Suicide

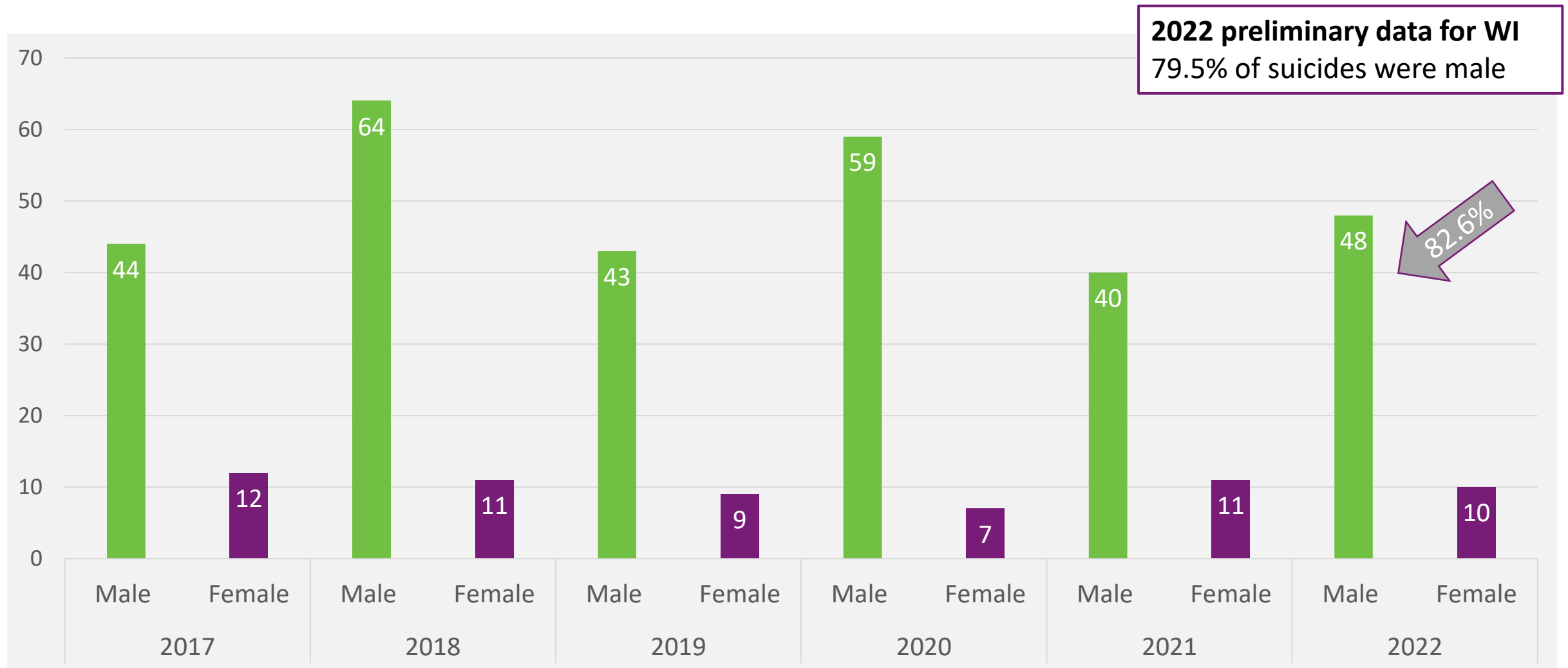
2020 Suicide Rates



2022 preliminary data shows those **age 25-44** highest rate of suicide in WI and nationally

Tri-County Suicide Data by Year and Gender

90% of suicides between 2017-2022 were Males

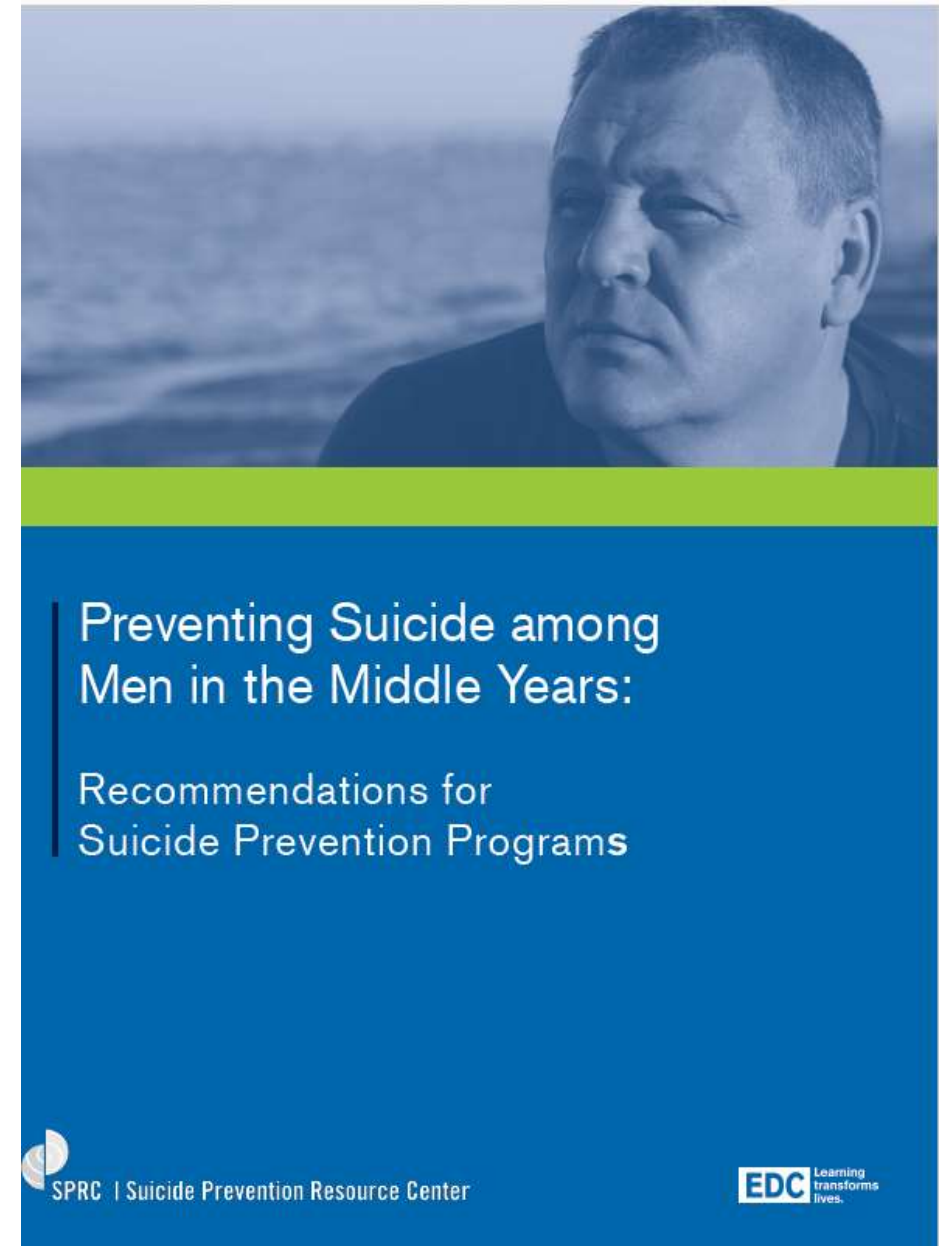


Prevention and men in the middle years SPRC resource

Preventing Suicide in MIMY (2016)

- Understanding suicide among MIMY
- Program recommendations
- Review of research
- Examples of programs and resources

Focus: Men 35-64 years old (U.S.A.)



(SPRC, 2016)

Men in the Middle Years (MIMY)

Men in the Middle Years (MIMY)

- MIMY: 35 to 64 years old (traditional masculinity)
 - Focus of national suicide prevention efforts
- Population “Working-age” men: 25 to 64 years old
 - 1.5 million in Wisconsin

Concepts related to masculinity apply in various ways to men of all ages.

Mid-Life Inherently Difficult for Men

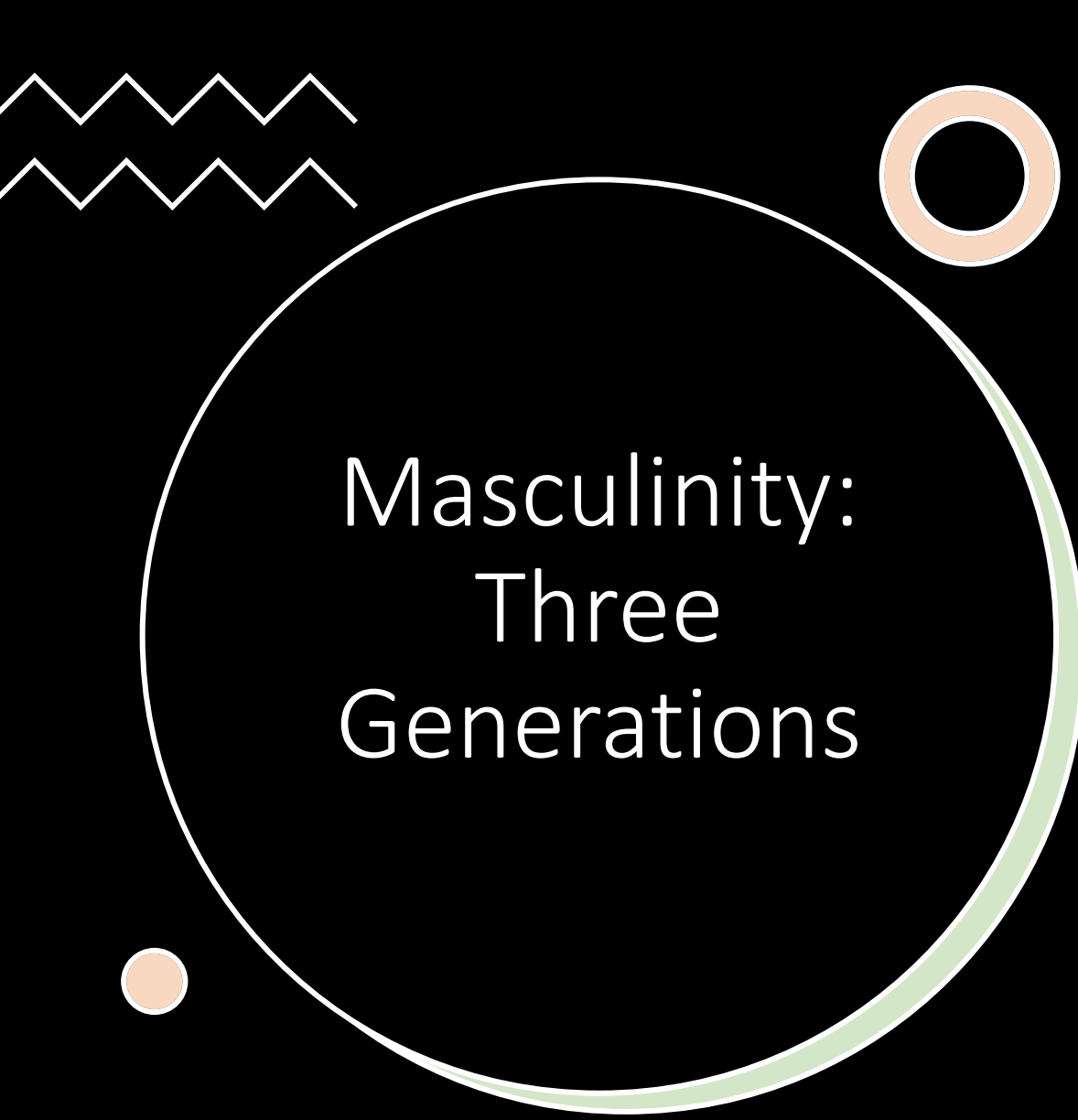
- Consequences of long-term decisions about work and relationships come to light.
- Possibilities for making changes are limited, and most likely involves risk.
- Success: “Winners” and “losers” are known.
- Accumulation of effects of lifelong problems:
 - Mental illness
 - Alcohol abuse
 - Intermittent unemployment

(Wyllie et al., 2012)

Major Protective Factors for MIMY

- Social connectedness to individuals, including friends and family, and to community and social institutions
- Access to effective health and behavioral health care
- Coping and problem-solving skills
- Reasons for living, meaning in life, and purpose in life

(SPRC, 2016, p. 15)



Masculinity: Three Generations

Born 1965 and before (60 years old and older)

- **Traditional masculine stereotypes:** aggressive, tough, unemotional, provider, protector and hypersexual


Born 1965-1990 (33-58 years old)

- In transition, from traditional to modern

Born 1991 and after (33 years old and younger)

- **Modern masculinity:** empathetic, inclusive, authentic, self-aware and emotionally intelligent

Very dynamic and complex

- Some men see other generation POV as primary
 - Many men subscribe to a hybrid POV
 - Societal norms are in transition
- 

Influences on Masculinity

Positive and Negatives aspects of all traits and emotions

- Independence, competitiveness, success, aggressiveness, courage, activity, efficiency, rationality
- Not perceiving or admitting the presence of anxiety, problems, burdens
- Withstanding danger, difficulties, threats
- Invulnerability (risky or harmful habits, disregard bodily health, avoiding or delaying help-seeking)
- High valuation of power, dominance, control

Values Being Expressed

Positive	Trait = Value	Negative
<ul style="list-style-type: none"> Establishes autonomy Strengthens self-sufficiency 	Independence, Control	<ul style="list-style-type: none"> Negates help-seeking Increases isolation
<ul style="list-style-type: none"> Builds discipline Encourages mastery 	Success, Competitiveness	<ul style="list-style-type: none"> Promotes perfectionism Sees failure as crisis
<ul style="list-style-type: none"> Initiates change of status quo Enables selfless behavior 	Courage	<ul style="list-style-type: none"> Negates warnings of danger Misjudges personal power
<ul style="list-style-type: none"> Highlights practical matters Initiates positive steps 	Focus on Action	<ul style="list-style-type: none"> Causes missteps Ignores the “big picture”
<ul style="list-style-type: none"> Manages resources Improves processes 	Efficiency	<ul style="list-style-type: none"> Dismisses complexity Downgrades quality
<ul style="list-style-type: none"> Supports good decisions Enhances communication 	Rationality	<ul style="list-style-type: none"> Disregards emotions Invites false security
<ul style="list-style-type: none"> Makes difficult action possible Staves off emotional pain 	Invulnerability	<ul style="list-style-type: none"> Lessens access to emotions Increases downside of failure
<ul style="list-style-type: none"> Bolsters confidence Strengthens leadership 	Power, Dominance	<ul style="list-style-type: none"> Harms people, property Weakens others’ perspectives
<ul style="list-style-type: none"> Keeps focus on action needed Buffers being overwhelmed 	Emotional Control	<ul style="list-style-type: none"> Hampers real communication Keeps problems hidden
<ul style="list-style-type: none"> Maintains forward motion Makes space for privacy 	Stoic Toward Threats, Loss	<ul style="list-style-type: none"> Focuses on appearances Causes misjudgments

Disclaimer and Challenge

- Next few slides focus on traditional masculinity framework (point of view)
 - Oversimplification
 - Traits are on a continuum (not fixed)
- Men's psychology: Science to practice
 - Need to develop and strengthen cultural competency as it relates to masculinity



Men's frame for "Friendship"

- “Doing,” “being there,” and “being alongside” rather than self-revelation
- Emotions discussed spontaneously, not methodically
- Physical activity, recreation seen as sufficient to manage stress or worry
- Value confidentiality and permission not to talk about problems or losses
- Mutual empathy based on “knowing who I am” rather than talking about issues

(Wyllie et al., 2012)

Friendship patterns affect isolation

Barrier to connectedness:


- Dwindling peer relationships in midlife
- Friendships based on a common interest or activity, and participation ceases
- Many men do not discuss intimate personal issues with friends

Barriers to Connectedness for men

Link to masculine beliefs

- Independence
- Competitiveness
- Dominance
- Emotional Control
- Stoic Toward Threats, Loss

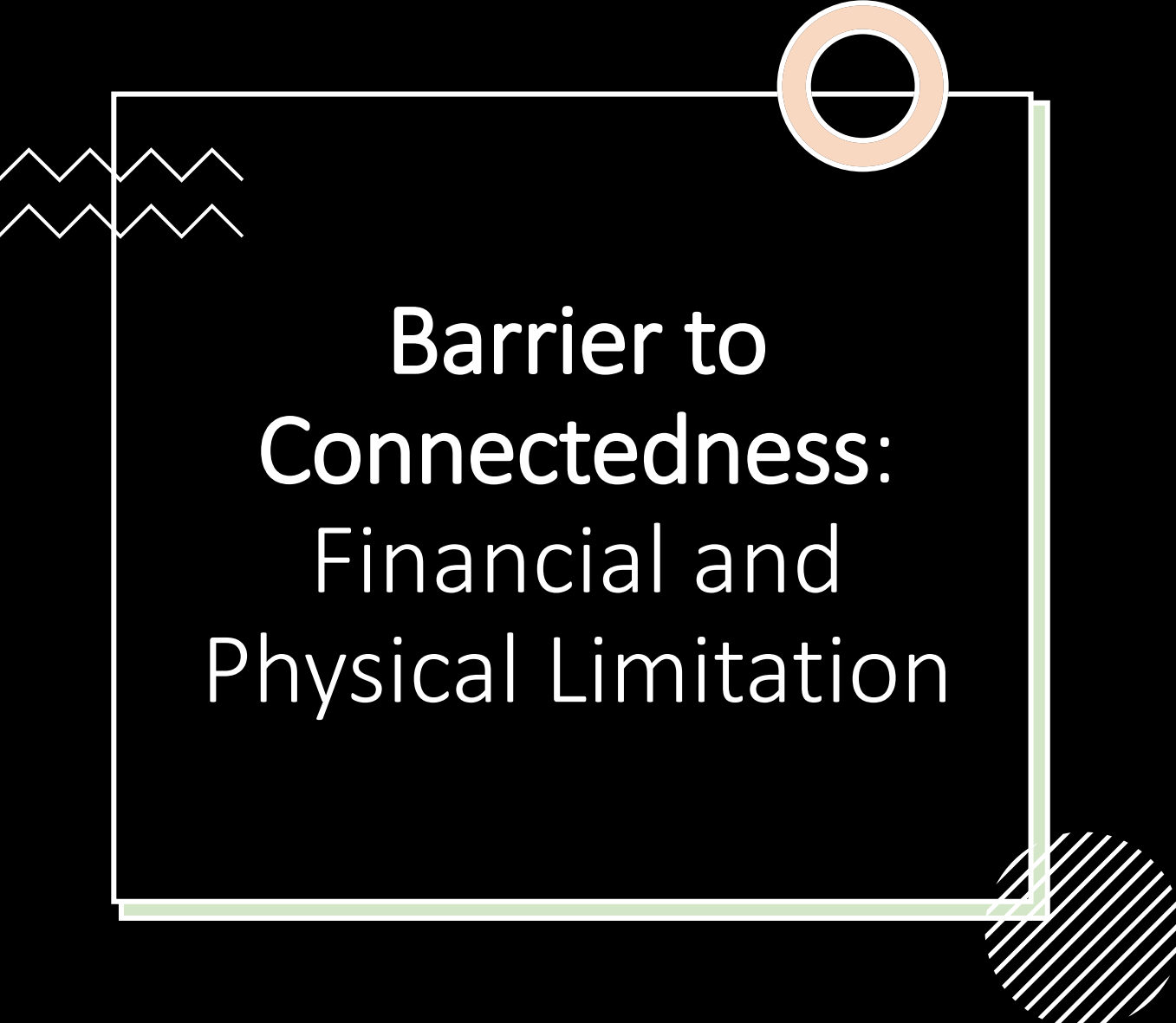
(Adapted from Hall & Partners, 2014; SPRC, 2016; Wyllie et al., 2012)



Barrier to Connectedness: Relationship dynamics affect sociability

- Single (without a partner)
- Relational breakdown
- Dependence on partner for emotional support
- Not sharing emotions with partner to be strong, to protect them
- Poor engagement of boys with their fathers affects social adeptness as adults

(Adapted from Hall & Partners, 2014; SPRC, 2016; Wyllie et al., 2012)



Barrier to Connectedness: Financial and Physical Limitation

Changing circumstances

- Injury or illness
- Mental health issue
- Unemployment
- Family dynamics (e.g., having less time)

(Adapted from Hall & Partners, 2014; SPRC, 2016; Wyllie et al., 2012)

Isolation Can Be Self- Perpetuating



Vicious cycle

Social isolation
causes
emotional
isolation



Self-Perpetuating

Emotional
isolation
causes social
isolation

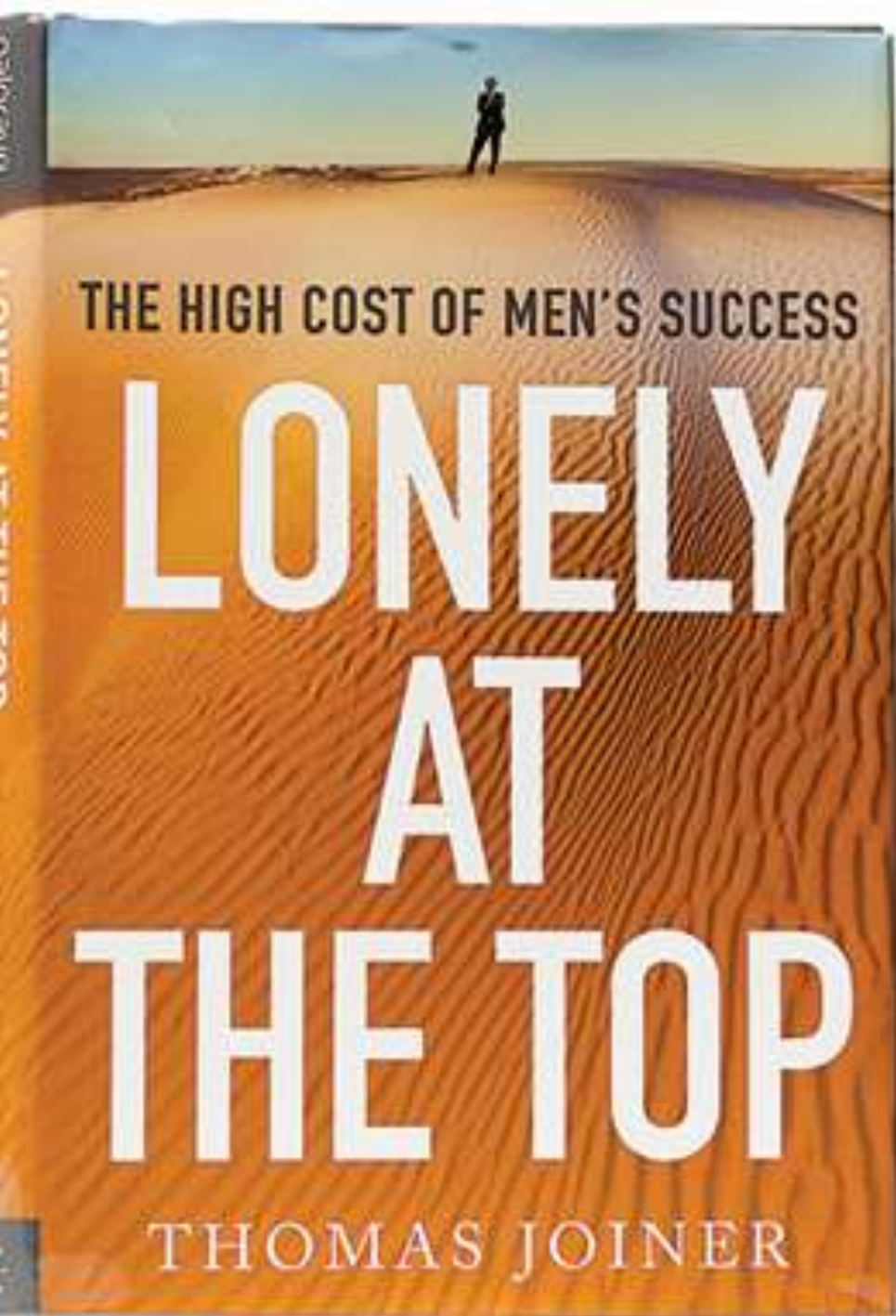
Men, Disconnectedness, & Suicide

- Lack of social problem-solving, communication skills
- Social perfectionism (need to meet expectations, perceived standards being unrealistic)
- Self-criticism (negative self-appraisal, inability to enjoy one's own successes)

(Wyllie et al., 2012)

- Decreased sense of belongingness
- Increased sense of burdensomeness

(Joiner, 2009)



“If ending up lonely were a race, it would start out as a fair one, with males and females evenly matched, more or less. [But] ... men go on to ‘win’ the loneliness race; [and] to the victor go the spoils of alcohol problems, depression, divorce, and even death” (Joiner, 2011).

The biggest threat facing middle-age men isn't smoking or obesity. It's loneliness.

As men grow older, they tend to let their friendships lapse. But there's still time to do something about it.

By Billy Baker March 9, 2017, 8:58 a.m.



MARIO ZUCCA FOR THE BOSTON GLOBE

For white Americans between 45 and 54, average life expectancy was no longer increasing; in fact, it was actually declining — in a pattern seen almost nowhere else on Earth. If increases in life expectancy had continued at the same rate, some 600,000 more Americans would now be alive, Case and Deaton write.

'Deaths of despair' surge among US white working class

Legacy of drugs, alcohol and suicide will weigh on economy for years, says study



Hard road: a man waits for a bus in Windber, Pennsylvania, where the closure of nearby coal mines has left 11 per cent of the population below the poverty line © Getty

Shawn Donnan in Washington MARCH 22 2017



Connectedness *is* Suicide Prevention

Connectedness between individuals (friendships, social contacts)

Connectedness of individuals and their families to community organizations

Connectedness among community, organizations and social institutions

***Applying Science.
Advancing Practice.***



Enhanced Evaluation and Actionable Knowledge for Suicide Prevention Series

Preventing Suicide through Connectedness

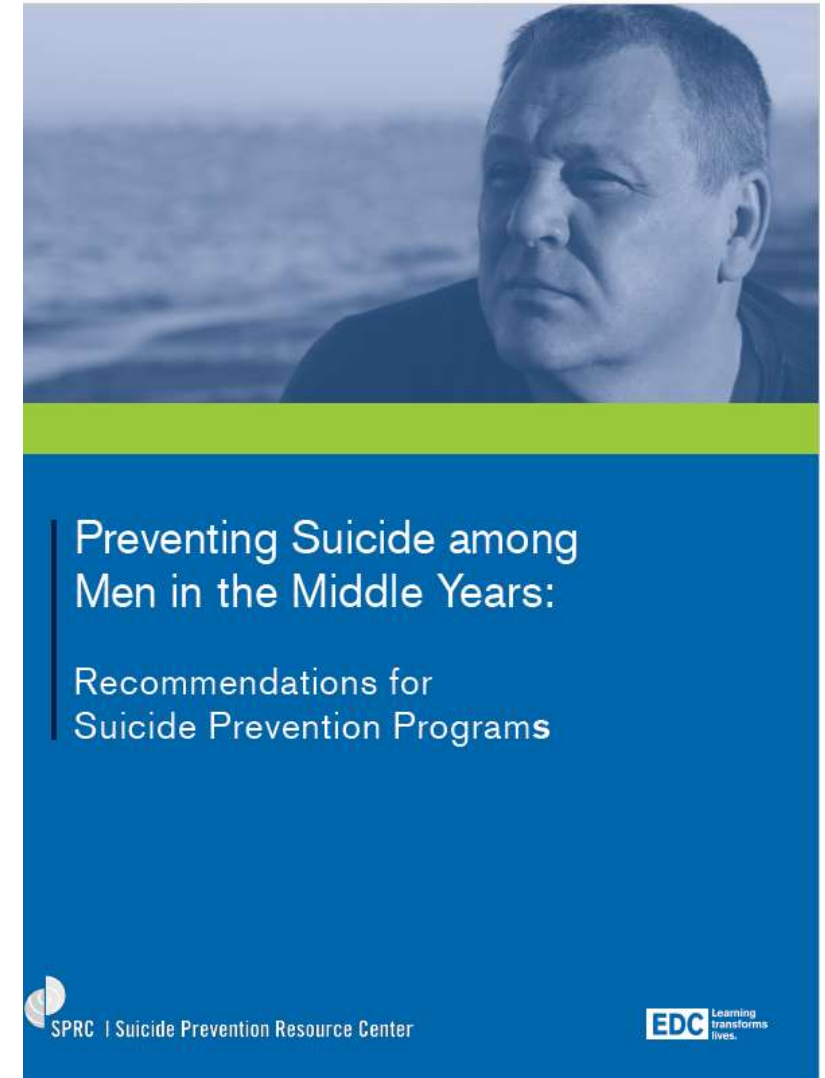
The Enhanced Evaluation and Actionable Knowledge project is part of an intra-agency agreement between CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this project was to engage three Garrett Lee Smith Memorial Act grantees* in a process to create products that apply evaluation findings to strengthen suicide prevention practice.

National Center for Injury Prevention and Control
Division of Violence Prevention



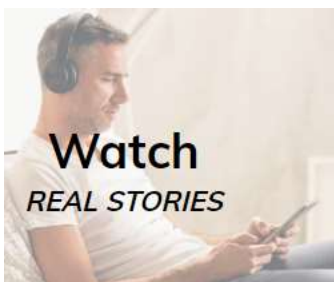
Resources:

- ❖ Full presentation on “Talk like a man”
- ❖ SPRC recommendations for MIMY
- ❖ Mind Your Wellness Survey Mental Health and Suicide Prevention Recommendations report
- ❖ SM4M website





Listen
TO CONVERSATIONS



Watch
REAL STORIES

**Explore.
Connect.
Recover.**



Read
MORE



**Care for
yourself so
you can care
for others.**

 **STRONG MINDS 4 MEN**

*A Men's Mental
Health Initiative*

There is strength in **ASKING** for help.



*A Men's Mental
Health Initiative*

STRONGMINDS4MEN.ORG ➔



AW
ADVANCING A HEALTHIER
WISCONSIN ENDOWMENT



The Connection
N.E.W. MENTAL HEALTH



PSA
guiding
men to
resource



 **Strong Minds 4 Men | Suicide Prevention Aw...**

Watch on  YouTube



Connection Care: The 'Just For Me' Series

Monthly,
3rd Thursdays,
7:30am-8:30am
AND
11:30am-12:30pm,
by Zoom

Grab a flyer or two on your way out!!!

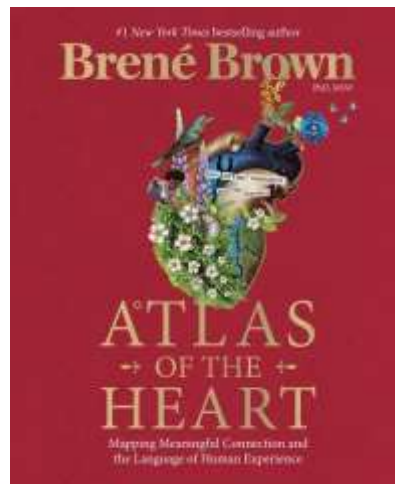
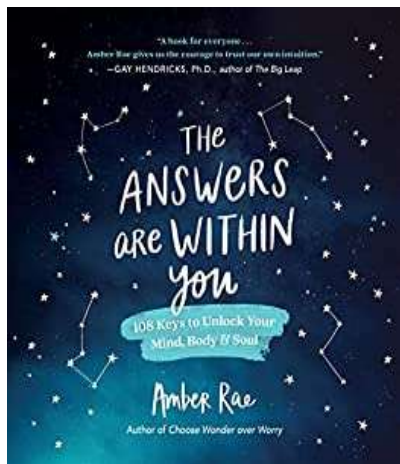
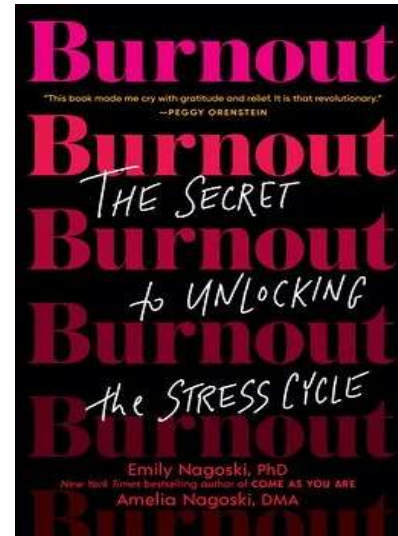
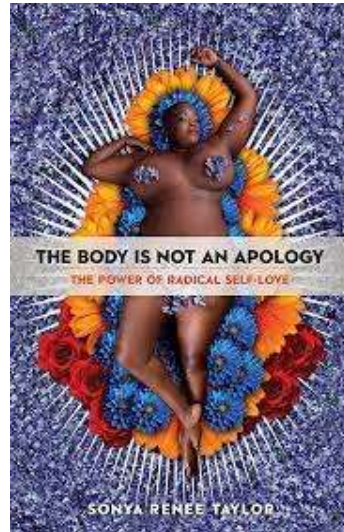
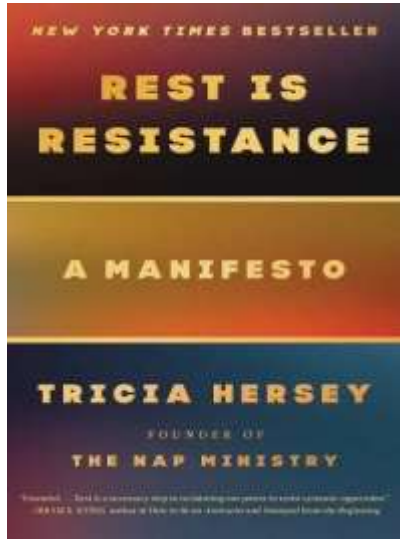
- ✓ January 19th – MeCPR, Self & Community Care
- ✓ February 16th – Rest & Radical Rest
- ✓ March 16th – Pandemic Recovery & Grief
- ✓ April 20th – Imagination & Curiosity
- ✓ May 18th – Science & Biology of Emotion
- ✓ June 15th – Personal Processing of Emotion



- ✓ July 20th – Discomfort
- ✓ August 17th – Both/And
- September 28th – Mistake Making
- October 26th – Healthy Boundaries
- November 16th – Supporting Others
- December 21st – Connection is Prevention



Every month, all Thursday participants will be entered into a raffle to win a book! Check these out...



It's Not Always Depression

Working the Change Triangle ▽ to Listen to the Body 🙌, Discover Core Emotions 💖, and Connect to Your Authentic Self ☀️

Hilary Jacobs Hendel, LCSW
Foreword by Diana Fosha, PhD



STRATEGIES FOR THE LONG HAUL

THE AGE OF OVERWHELM

Laura van Dernoot Lipsky
Guesting author of Trauma Knowledge

Slide deck & recording of
today's meeting will be
posted after the 9/20/23:
www.newmentalhealthconnection.org

YOU
are
AMAZING



Spotlight on:
What does The
Connection do as the
“backbone entity” for
our community?

Next Meeting:
Thursday, November 9, 2023
7:30 – 8:30 AM