



AGENDA



- Welcome!
- Spotlight: Friendship Place
- MYWS 2.0 Data
- Upcoming opportunities



The Connection's Agency Spotlight



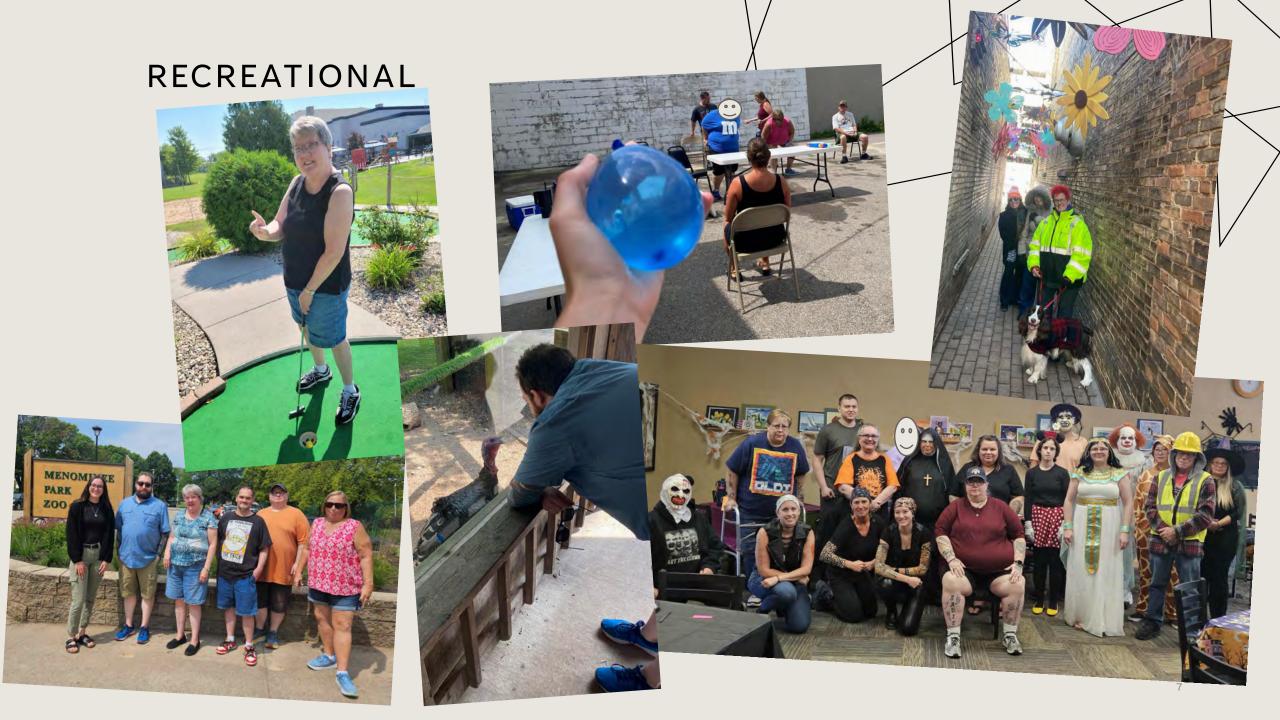
Quinn Prom
Program Coordinator
Friendship Place

FRIENDSHIP PLACE, INC.









2024 BY THE NUMBERS



- We had over 2,700 member visits in 2024
- Friendship Place was open 249 days in 2024, with more than 1,800 hours of direct services
- Our members participated in 274 scheduled activities
- We reached more than 300 people through speaking about mental health in the community
- Members participated in 17 different volunteer activities, giving over 23 hours of their time back to their community

THANK YOU

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Program Coordinator I

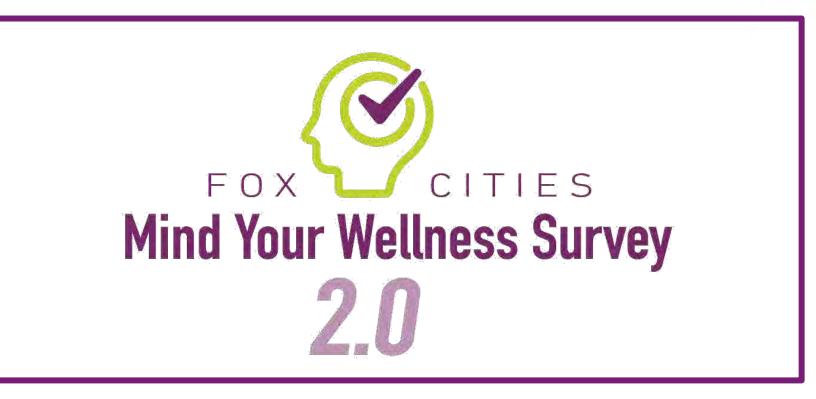
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July 2024-August 2025 655 Respondents









What is the Fox Cities Mind Your Wellness Survey 2.0?



Deep dive into the mental health of adults living in the Tri-County

- Surveillance tool looking at:
 - General health
 - Mental health and treatment
 - Suicide behaviors
 - Demographics
- Available in English, Spanish and Hmong
- 100% anonymous and IRB approved
- Created and housed by the Medical College of Wisconsin











New for MYWS 2.0



LOCAL DATA = LOCAL CHANG

Culturally specific questions looking at the same constructs

- 36-44 questions
 - white/straight population
 - BIPOC
 - LGBTQIA+



Electronic only

2.0 ran from July 2024-August 2025 (v. 1.0 ran May 2021-May 2022)

Distribution methods:

- Websites, social media, media coverage (radio)
- Posters, coffee sleeves, coasters and wallet cards with QR codes
- Tabling at community events and spaces with iPads and gift cards











Context for Data



- Community members experiencing SURVEY FATIGUE
 - Multiple surveys running at the same time...how do we do better as a community to have a unified effort
- Community members experiencing fear and uncertainty as societal landscape shifts
 - Reluctant to participate in any type of information sharing









Data expressed in Odds Ratios



A note from our academic partner from the Medical College of Wisconsin, Dr. Sara Kohlbeck:

- An odds ratio is a way to compare the likelihood of something happening in one group versus another.
- It's often used in health research to see if an exposure (like smoking) is linked to an outcome (like lung cancer).
- In our survey, we used odds ratios to determine if certain groups (for example, BIPOC survey respondents) have higher odds (or are more likely) to have certain outcomes (like symptoms anxiety or depression) than other groups.
- Odds are kind of like chances if two people out of ten get sick, the odds are 2 to 8 (or 1 to 4).

For our survey, we calculated odds ratios using STATA statistical software. We report odds ratios only if they are statistically significant – significance is achieved with a p-value < 0.05.









Data expressed in Odds Ratios



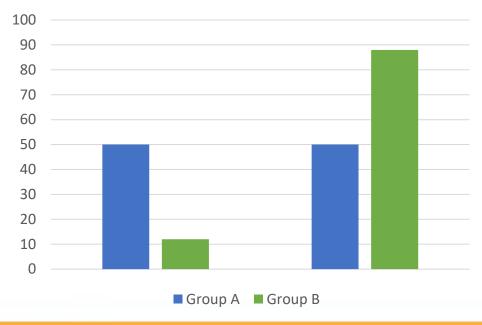
The proportions (shown on the graphs) and the odds ratios are different:

- Proportions measure "how many out of the total?"
- Odds ratios measure "how much more likely compared to another group?"

Proportions and odds ratios are two different ways to look at the same data.

Odds ratio example: Group B individuals are more than 5 times more likely to experience symptoms of influenza than Group B individuals.

Symptoms of Influenza











Demographic Overview by Percent



		MYWS 1.0 2021-2022	Tri-C	ounty 2.0	MYWS 2.0 2024-2025
Gender	Female identifying	67.7%	49.9%	49%	73.4%
	Male identifying	27.2%	51.1%	50%	19.9%
	Non binary	2.1%			2.0%
Sexual Orientation	LGBTQ+	33%	5%	5%	27%
	Straight	61.1%	95%	95%	73%
Race	Black	4.3%	2.5%	2%	3%
	Native American	1.5%	1.4%	1%	1%
	AAPI	1.9%	3.7%	3%	3%
	Multi-racial	3.1%		2.1%	2.7%
	White	87%	92.4%	92.5%	88%
Ethnicity	Hispanic	5.8%	4.6%	4%	3%









Additional Demographic and New Data



- Less than 1% respondents members of deaf community
- 18% of respondents identified having a disability
- 4% of respondents identified as first generation immigrants
- 1.3% identified as refugee
- 35% have experienced a suicide loss
 - 10% less than a year ago
 - 35% 1-5 years ago
 - 55% more than 5years ago

"Do you identify as a person with a disability, whether or not that disability is diagnosed?"

Demographics

- Veteran Status
- Income level
- Employment Status
- County of Residence
- Age of Respondents













Lifestyle Factors









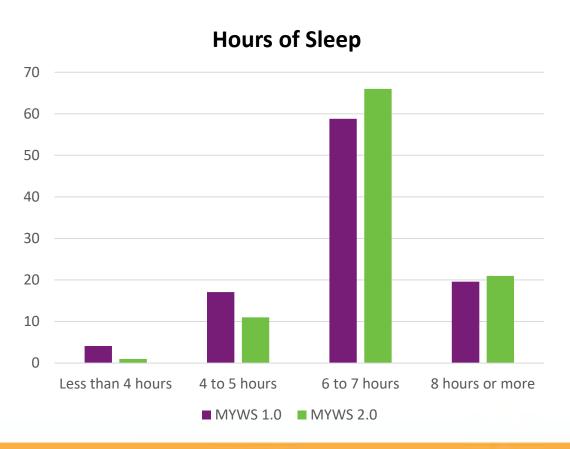


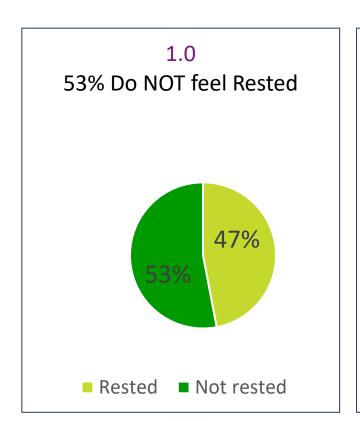
Lifestyle Factors

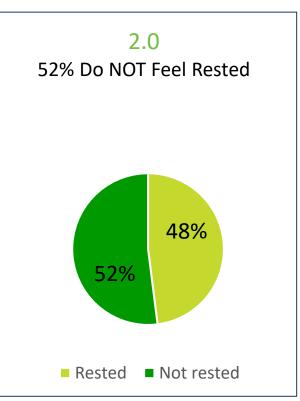


Overall people are getting more sleep but still not feeling rested

Not feeling rested/inadequate sleep is correlated with poor physical and mental health outcomes and lower productivity











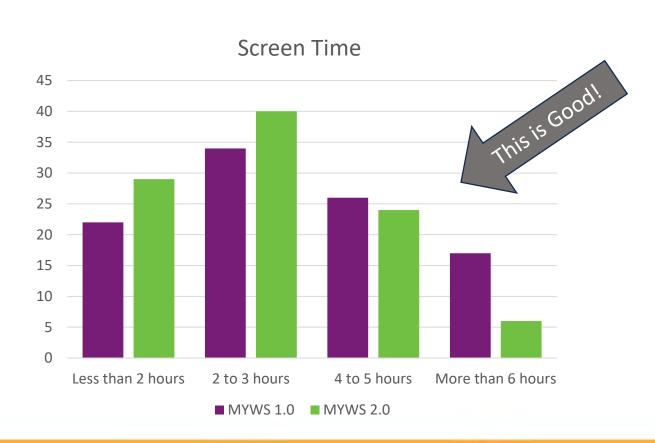




Screen Time



Recommendations Report Goal: Less than 4hours of screen time per day outside of school and work



Majority of folks are reporting 3 hours or less of screen time/day.

Those age 18-24 are reporting more than 4+ hours of screen time.

Those age 18-24 have significantly higher symptoms of anxiety and depression than other age groups except those 25-34







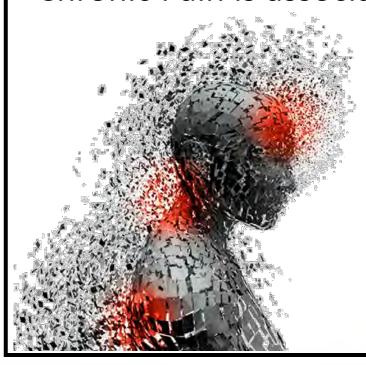


Chronic Pain



1 in 3 respondents report living with Chronic Pain.

Chronic Pain is associated with:



- Isolation
- Disproportionately effects LGBTQ+ community members
- Depression
- Risk for suicide





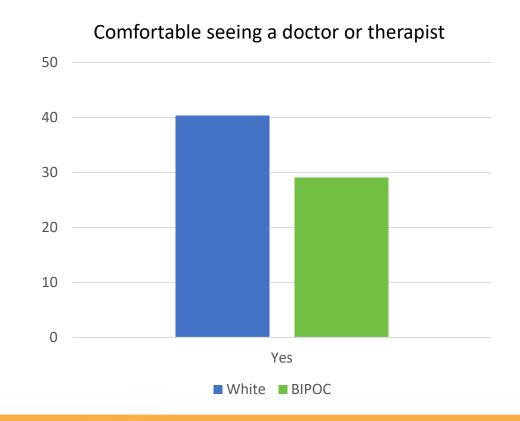


Help Seeking Behavior



40% of community members or fewer are comfortable seeking help from a doctor or therapist for mental health/stress.

- Supports the need for alternative sources to seek help like peer support and community health workers and continued effort to diversify the mental health workforce.
- 59% of BIPOC respondents would definitely feel more comfortable if they felt like the doctor/therapist respected their culture or beliefs



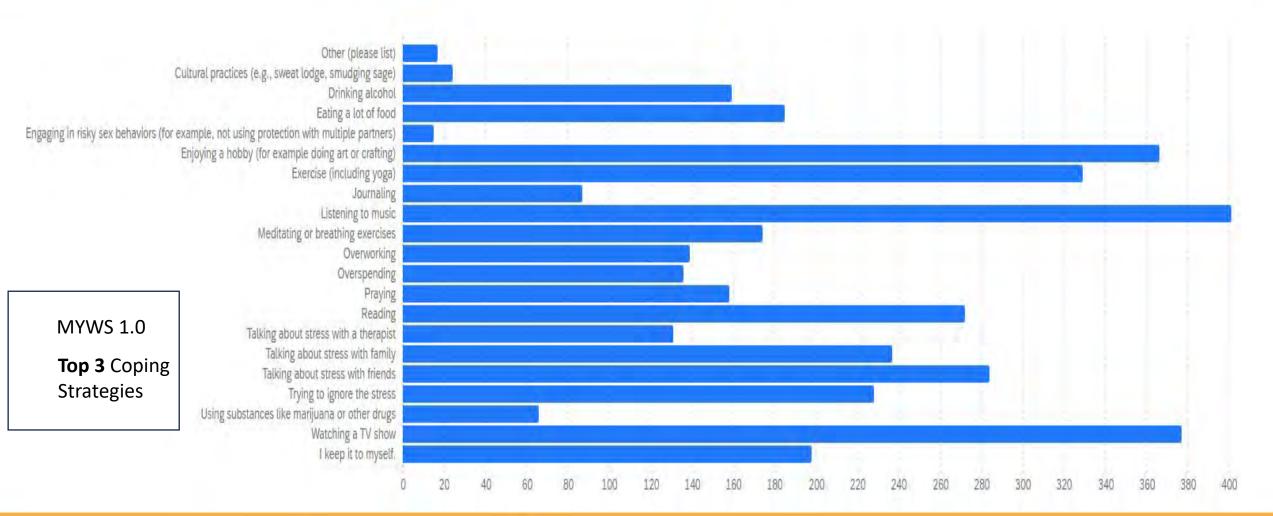






MYWS 2.0 Coping Strategies









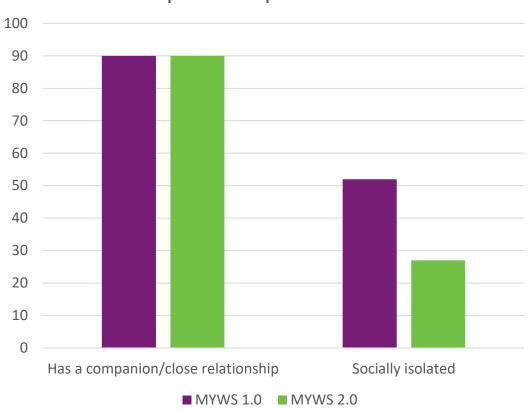




Companionship and Isolation







NOTE:

- Question changed from 1.0 to 2.0
 - 1.0 we used always, sometimes, seldom, and never.
 - 2.0 we used yes/no
- The switch was a suggestion from the community.









Isolation



When compared with those who are not socially isolated, **people who are isolated** are:

- Significantly more likely to earn less income (less than \$50,000 per year)
- 4 times more likely to report symptoms of anxiety
- 4.5 times more likely to report symptoms of depression
- Almost twice as likely to report experiencing chronic pain
- About 60% less likely to feel rested when waking up











Depression and Anxiety









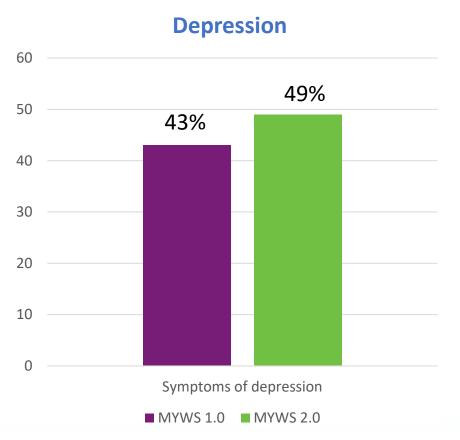
Project ZERO EVERY ONE MATTERS

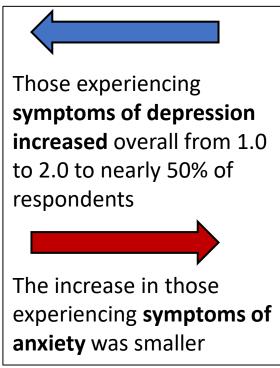


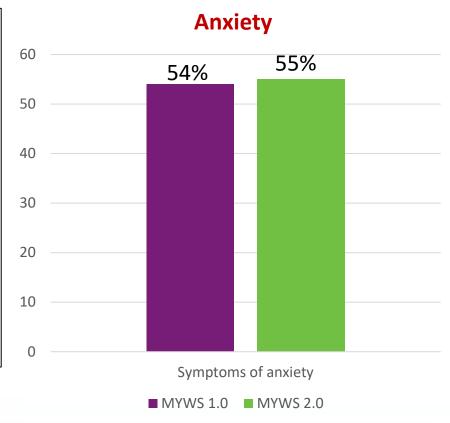
Mental health challenges



More respondents are experiencing symptoms of **ANXIETY** than symptoms of **DEPRESSION**.











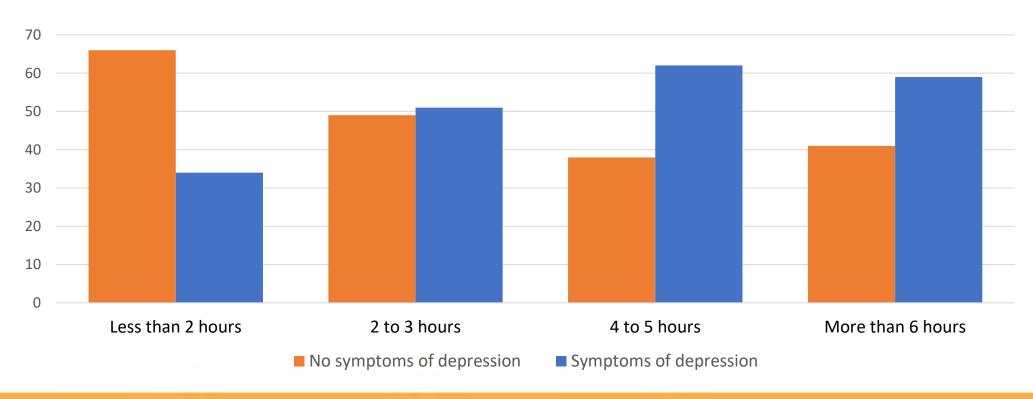




Depression and Screen time



People who have **4 to 5 hours of screen time** are 60% more likely to experience **symptoms of depression** than people who have 2 to 3 hours of screen time







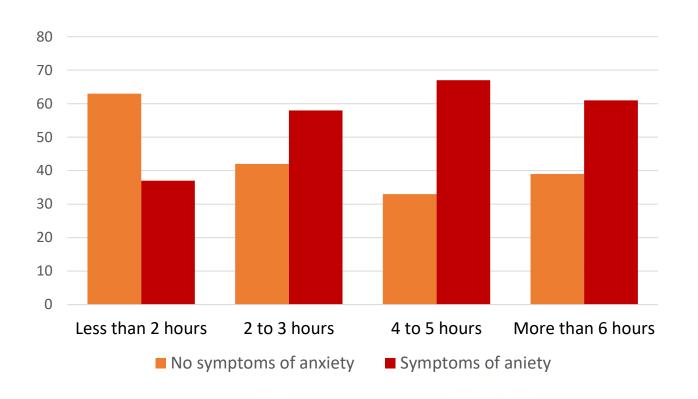




Anxiety and Screen time



People with **less than 2 hours of screen time** every day are 60% less likely to experience **anxiety** than people who have 2 to 3 hours of screen time daily.



Overall, the impact of screen time on mental health is clear.

NOTE:

More than <u>2 hours of screen time</u> significantly increases <u>symptoms of anxiety</u>

More than <u>4 hours of screen time</u> significantly increases <u>symptoms of depression</u>









Onus of change is on the System not the Individual



Suicide is a public health issue – needs public health solutions

Cause and Prevention of Suicide is nuanced and complex- which is why we haven't solved it yet.

Suicide Related Data









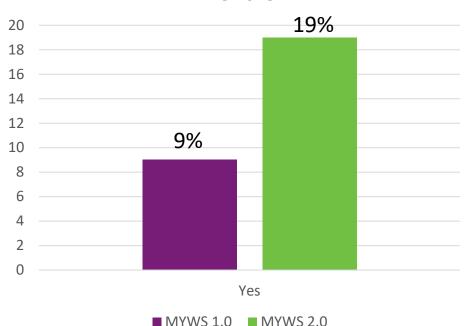


Suicidal thoughts and plans



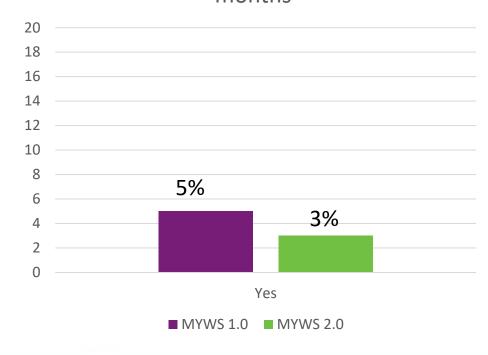
Thoughts of suicide more than doubled

Thoughts of suicide in past 12 months



Fewer people make a plan for suicide

Made a plan for suicide in past 12 months





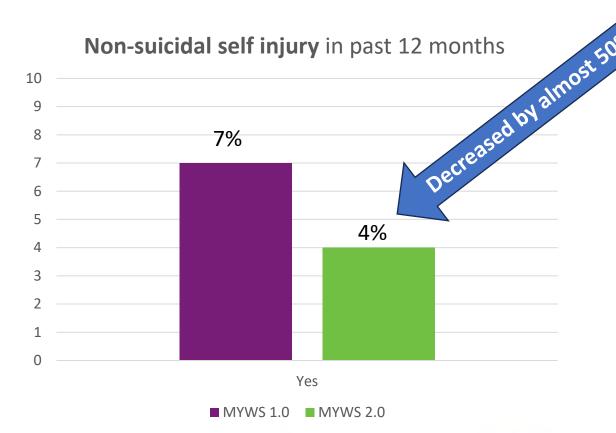






Self Injury and suicide attempt





















Disparity Data





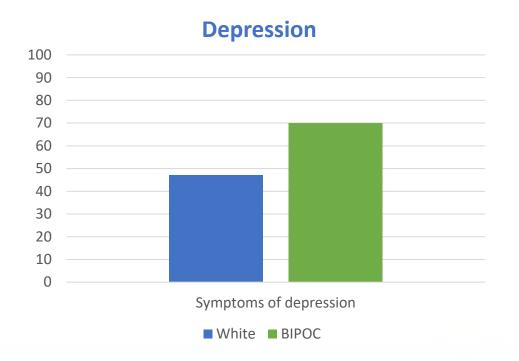




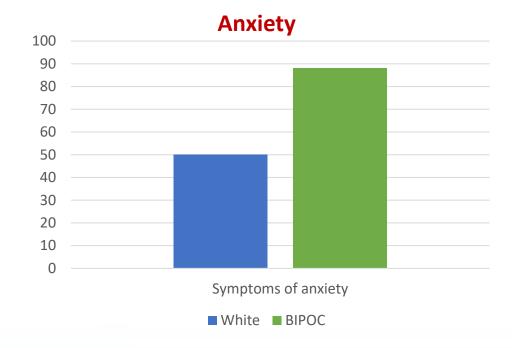
Depression, Anxiety and Race



BIPOC individuals are more than twice as likely to experience symptoms of depression than White individuals



BIPOC individuals are more than 5 times more likely to experience symptoms of anxiety than White individuals







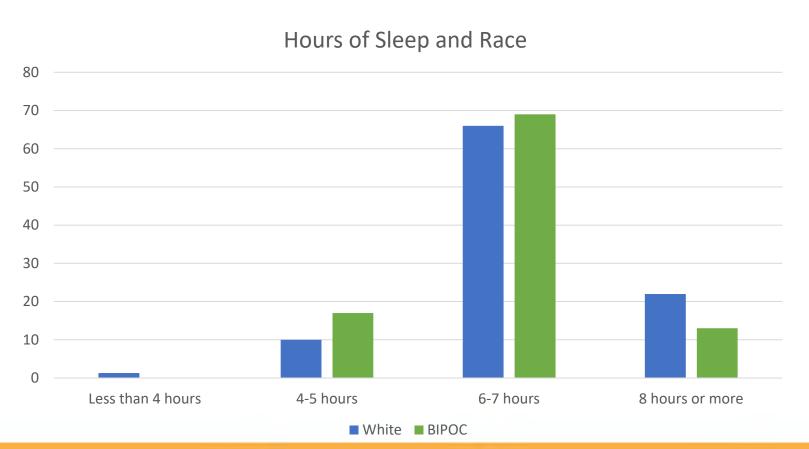




Sleep and Race



BIPOC individuals are more than twice as likely to get inadequate sleep as White individuals.



MYWS 2.0 data was too small of a sample for RACE for self-harm or suicide attempt to Compare 1.0 and 2.0







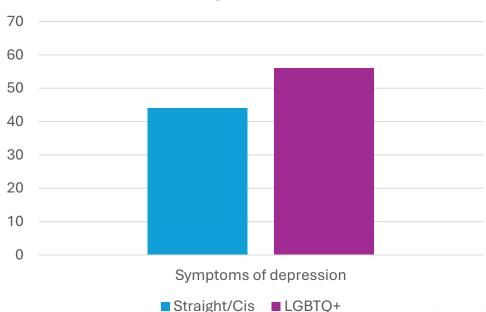


Depression, Anxiety and LGBTQ+



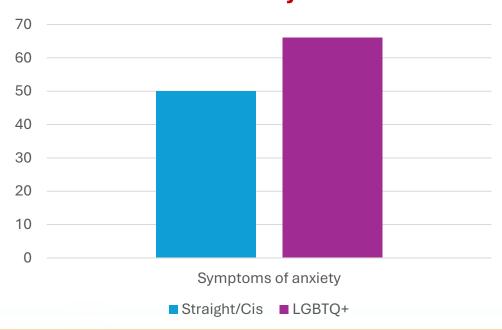
LGBTQ+ individuals have **1.48 higher odd of experience symptoms of depression** than straight/cis individuals

Depression



LGBTQ+ individuals have **1.93 higher odds** of experiencing **symptoms of anxiety** than straight/cis individuals

Anxiety









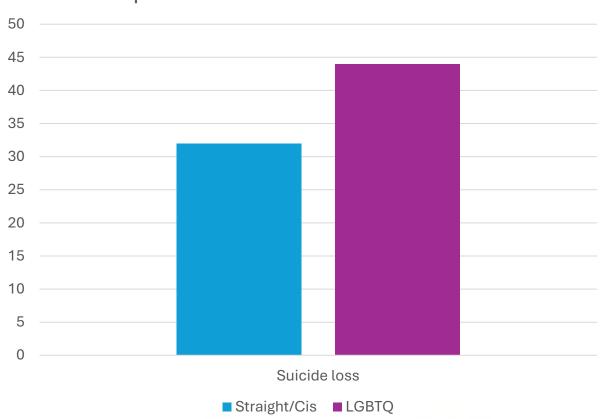
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Suicide Loss and LGBTQ+



Experienced at least one suicide loss



LGBTQ+ folks are **almost 90% more likely** to have experienced a suicide loss than non-LGBTQ+ folks





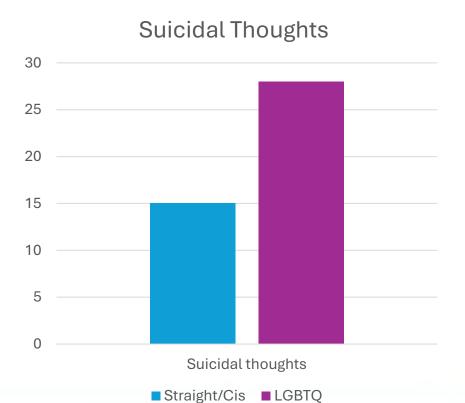




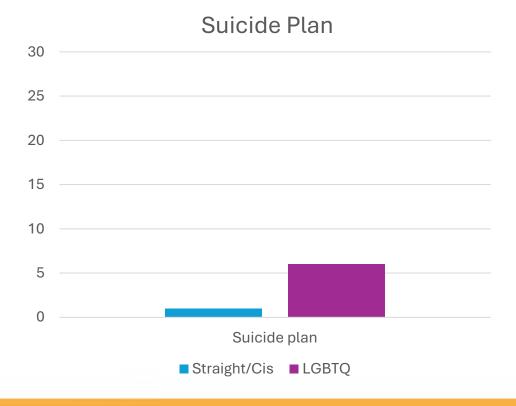
LGBTQ+ and Suicide



LGBTQ+ folks are twice as likely to report thoughts of suicide in the past 12 months as non-LGBTQ+ folks



LGBTQ+ are more than four times as likely to report having a plan for suicide in the past 12 months than non-LGBTQ+ folks









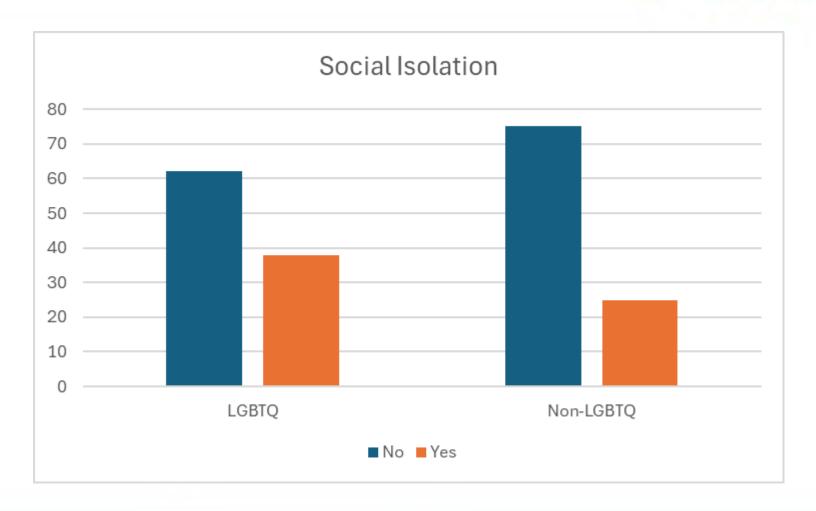
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Social isolation and LGBTQ+



LGBTQ+ community members are 72% more likely than Straight/cis community members to report social isolation















Overview of Income and Health











Income and Health Disparity



When compared with middle income earners, **people in the low-income category** (annual household income of \$52,200 or less) are:

- o 56% more likely to report symptoms of anxiety
- o 60% more likely to report symptoms of depression
- o Twice as likely to report experiencing chronic pain
- o 45% less likely to feel rested when waking up
- 45% less likely to get sufficient sleep (6 hours or more)
- o 61% more likely to be in treatment for a mental health issue















Email with questions you have about the data!

• Like the first MYWS data set, we can break the data down in a number of ways.

❖ Data Report is in the works!

- MYWS 1.0 and 2.0 data as well as updates on implementation of recommendations and progress made
- Report will be published in early 2026







A coalition focused on equitable access and continuous improvements in integrated mental health care

Mid-term Priorities:

- Medicaid Rate Study for Mental Health and Substance Use Treatment-utilizing work done in MN
 - Wednesday 11/19 from 3-4 pm
- Growing the mental health workforce by expanding understanding of peer specialists and peer support services to encourage investment
 - Wednesday 11/19 from 3-4pm
- Integrated Data System
 - Tuesday 12/9 from 3-4 pm
- Chapter 51 Emergency Detention Improvement
 - Wednesday 11/19 from 12-1 pm

https://www.mhapwi.org/

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Allyship: Building Meaningful Relationships Tues., Dec. 16, Four-Hour Ethics & Boundaries: Practicing Self-Care in An Era of Moral Distress Workshop Fri., Jan.16, 2026 Two Part Series Tues., Feb. 10, & Direct Practice & Advocacy for Transgender Individuals Tues., March 10, 2026 **Two-Part Series** Addressing Family & Support Systems of Transgender Individuals for Tues., April 14, & **Helping Professionals** Tues., May 12,

2025

Two-Part Series
Tues., Nov. 18, &

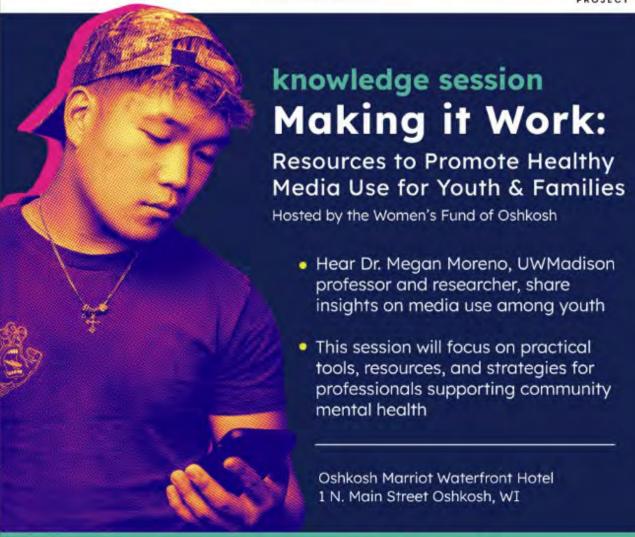












Education Opportunity

The Smart Social Project

Community Professionals

A light lunch will be provided.

CE credits are available

RSVP using the link below before **January 20th**:

https://women.oshkoshareacf.org/pr ofessionalsession

Opportunity to Support

Food. Support. Joy.

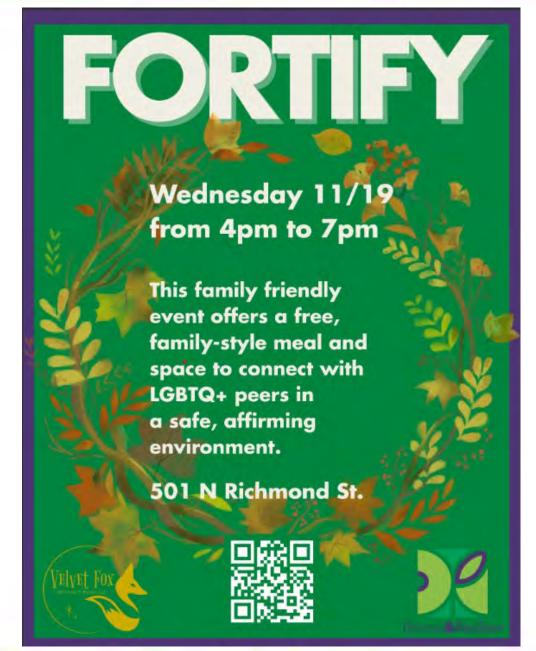
Potluck/Dish donation form:

<u>FORTIFY 2025 Optional Potluck/Drop Off/Donation Form – Fill out form</u>

Financial support for the cost of the venue:

DIVERSE AND RESILIENT INC - Support Diverse & Resilient

Folks should select "Appleton office" from the optional dropdown menu



Slide deck & recording of today's meeting can be found at:

www.newmentalhealthconnection.org





Next Meeting:

January 8, 2026

in person at Catalpa 7:30-8:30 or Zoom 11:30-12:30PM