

MENTAL HEALTH & SUICIDE PREVENTION RECOMMENDATIONS



LET'S CREATE *communities* WHERE
ALL INDIVIDUAL *needs* ARE MET AND PEOPLE *flourish*

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FRONT COVER MURAL ARTIST

"I aim to create work that adds brightness and love to our community. Changing the landscape is an important building block in community conversation and new ideas. I feel an intrinsic responsibility to use my platform to uplift marginalized populations and show their beauty to everyone."

~ Neo Medina, Local Artist

FORWARD

We are proud to share with you this document – a comprehensive set of recommendations to improve the mental health of adults in our region based on rich, LOCAL data. The impetus for this report, and the work that led up to it, was born out of an alarming mental health trend in our community. One that would only be exacerbated by the pandemic.

From 2010-2018, the suicide rate in the Fox Valley (Calumet, Outagamie and Winnebago counties) increased by 66 percent. And among those at greatest risk are middle-aged men, individuals in certain professions (like farming, construction and law enforcement, for example), veterans, and lesbian, gay, bisexual, transgender, queer (LGBTQ+) community members.

In response to this community crisis, Project Zero, a suicide prevention initiative funded by the Advancing a Healthier Wisconsin Endowment and the Community Foundation of the Fox Valley Region led by the Northeast Wisconsin Mental Health Connection, launched in January 2020. With the goal of developing data-informed strategies, the Project Zero team soon realized there was a dearth of data on the mental health of adults in our region.

To address this gap, the team developed the *Fox Cities Mind Your Wellness Survey (MYWS)*, which was designed to collect population-level surveillance data on a number of mental health and suicide-related indicators. As the pandemic took hold, the urgency of declining adult mental health – and the need for relevant data – became even more pronounced.

The survey, which was administered during the pandemic, examined lifestyle factors, mental health concerns, suicidal behavior, and demographic information. The survey and the associated analysis were approved by the Institutional Review Board (IRB) at the Medical College of Wisconsin (MCW). More than 1,200 community members participated in the survey. This monitoring and approval by the IRB at MCW is important because it promotes and ensures the safety and well-

being of survey participants and ensures that only ethical and valid research activities take place. The IRB also ensures that information about individual research participants remains private and confidential.

With this data, we can now make strategic, informed decisions as a community to improve adult mental health. The process that took us from the data collection to this comprehensive set of recommendations truly embodies the spirit of The Connection.

The Connection thrives as a coalition because our member agencies, and their staffs, contribute so much more than dues – we are changemakers, working together to solve local problems and build capacity to improve the mental health of our community. We chose to include in this report not just the recommendations we landed upon, but also the information about “the how” of what we did – the tools that guided the work, the committee of member agency representatives who put in the time and passion (meeting many times from November 2022 – April 2023), the additional data sources that supported our findings from the MYWS, and the partners who pushed and guided us into examining our own mental models of identity expression, racial and cultural bias.

We hope the community of nonprofits, health and mental health systems of care, other local coalitions, those interested in population health, issues of health equity and suicide prevention, will use our local data and the recommendations herein, to support and inform new projects and programs, grant and other funding requests, and strategic plans and priorities for tri-county agencies, municipalities, nonprofits, health improvement plans, funders and coalitions looking to impact adult mental health and suicide-related behaviors.

**"With this data,
we can now make
strategic, informed
decisions as a
community to improve
adult mental health."**



Beth Clay
Executive Director
NEW Mental Health Connection



Sara Kohlbeck, PhD, MPH
Assistant Professor | Department of Psychiatry & Behavioral Medicine
Director, Division of Suicide Prevention | Comprehensive Injury Center
Medical College of Wisconsin

Fox Cities Mind Your Wellness Survey: Recommendations to Improve Adult Mental Health & Prevent Suicide

Problem Statement:

Survey results identified several factors contributing to an increase in symptoms associated with mental health challenges (depression, anxiety & thoughts of suicide) as well as disparities for BIPOC and LGBTQ+ community members.

The first ever adult mental health surveillance tool, *Fox Cities Mind Your Wellness Survey*, was launched in May 2021 across the Tri-County (Calumet, Outagamie, and Winnebago Counties) area. The results of this survey were informative and prompted immediate community action to critically analyze how conditions influencing adult mental health and rates of suicide could be impacted. Multiple factors that contribute to worsening mental health and increase the likelihood of experiencing symptoms associated with anxiety, depression and thoughts of suicide have been identified. These factors include an annual household income of less than \$50,000, feeling isolated, spending several hours of non-work time per day on screens, and inadequate rest. Recommendations have been created by cross-sector agencies to target these leverage points and are organized into three overarching themes:

✓ BASIC NEEDS

✓ ACCESS TO CARE

✓ SOCIAL CONNECTION

While the project was mindful of having response rates comparable to the racial composition of the region, the language, question phrasing, and assumptions within the surveillance tool centered the heteronormative white experience, failing to inclusively capture the Black, Indigenous, People of Color (BIPOC) and LGBTQ+ experience.

We humbly acknowledge where we went wrong and share our gratitude for the guidance we received from the knowledgeable staff of the Multicultural Coalition member organizations and Diverse & Resilient.

Early in the data collection process, we recognized that we were not reaching the LGBTQ+ community. Knowing that LGBTQ+ individuals have a higher rate of suicide nationally and higher risk of untreated mental health conditions, we turned to the experts at Diverse & Resilient for help. We learned we made the mistake of not centering the LGBTQ+ experience in the survey tool design. In the survey questions, we neglected to use the language that LGBTQ+ people use to describe their identity and experiences. The limited and prescriptive options exclude LGBTQ+ people from the opportunity to engage with the survey from the very beginning.

The project is grateful to Diverse & Resilient for their willingness to support our efforts to correct our errors, and then assist in distributing the survey through safe organizations, and broadening our possible responses to survey questions with their guidance. By catching these issues early in the survey's data collection window, we have confidence in the data we captured for the LGBTQ+ responses, and the dangerous mental health disparity that exists for this community. With the help of Diverse & Resilient, we were able to capture a large response rate for LGBTQ+ community members. One third of respondents (33%) who took the survey identified as LGBTQ+.

We are also grateful to the Multicultural Coalition, Casa Hispana, NEW Hmong Professionals and People of Progression for their honest assessment of this survey, for their efforts to help us understand what we got



wrong, and their willingness to support our efforts to try this again, with their guidance. Unfortunately, this mirrors so many systemic efforts to gather surveillance level data, where intentional focus on the BIPOC experience is not taken into sufficient consideration when developing survey questions, unpacking power dynamics within healthcare disparities and even deciding upon methods of survey distribution. Additionally, there is great variance among the individual ethnic and cultural groups identifying as BIPOC, which was also not captured in the survey design.

One example of how these flaws impacted our data collection was in the method of distribution. The project asked nonprofit organizations to share the survey with their clients as a way to reach BIPOC community members. We learned that BIPOC community members may have believed the survey was a requirement to receive the services they were seeking, thereby skewing results with 'coerced' responses. Another example of what corrupted the data was how some of the questions were asked, like the section on access to care. The survey questions did not take into account the historic mistreatment by the healthcare system as a factor.

Taking all of these factors into consideration, the Multicultural Coalition member organizations and Diverse & Resilient have looked at the MYWS results and critically analyzed the information, looking for baseline data statements or recommendations that could still be drawn, despite the design flaws.

Adult mental health and suicide prevention are complex issues that require interventions on multiple levels in order to create system-level impact, without the full burden for change being placed on the individual. The MYWS recommendations are color coded. Each color aligns with a category within the "socioecological model", which is a public health approach to problem solving. This framework illustrates how to create the greatest impact in improving adult mental health and prevention of suicide by implementing upstream changes. The overlapping circles of the socioecological model show how various factors at different levels influence one another. To address complex issues like mental health and suicide prevention, action across multiple levels is necessary for sustained change over time.

SOCIOECOLOGICAL MODEL

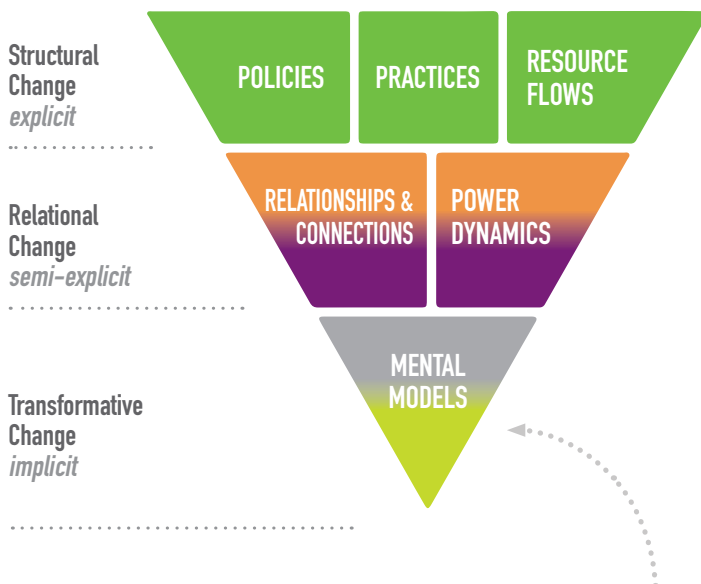
“It is unreasonable to expect that people will change their behavior easily when so many forces in the **SOCIAL, CULTURAL, AND PHYSICAL ENVIRONMENT** conspire against such change.”

~ as stated in a 2000 Institute of Medicine report on health promotion



The most complicated, impactful and difficult change takes place at the level of policy and systems. This is why it is critical to have leaders engaged in this work and to understand the six conditions of systems change.

CONDITIONS OF SYSTEMS CHANGE



Tier 1: The most tangible conditions necessary in order for an entire system to change

- **Policies** - formal and informal rules of the system
- **Practices** - activities targeted to making progress
- **Resource Flow** - how people, money and knowledge are allocated and distributed

Tier 2: Less tangible conditions that are more challenging to change

- **Relationships & Connections** - quality of communication occurring between actors
- **Power Dynamics** - which actors hold decision making power, authority and influence

Tier 3: Transformative change is achieved when **Mental Models**, deeply held beliefs, shift.

The roots of health and mental health inequity for BIPOC and LGBTQ+ community members lie in the **mental models** of stigmatization, discrimination and bias against these cultural and racial groups. Through analyzing the MYWS data with these communities, this is the most important understanding we gained. Our hope lies in changing hearts and minds.

When policies and recommendations are centered and created for those furthest marginalized, it will improve outcomes for everyone!

OVERARCHING THEMES

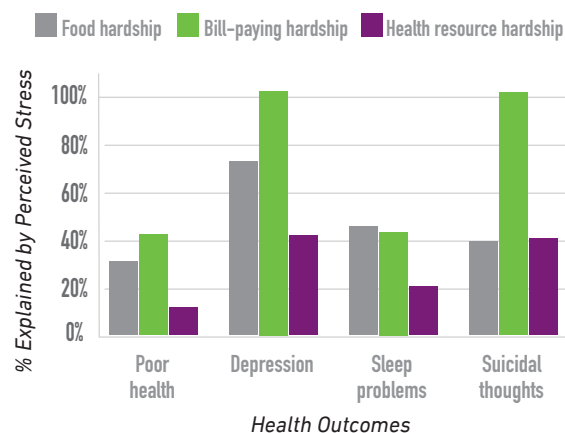
The following themes emerged through analysis of over 25 data points from the MYWS. Four factors repeatedly rose to the top as having significant and compounding impact on adult mental health and suicide risk. Each of these factors — income, isolation, rest, and screen time — also have multiple leverage points. The MYWS data revealed the interconnected nature of these factors such that implementing any one of the system-level recommendations will improve more than one condition, impacting mental health and suicide risk. The recommendations outlined in this document **place the obligation of change on the system**, not the individual. Let's create communities where all individual needs are met and people flourish!

BASIC NEEDS Studies demonstrate that distress caused by financial strain is associated with an inability to meet basic needs. Limited income has a significant impact on other social conditions including access to quality housing, food, transportation, education and health care². The disproportionate burden placed on the individual due to financial strain is correlated with increased self-harm, suicide attempts, depression and anxiety according to the MYWS data. The negative impact is compounded for individuals who have both a mental health and substance use disorder. In addition, lack of adequate sleep and not feeling rested upon waking negatively impact one's ability to meet basic needs and mental health, as well as increases risk of suicide according to the MYWS data. Achieving restful sleep as a leverage point has widespread positive impact on income, productivity, social connection, and well-being.

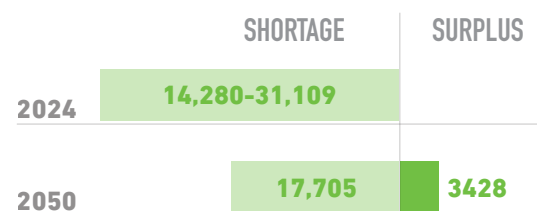
ACCESS TO CARE More than 150 million people in the U.S. live in federally designated mental health professional shortage areas, including Outagamie, Calumet and Winnebago Counties. Within a few years, the country will be short between 14,280 and 31,109 psychiatrists and psychologists according to experts³. As the need for mental health services continues to increase, and availability of timely services decreases, community members are turning to family and friends for support with mental health issues. Providing educational opportunities to loved ones and building a peer support network can reduce the burden on the mental health emergency system. Research supports the use of Certified Peer Specialists to improve access to care, quality of life, and achieve better treatment outcomes⁴.

SOCIAL CONNECTION Research from Stanford University indicates social connection is a stronger predictor of mental and physical health than obesity, smoking and high blood pressure⁵. The MYWS data shows that those who feel isolated experience higher incidence of anxiety, depression, and thoughts of suicide. One in four people do not have a single person they call a close friend. Providing more opportunities for community members to forge supportive relationships, can help protect against loneliness and improve overall well-being.

Percentage of Total Effect of Material Hardships on Health Outcomes due to Perceived Stress¹



Projected Workforce of Psychiatrists in the U.S. dependent on the psychiatrist-to-population ratio used



LACK OF SOCIAL CONNECTION IS A GREATER DETRIMENT TO HEALTH THAN OBESITY, SMOKING AND HIGH BLOOD PRESSURE.

To view the complete MYWS data, visit newmentalhealthconnection.org.

Disparity Recommendations

BIPOC | LGBTQ+

Action taken on any of the system-level community, organizational and policy recommendations made in this document will also improve the mental health of our BIPOC and LGBTQ+ community members. However, we need to understand and address the unique needs and disparities that are true for members of the BIPOC and LGBTQ+ communities. Some of these unique experiences include lack of accountability for racial and culturally motivated acts of violence, exclusion through language that negates identities and experiences, and anti-trans and anti-LGBTQ+ legislative actions, all of which are dehumanizing.

The recommendations and **baseline data statements** (baseline facts for what is currently true) for the BIPOC and LGBTQ+ disparities that follow are based on the MYWS data and many conversations had with our local racial and culturally-based grassroots organizations about the data. The content for the BIPOC and LGBTQ+ disparity sections of this document are organized to highlight shared needs, barriers, statements and recommendations that will have the greatest impact on the most community members, along with community specific nuanced needs.

Historically, when information is presented in this way, the issues of systemic racism that need to be addressed and their hard solutions are sidelined in favor of addressing easier problems. We encourage you to be mindful of this as you see areas to take action, not shy away from the hard work to be done. Due to the flaws in the MYWS design and distribution, there is limited valid data for our BIPOC community members. To address this issue of systemic racism, intentional focus will be placed on the BIPOC experience in developing future survey questions.

One very simple way to positively impact mental health for BIPOC and LGBTQ+ community members is through awareness of the words we use. Language matters.

The use of the terms “minority or marginalized” sets up BIPOC communities in terms of their quantity instead of their quality and removes their personhood. The word “minority” emphasizes the power differential between “majority” and “minority” groups and “minority” often infers inferiority. The terms “minority” and “majority” also create and perpetuate negative images and stereotypes of individuals that identify as BIPOC. We need to use “person first” language which prioritizes the identity of the individual as a human being with unique experiences and identities. By including “BI” Black and Indigenous in addition to “POC” people of color, we are honoring the unique experiences of Black and Indigenous individuals and their communities, as well as the spectrum of existence and experience by POC.

<https://www.mhanational.org/bipoc>

Another way that language matters is through the use of a person's affirmed name or pronouns. Pronouns are words used to refer to a person instead of their name (i.e. *she/her, he/him, they/them*). Using someone's correct pronouns not only communicates basic respect and affirms their identity, but is also a suicide prevention practice researched and supported by the American Foundation for Suicide Prevention and The Trevor Project. Referring to someone by the wrong pronouns can be hurtful and when done on purpose, can be offensive or harassing and imply that certain people do not or should not exist. Small changes in language can make a big difference in people's lives!

<https://afsp.org/story/joint-statement-by-american-foundation-for-suicide-prevention-and-trevor-project>



IN THEIR VOICE

BASIC NEEDS THEME 1

Rising costs and low wages have left many individuals and families unable to regularly meet basic needs. Among MYWS survey respondents, individuals with annual household income less than \$50,000 per year have a greater likelihood of experiencing symptoms of depression and anxiety, chronic pain, engaging in non-suicidal self-injury (ex. cutting, burning oneself), and increased isolation.

ORGANIZATIONAL RECOMMENDATIONS

Every \$1 invested in workplace mental health showed a \$4 return on investment through productivity and improved health⁶.



✓ **Employers invest in employee wellness including family support**

Benefits to Employers: When employees feel their mental health is supported by their employer, they are less likely to experience mental health symptoms, underperform, and miss work, according to Harvard Business Review⁷.

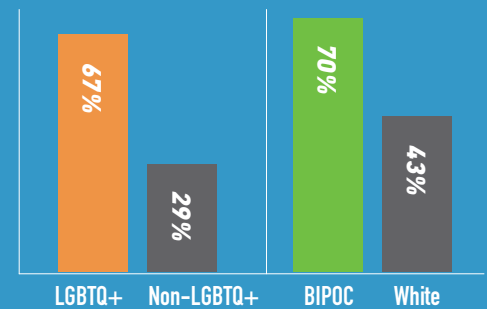
- Absenteeism costs \$3,600/year for each hourly worker plus \$2,650/year for every salaried worker according to 'Absenteeism: The Bottom-Line Killer', by Circadian.
- Presenteeism (on-the-job productivity loss that's illness related) costs employers \$150 billion/year according to Harvard Business Review.



- Creative benefits packages, greater job control, task restructuring, and a manageable workload have been shown to have significant positive impacts on employee mental health⁷.

Job insecurity and lower annual household income disproportionately impacts the BIPOC and LGBTQ+ communities. Lower paying jobs impact the likelihood of: living in poverty, working more than one job, little/no opportunity for job training or advancement.

Annual Household Income Under \$50,000 for MYWS Respondents



✓ **In order to optimize the success of diverse employees within their organizations, employers should seek professional consultation**

✓ **Employers must:**

- 1) Evaluate organizational culture and ensure a solid foundation of equity embedded in organizational policies**
- 2) Provide ongoing cultural competency training for all employees**

- Being prepared for this diverse workforce will improve ability to attract and retain talent.



Onsite or nearby **HEALTH CLINICS** for employees and families address barriers to primary care access including lack of time and cost. Onsite clinics decrease travel and wait times, making appointments more efficient, decreasing the amount of time spent away from work. The convenience can also improve employees' use of preventive screenings that keep individuals healthy and productive. (Society for Human Resource Management).



Provide onsite **FITNESS** opportunities.



Provide onsite **CHILD CARE**: millions of parents (mostly mothers) left the workforce in the past 2 years due to the childcare crisis⁸.



Support employees getting the recommended hours of **SLEEP**/night with policies limiting overtime and mandatory on-call shifts.

Organizational, policy, and practice issues designed to create employer readiness for diverse employees identified by local BIPOC and LGBTQ+ organizations include:



Offer culturally-informed job training that supports the growth of local BIPOC community members from hourly employees to professionals



LGBTQ+ inclusive insurance policies



Gender neutral bathrooms



Zero tolerance harassment policies

✓ **Employers pay a livable wage**



The living wage for a single adult with no dependents in WI is **\$16.40⁹**.



In 2021, approximately 30,000 individuals working in five Tri-County industries were paid less than \$14.50/hr and over half of them were paid less than \$13/hr¹⁰.

- According to the MYWS, 44% of respondents with an annual household income of \$50,000 (\$24/hour) or less report a higher prevalence of both depression and anxiety.
- An annual household income of \$50,000 is well below what is necessary to meet the basic needs of one adult with one dependent in WI⁹.

✓ **Basic Needs emergency kits available at all human service providing agencies**

- There is a significant percentage of Tri-County households making less than \$50,000 annually (\$24/hour) (Source: American Community Survey 5-year estimates).

Basic needs kits give people a safe and easy way to access basic need items such as: soap, hair products, food, menstruation products, weather appropriate gear, etc.

OUTAGAMIE
38.7%

WINNEBAGO
43.5%

CALUMET
32.8%

COMMUNITY RECOMMENDATIONS

✓ **Targeted mental health supports for those with an annual income of less than \$50,000/year**

- Income, cost of living, and mental health are connected and individuals earning less than a living wage are at an increased likelihood of experiencing anxiety, depression, and thoughts of suicide. These factors decrease productivity and presence at work.



LOW INCOME



INCREASED MENTAL
HEALTH CHALLENGES



DECREASE IN
WORK PRODUCTIVITY

✓ Include achieving restful sleep as a health priority in community health improvement plans

- Not feeling rested/inadequate sleep is correlated with increased symptoms of depression, anxiety, suicidal ideation, and attempts, as well as increased odds of experiencing chronic pain, according to the MYWS data.
- Sleep impacts whether or not individuals have the capacity to help others, including family and friends, or connect socially¹¹.
- Lack of sleep increases stress, irritability, and anger¹².

PUBLIC POLICY RECOMMENDATIONS

✓ Increase the minimum wage in Wisconsin to a livable wage

- According to the MYWS, 44% of respondents with an annual household income of \$50,000 or less, report symptoms of depression and 64% report symptoms of anxiety. Comparatively, 23% respondents with an annual household income of \$50,000 or more, report symptoms of depression and 45% report symptoms of anxiety.
- Research that examined suicide rates in Washington from 1990 to 2015 found that for every \$1/hr increase above the minimum wage would reduce the rate of suicide in the U.S. among those with a high school education or less by 6%, resulting in 27,550 lives saved¹³.

THE CURRENT MINIMUM WAGE IN WISCONSIN IS LESS THAN HALF THE LIVING WAGE



\$7.25
MINIMUM WAGE



\$16.40
LIVING WAGE (SINGLE ADULT, NO DEPENDENTS)

✓ Stronger regulations of work hours and schedules to support adults in getting the recommended hours of sleep each night



78% OF MYWS RESPONDENTS
are getting at least 6 hours of sleep each night



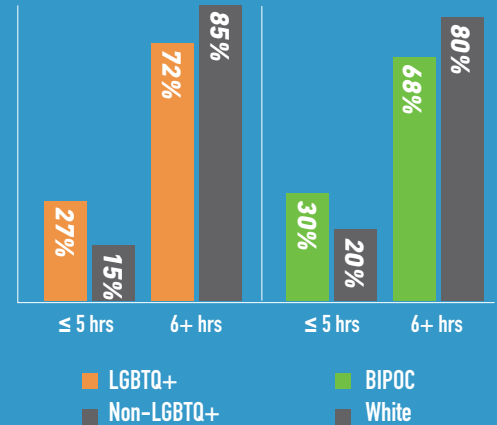
YET OVER 50%
are not feeling rested upon waking

- Lack of sleep reduces productivity, motivation and worsens health, leading to an economic cost of nearly \$2000 per employee per year¹².
- Lack of sleep negatively impacts the ability to focus, attend, and be vigilant, increasing work errors¹².



CDC recommends
7+ hours of SLEEP per night
for adults 18 & over

Hours of Sleep Per Night
for MYWS Respondents



Baseline Data Statement

There are equity implications associated with BIPOC and LGBTQ+ community members getting fewer hours of sleep. Factors impacting sleep equity include: working multiple low paying jobs, the chronic distress of unmet physical and psychological safety needs and social isolation.

- The chronic distress of gender dysphoria may compound the lack of sleep for trans community members.

ACCESS TO CARE THEME 2

Intentional and deliberate efforts are needed as part of reckoning with the long history of mistreatment of the BIPOC and LGBTQ communities by both the public and private healthcare systems. Healthcare systems deliver services through a heteronormative white lens, often reinforcing the distrust of the past. This historical trauma is the **first barrier** to accessing care for BIPOC and LGBTQ community members. The most effective approach in addressing trauma inside service systems is through trauma-informed care, impacting service delivery by everyone from the janitors to the CEO. This is a necessary starting point. Although trainings and certifications can identify providers as having content competency, it is the end user who identifies a provider as "safe".

BIPOC VS. WHITE

ATTEMPTING SUICIDE
3.1X MORE FREQUENTLY

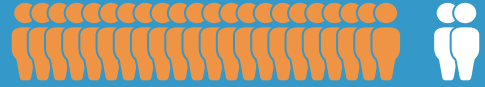


LGBTQ+ VS. NON-LGBTQ+ (MYWS data)

ENGAGE IN SELF-INJURY **3X** AS OFTEN



11X MORE LIKELY TO REPORT ATTEMPTING SUICIDE ONE OR MORE TIMES, PAST 12 MOS



- ✓ **Training and education to address this barrier within healthcare systems so that providers understand and can effectively treat the health impacts of and relationships among:**

- Cultural/racial trauma
- Systemic discrimination
- Unaddressed chronic pain
- Immigration history
- Behavioral health

internally build diverse healthcare professionals

- ✓ **Healthcare systems prioritize the movement towards culturally-informed equitable healthcare**

- ✓ **Healthcare invests in increasing the number of BIPOC and LGBTQ+ health and mental health providers in our community**

- ✓ **Healthcare, grassroots, culturally-based nonprofits, and funders work collaboratively to invest in community health workers, representing the BIPOC and LGBTQ+ communities, to provide community-based, culturally-informed and responsive care, as systems**

- ✓ **Training for mental health providers about ethical responsibilities around standard of care models for treating trans patients, including their role in the process of a person transitioning (i.e. medical gatekeeper)**

- ✓ **Outreach by trained, affirming healthcare providers to help LGBTQ+ community members understand how to access care and navigate healthcare systems, which have not been designed by or for LGBTQ+ people**

- ✓ **Culturally specific navigators to assist in identifying and accessing care and resources such as LGBTQ+ inclusive care or resources for HIV affected communities**

- ✓ **Removal of LGBTQ+ exclusions from insurance policies**

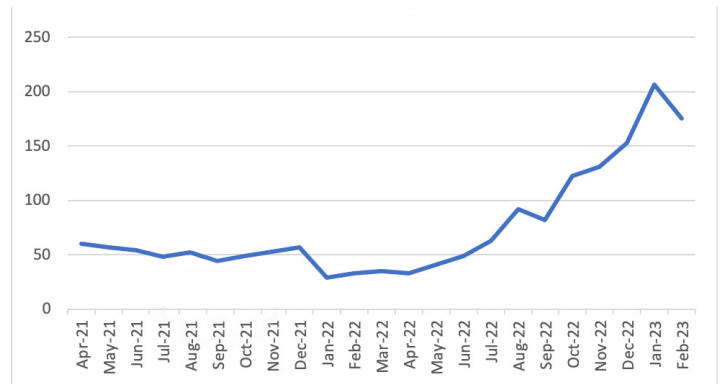
Barriers to healthcare access negatively impact mental health, suicidal thoughts, and behaviors. Over 30% of MYWS respondents reported that they have wanted to seek treatment for their mental health but did not know where to go. Nearly 75% of respondents are either unsure whether the Fox Valley has enough resources for mental health or believe there are inadequate resources.

ORGANIZATIONAL RECOMMENDATIONS

✓ **Increase and make visible the number of walk-in services for mental health care**

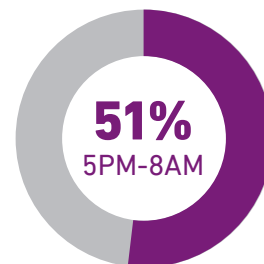
- A local mental health walk-in clinic had close to a 220% increase in utilization over the last two years, seeing both scheduled individuals during care transitions as well as walk-ins who were in need of immediate care.
- Mental health waitlists for the major healthcare systems in the Tri-County are anywhere from a two- to eight-month wait and some are over 1500 people long.

**Mental Health Walk-In Clinic
Utilization Over 2-Year Period**



✓ **Offer mental health services outside normal business hours and provide incentive pay to staff working these hours**

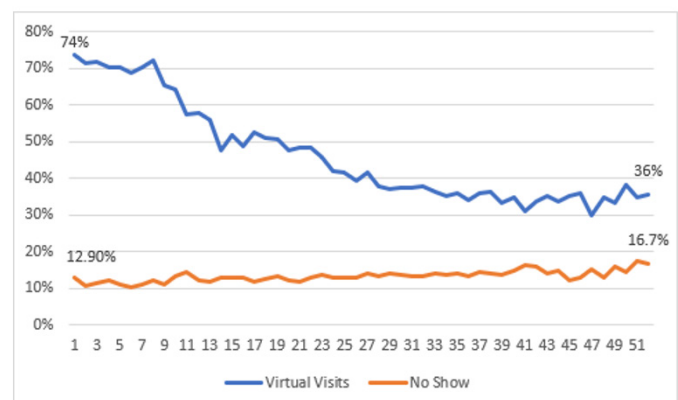
- According to 988 Wisconsin Lifeline Program, 51% of their calls since 2021 have occurred between 5pm-8am.



✓ **Create private (confidential) community space for individuals to access telehealth appointments that have a stable internet connection with necessary technology**

- Since June of 2021, 24% of those utilizing a local community Employee Assistance Program (EAP) pilot are struggling to meet their basic needs and/or are currently homeless, underscoring the need for such spaces.
- Of those participating in the community EAP pilot, 40% have utilized virtual counseling appointments.
- In the beginning of 2022, a local behavioral healthcare clinic had 75% virtual visits with 13% 'no shows', and by the end of 2022 that clinic had only 36% virtual visits and 17% 'no shows'.

**% of No Shows Increase as
Virtual Visits Decrease**



✓ **Build the Certified Peer Specialist workforce in the Fox Valley, including Certified Parent Peer Specialists, by expanding awareness and providing easy access to training (financial aid, etc.)**

- Individuals with chronic physical and mental health conditions spend approximately 6 hours per year in a physician's office, and the remaining 8760 hours learning how to manage their chronic condition¹⁴.
- Utilization of peer support in learning how to live well with a chronic condition has shown:
 - Improved relationships between consumer and provider = increased engagement in non-acute less costly care
 - Decrease in substance use and unmet needs
 - Increase in hope, empowerment, self-efficacy, self-esteem, social functioning, quality and satisfaction with life and internally motivated drive for self-care¹⁴
 - 2021 Wisconsin Assembly Bill 976 enables Peer Support Specialists to facilitate, support and assist those in treatment for substance use
- When peer support is a part of a person's care there is a...

 **38.6%** DECREASE IN UTILIZATION OF INPATIENT SERVICES

 **29.7%** DECREASE IN # OF DAYS FOR INPATIENT STAYS

 **24.3%** DECREASE IN TOTAL BEHAVIORAL HEALTH CARE RELATED COSTS⁴

- Peer support is reimbursable through Medicaid in Wisconsin since 2017⁴.

✓ **Health systems prioritize provider time to ask mental health, suicide risk, chronic pain, sleep and substance use questions at every healthcare visit**

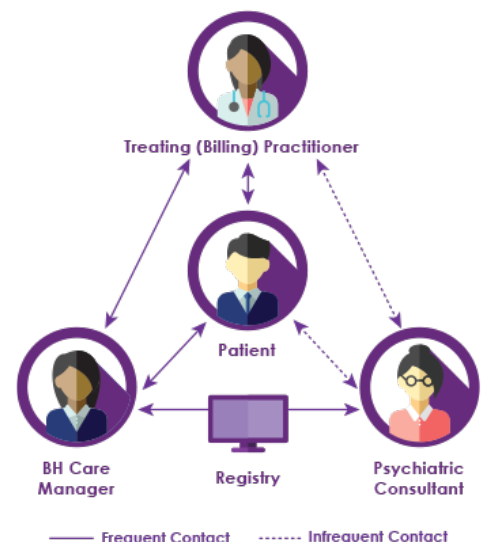
- Of those who died by suicide since 2020, 8.9% saw a healthcare provider within 3 months of their death according to a statewide database of suicides reviewed by local suicide review teams.
- Of those who died by suicide in WI between 2013-2018, 2% were released from a hospital within a month of their death according to the WVDRS (Wisconsin Violent Death Reporting System).
 - Healthcare issues included: chronic pain, cancer, suicidal ideation or attempt, cardiovascular disease, mental health, insomnia, pulmonary disease, alcohol and other substance misuse



✓ **Increase the use of the Collaborative Care model (behavioral health and psychiatric services are embedded in primary care)**

- The Collaborative Care model increases psychiatry's ability 11-fold to provide medication management to those with mental health needs through regular consultation meetings³.
- WI Department of Health Services (DHS) 2019: the number of psychiatrists needed to remove the shortage was 4.82 psychiatrists in Calumet County, 5.23 psychiatrists in Outagamie County and 0 for Winnebago County³.

*due to Winnebago County Correctional Institute and Winnebago Mental Health Institute that employ psychiatrists who do not serve the general public, the stated lack of need in Winnebago County is misleading.



COMMUNITY RECOMMENDATIONS

✓ **Every organization's website has the link for MyConnectionNEW.org**

- Over 50% of MYWS respondents are unsure if there are enough resources in the Fox Valley for people with mental health needs.



✓ **Support and promote 24/7 Crisis and Warmlines**

- 988 Wisconsin Lifeline Program answered over 46,000 calls in 2022, which is more than double the number of calls in 2021 (21,533)
*prior to May 2022, Family Services of NE WI was the primary National Suicide Prevention Lifeline call taker for 67 of the 72 Counties in WI and backup for five Counties
- Study shows peer staffed warmlines decrease use of crisis services and feelings of isolation¹⁵.
- The most beneficial hours for warmline services are between 5pm-7am¹⁵.



Calls Answered
988 Wisconsin Lifeline Program

2021	21,533
2022	46,000+

✓ **Make available to the general public a decision tree for accessing mental health care during or outside of a crisis**

- Over 30% of those who responded to the MYWS did not know where or how to access mental health services.

PUBLIC POLICY RECOMMENDATIONS

LICENSURE

✓ **Once all necessary paper work is submitted to the Wisconsin Department of Safety and Professional Services (DSPS), no more than four weeks should elapse from the time of application to the time a training or temporary license to practice is issued**



- In the past five years, DSPS has experienced a doubling of initial applications despite having 6 fewer staff than in 2011. Despite having a \$47 million dollar surplus, entirely due to licensing fees, the State Legislature refused DSPS spending on additional staff¹⁶.



✓ **Support and adopt Wisconsin Senate Bill 196 enacting the American Counselor Association's Interstate Compact for licensure portability¹⁷**

- Across the nation there are 45 different titles for a mental health counselor and just as many different scopes of practice definitions and educational requirements making it very difficult to practice in another state¹⁷.

MENTAL HEALTH SYSTEM SERVICES & INSURANCE REIMBURSEMENT RATES



✓ **Support and enact U.S. Congressional Bill S.828/H.R. 432 Mental Health Access Improvement Act¹⁸**

- Mental health parity bill allowing Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) to enroll as reimbursable providers for patients with Medicare Insurance.
- The American Psychiatric Association (APA) is advocating for changes in Medicare Insurance reimbursement and expanded coverage.

✓ **Introduce a new service line of community mental health care; a community Employee Assistance Program (EAP) model (short-term, solution-focused support)**

- A local community EAP pilot program showed that during a 6 month period, 57% of those referred were trying counseling for the first time and/or had their mental health needs met through this modality.

✓ **Advocate for mental health case management services to be Medicaid reimbursable**



- Meta-analysis of mental health case management demonstrates fewer hospitalizations, shorter hospital stays and greater symptom improvement over usual treatment¹⁹.

✓ **Align with National Alliance on Mental Illness's (NAMI) advocacy to maintain and expand reliable and affordable transportation to and from non-emergency medical appointments²⁰**

- Each year, millions of people miss medical appointments due to unavailable or unaffordable transportation, limiting opportunities for managing mental health needs, often resulting in more costly health care services and worse health outcomes²⁰.

PRACTICES

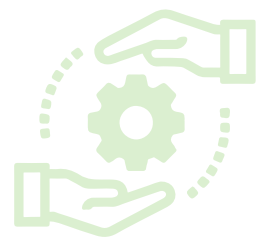
✓ **Organizations evaluate policies and practices related to service delivery through a trauma-informed care lens**

- Re-imagine appointment no-show policies
- Offer ability to float between in-person and virtual visits



✓ **Employers offer reduced insurance premiums for annual mental wellness checks**

- According to one local employer, opportunities to connect with a mental health provider outside of an emergency in this way increased the likelihood of accessing future help by 78% and of those who participated, 98% found it to be beneficial.



✓ **Advocate for integrated care of mental health and substance use treatment**

- National Institute of Mental Health recommends treating both mental health and substance use issues at the same time through the use of comprehensive assessment tools, as there are many overlapping symptoms²¹.
- According to the National Institute on Drug Abuse (NIDA), about half of the people living with a serious mental health condition also have issues with substance use.

SOCIAL CONNECTION THEME 3

According to UCLA neuroscientist, Dr. Matthew Lieberman, "Being socially connected is the brain's lifelong passion. It's been baked into our operating system for tens of millions of years." According to the Centers for Disease Control and Prevention (CDC), there is a significant increased risk of premature death from all causes when an individual is socially isolated. This makes social connection an issue of health equity.

Baseline Data Statement

BIPOC and LGBTQ+ community members have had challenging life circumstances which makes being vulnerable unsafe for them. Members of the LGBTQ+ community often experience lack of belongingness among even their immediate family and experience their mere existence as a burden which adds to feelings of isolation and severely impacts social connection. The greater community acknowledging and understanding the BIPOC and LGBTQ+ experience of marginalization and isolation would start a healthy process towards reconciliation and belonging.

BIPOC and LGBTQ+ individuals are more than twice as likely to feel isolated according to MYWS respondents



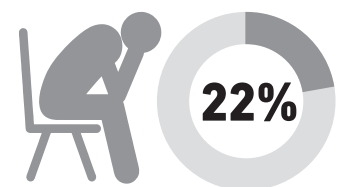
✓ **Protected, safe and dedicated community spaces for social connection that can accommodate gatherings of all ages.**

Baseline Data Statements

Many BIPOC and LGBTQ+ community members experience violence on a daily basis in the Tri-County, ranging from quiet comments, audible slurs to overt acts of physical violence. The psychological impact of verbal, emotional or physical violence and exclusionary behaviors, or the threat thereof, is important to recognize, understand and prevent, if the community's goal is social connection for all.

BIPOC and LGBTQ+ community members experience the most isolation and the least amount of acceptance. Marginalization has its roots in bias, stereotypes, and ignorance. In order for social connection to be experienced by all, it will require a shift in mental models and open mindedness to achieve deeper understanding and unconditional positive regard for all human beings.

The MYWS data indicates that lack of social connection, or 'always feeling isolated' is associated with lower income, and a higher likelihood of experiencing symptoms of anxiety, depression, and/or chronic pain. Lack of social connection ("thwarted belongingness") is also one of three factors correlated with increased risk for suicide according to Dr. Thomas Joiner's Interpersonal-Psychological Theory of Suicidal Behavior. Social connection must be addressed with an equity lens, understanding there are various definitions of social connection. This must be the foundation from which we begin to ensure no one is left behind²². Social connection and belonging are factors protecting against suicide and poor mental health.



OVER 1 IN 5 ADULTS IN THE US SAY THEY OFTEN OR ALWAYS FEEL ISOLATED OR LONELY²³.

ORGANIZATIONAL RECOMMENDATIONS

✓ **Top-down employer promotion of a "culture of connection"**

- A workplace "culture of connection" is created by regular check-ins, between managers and direct reports, that make time for "How are you?" and "How can I help you?" as well as opportunities for meaningful team/organizational interactions⁷.
- The productivity impact of losing an employee is compounded by decreased morale of the remaining employees. The cost of losing an employee is estimated at 6-9 months salary for salaried employees or \$1,500 for hourly employees²⁴.

✓ **Taxpayer funded buildings, like neighborhood public schools, with onsite gyms offer low/no cost option for group and individual exercise**

- On average, a monthly gym membership costs between \$33 and \$37/month (\$396 to \$444 annually), which is a financial burden to lower income households.
- Being active is shown to increase feelings of connectedness to community and decreases the likelihood of suffering from loneliness or depression²⁵.
- 70% of people with an annual household income of \$150,000 or more, report using exercise as a means to cope with stress. By contrast, 33% of households earning less than \$50,000 per year report using exercise as a primary coping strategy demonstrating the inaccessibility of equitable exercise options for those households with lower income.



\$396-\$444

AVERAGE COST OF A GYM MEMBERSHIP ANNUALLY

COMMUNITY RECOMMENDATIONS

✓ **Cross-sector stakeholders with an interest in mental health and suicide prevention collaborate in a community education campaign addressing screen time and its relationship to mental wellbeing and suicide-related behaviors**

- Individuals that have six or more hours of screen time per day outside of work or school are 32% more likely to feel isolated (MYWS).
- Those who have four or more hours of screen time outside of work or school are twice as likely to report symptoms of anxiety than those reporting fewer than four hours of screen time (MYWS).

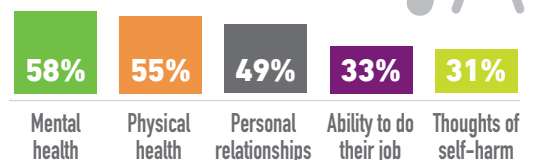
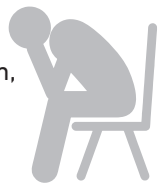


GOAL: < 4 HRS/DAY
of screen time
outside of work/school

✓ **Implement evidence-informed social connectedness strategies that protect against loneliness, including programs like eCPR, Community Living Room and Sidewalk Talk**

- Statistically significant changes were found in feelings of social connection, self-perceived flourishing and positive affect on eCPR pre-post evaluations²⁷.
- Sidewalk Talk protects against loneliness through deep listening²⁸.

Among the 22% in the U.S. reporting loneliness or isolation, many say it negatively impacts their health and wellbeing²⁶



✓ **Enhanced community education on how to provide emotional support to reduce stigma and increase help-seeking**

- Evidence-based Gatekeeper trainings have been shown to increase knowledge, skills and attitudes of those trained and lead to reduced suicidal thoughts, attempts and death by suicide²⁹. Evidence-based Gatekeeper Trainings include: Sources of Strength, Question, Persuade, Refer (QPR), Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST)³⁰.



58% OF MYWS RESPONDENTS would NOT seek mental health support from a healthcare provider



70% OF MYWS RESPONDENTS would seek mental health support from family/friend

✓ **Align local community health improvement plans (CHIP) with strategies in Healthy People 2030 and the Administration for Community Living's "Commit to Connect" (a national clearinghouse of community-based interventions to address social isolation and loneliness)**³¹

- Over one in five adults in the US say they often or always feel isolated or lonely²³.

✓ **Support Social Emotional Learning (SEL) policies that already exist**

- Implement standardized SEL curriculum beginning in kindergarten.
- Provide mental health education throughout K-12 complementary to health and physical education to foster positive attitudes and perceptions about mental health and wellness²².



SOURCE LINKS

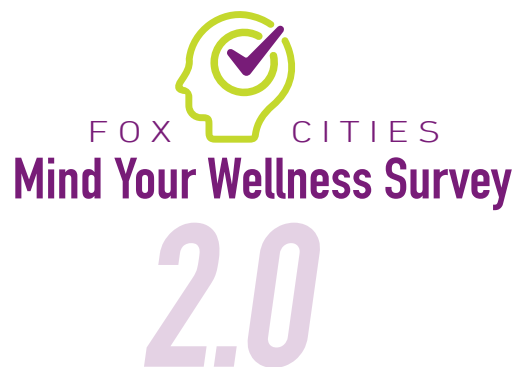
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IN CONCLUSION

We would like to thank the Recommendations Committee for their countless hours critically analyzing and discussing the MYWS data, thoughtfully formulating the recommendations, diligently uncovering supportive data, generously providing technical expertise and feedback all of which has resulted in the document you see before you. We could not have produced comprehensive and targeted recommendations for you, our community, through any other process. We would also like to thank Samaritan and Catalpa for the use of their meeting spaces where much of this important work took place.

In looking forward to MYWS 2.0, we recognize that there is significant room for improvement in creating a survey that centers the experience of BIPOC and LGBTQ+ community members in terms of how the survey is laid out, the questions asked, and how the survey is distributed. MYWS 2.0 will have our grassroots cultural groups at the planning table. In this next iteration of the Fox Cities Mind Your Wellness Survey, we strive to create a surveillance tool that accurately collects information on the mental health of ALL adults living in the Tri-County region!

Thank you to all those who are guiding our efforts to know better and do better.



Recommendations Committee

Outagamie County Public Health, Winnebago County Public Health, Reach Counseling, Mosaic Health, NAMI Fox Valley, VPI, Family Services of NEW, Outagamie County Sheriff's Office, NEW Mental Health Connection, Michael Noll Counseling, LLC, Catalpa Health, Samaritan Counseling, Diverse & Resilient, Multicultural Coalition, Inc., NEW Hmong Professionals, People of Progression, Casa Hispana

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