RETHINK, HEALTHY LIFESTYLES
MENTAL HEALTH SHARESHOP
DECEMBER 8, 2011

Welcome by Cheryl Laabs, PHN Winnebago County Health Dept, re:TH!NK, Healthy Lifestyles Committee.
This is the FOURTH session for this group. A signup sheet was available. Introductions were made around the table. Meeting notes are available on
http://www.rethinkwinnebago.org/meeting_minutes.html

Overview – Cheryl Laabs

- Access Group – exploration of the Lean Process and the No Wrong Door Program
- Stigma Group – exploration of data (research provided by Evan) and identification of Action Steps.

BREAKOUT SESSIONS:
SPLIT INTO TWO GROUPS TO ADDRESS STIGMA & ACCESS

ACCESS GROUP:
1. LEAN Process – Vicki Schorse
Vicki was not able to get a response in time from Affinity for LEAN information. We may need to contact Fox Valley Technical College. She gave an explanation of the LEAN process for new attendees and some suggestions on how to pursue LEAN for this group.

- Need to find a facilitator
- Need to set up a steering committee (core group) to spend 3-4 days in a "Kaizen event" to:
  - Look at current state
  - Look at best practices
  - Look at actual clients
  - Develop a future state
- Must be realistic and sustainable
- LEAN will develop a map for attaining our goal.
- Identify the scope – underinsured population, Medicare population
- A secondary group of experts would be tapped into for specific information during the process.

The Outcome would be to literally have a picture of the future state of access to mental health care in Winnebago County.

What can we do now?

- Identify the scope from a client perspective – Irene will make a list
- Gather data – Susan Richards from 211
- Look at time frames
- Identify gaps and identify what is working
  - Lack of Psychiatrists/therapists who accept MA (Fox Cities Community Health Clinic will accept people with no insurance or Medical Assistance).
- Identify a measureable outcome.
- Identify who is to be on the Steering Committee

    - Suggestions included: Doug Bray(County), Larry Cavanaugh(WMHI), Cheryl Laabs(WCHD), Vicki Schorse & Lindsay __________ (Affinity), representatives from Aurora and Theda, Joe Framke (police), Diana Drew (NAMI), Susan Richards (211), Irene (Parent), Staci Davis (Oshkosh Schools), Doug Bisbee (Community of Hope).
- Ask Evan to provide research or Linda Werner from Affinity.
- Plan on a Winter/Spring Date for the event.

2. No Wrong Door – Brittany Rentmeester (handout)
Brittany gave us background on No Wrong Door that started because of a shooting rampage issue in Texas in 1999. Agencies came together and envisioned the No Wrong Door idea.

- Allows smooth access for mental health issues.
- Utilizes DATALINK, an on-line service that links professionals with patient history. It is expensive and is used by professional agencies. Grants are available.
- Virginia also has a smaller model of No Wrong Door that utilizes a website and is connected with 211. There is no cost to public agencies, but private agencies need to pay.
- Ohio and Michigan also have No Wrong Door Policies that use a website.
- It may be better to create a process for our County rather than plunk in an existing model.
- Confidentiality/Stigma issues may interfere with on-line access to information.

STIGMA GROUP:
Group reviewed what had been accomplished at previous meeting. Kristine from LSS shared a resource from SAMHSA "Developing a Stigma Reduction Initiative."

Evan presented data he collected that segments out different populations and where they are at regarding mental health (see data points at end of these minutes).

Discussion about what Priority Audience the group wanted to target first. While all segments of the population need to be addressed, the group decided upon 18-24 year olds as the first audience to address. The group then discussed the desired outcome that they'd want to be the result of this social marketing campaign. The group decided upon Outcome #2 "Normalize Mental Health as a component of overall health"

Group will continue steps of Planning a Social Marketing Intervention at next meeting.

REPORT TO SHARESHOP GROUP:

ACCESS:
Measureable outcome suggestion:
"Develop a feasible, sustainable, consumer friendly process for individuals to access mental health providers and agencies." (Create a No Wrong Door for Winnebago County.)

Action Steps for Access Group:

1. Vicky to look for a facilitator to do a Kaizen event (LEAN).
2. Establish a core group for LEAN, to meet 3-4 days in spring. (asks were made and a list has begun)

3. Before the Kaizen event, be thinking about current state (how people flow through the system), ID gaps and what's working, envision future state.
4. Possible guest speaker from NAMI, (Diana Drew) "In Our Own Voice"

FOR THE STIGMA GROUP, Kristine Sack of LSS reporting:
Chose Outcome #2 to address:

- Identify target audience of 18 to 24 year olds (research provided by Evan) Believe it will trickle up and down to other age groups.
- Social Marketing intervention regarding normalizing Mental Health

Action Steps for Stigma Group:

1. Evan will e-mail the Data to all (included in these meeting minutes).
2. Emily will make copies of relevant pieces of the Stigma Reduction Initiative resource book for next meeting.

REPORT ON 211 by Susan Richards (highlights)

- 50% Funded by United Way
- 86% of nation is covered by 211
- Information and referral service uses trained operators
- Follow-up if client allows
- Of an 8 county area, Outagamie is #1 user, Winnebago #2, FDL #3.
- Able to collect data. See www.211now.org , also FB
- Track real time data and remain confidential
- Networked into state wide system for back-up and 24/7 coverage

NEXT MEETING: January 12, 2012 at 8:15am:
Doug Bisbee to do a presentation on "Community of Hope" at end of meeting

Respectfully Submitted,
Linda Baeten
Winnebago County Public Health

Prevalence of mental health illness in different WI population sectors

Items in red seem to be more of a concern to Wisconsin and could be used as targets for the stigma group.

SAMHSA – "State Estimates of Substance Use and Mental Disorders from the 2008-2009 National Surveys on Drug Use and Health" – http://store.samhsa.gov/shin/content//SMA11-4641/SMA11-4641.pdf

Each statement below is correlated with a US map that shows prevalence of an aspect of mental health illness. There were 5 percentage ranges that each state could fall in – red is highest percentage range, orange is second highest, yellow is third, etc. Wisconsin was in the red, orange, or yellow category for each aspect looked at:

- *Serious Mental Illness in Past Year among Persons Aged 18 or Older*
  4.71-5.21% of persons in WI (2nd highest range)
- *Serious Mental Illness in Past Year among Persons Aged 18 to 25*
  7.87-8.32% of persons in WI (2nd highest range)
- *Serious Mental Illness in Past Year among Persons Aged 26 or Older*
  4.30-4.77% of persons in WI (2nd highest range)
- *Any Mental Illness in Past Year among Persons Aged 18 or Older*
  20.38-21.19% of persons in WI (2nd highest range)
- *Any Mental Illness in Past Year among Persons Aged 18 to 25*
  33.14-38.08% of persons in WI (highest range)
- *Any Mental Illness in Past Year among Persons Aged 26 or Older*
  18.57-19.50% of persons in WI (2nd highest range)
- *Had Serious Thoughts of Suicide in Past Year among Persons Aged 18 or Older*
  4.12-4.34% of persons in WI (2nd highest range)
- *Had Serious Thoughts of Suicide in Past Year among Persons Aged 18 to 25*
  6.96-7.98% of persons in WI (highest range, highest percentage in nation)
- *Had Serious Thoughts of Suicide in Past Year among Persons Aged 26 or Older*
  3.23-3.58% of persons in WI (3rd highest range)
- *Had at Least One Major Depressive Episode in Past Year among Persons Aged 18 or Older*
  6.81-7.42% of persons in WI (2nd highest range)
- *Had at Least One Major Depressive Episode in Past Year among Youths Aged 12 to 17*
  8.50-9.03% of persons in WI (2nd highest range)
- *Had at Least One Major Depressive Episode in Past Year among Persons Aged 18 to 25*
  9.08-11.08% of persons in WI (highest range)
- *Had at Least One Major Depressive Episode in Past Year among Persons Aged 26 or Older*
  6.57-7.05% of persons in WI (2nd highest range)

WISH (2004-2008) – http://www.dhs.wisconsin.gov/wish/

- *Violent Deaths by Suicide*
  Rose from 650-742 over the course of five years

BRFS (2007) – http://www.dhs.wisconsin.gov/stats/pdf/brfsmphreport2009.pdf, http://www.dhs.wisconsin.gov/hw2020/pdf/mentalhealth.pdf

- *Ever Diagnosed w/ a Depressive Disorder*
  16% of all adults
- *Ever Diagnosed w/ an Anxiety Disorder*
  12% of all adults
- 36% of Wisconsin adults w/ serious psychological distress were smokers compared w/ 18% w/out serious psychological distress.
- 44% were obese compared w/ 25%.
- Among those w/ serious psychological distress, less than half received treatment/medication
- Ethnic groups such as Hispanics, American Indians, and African Americans had twice as high rate of mental distress compared to whites (8%).
- Suicide rates in Wisconsin were highest among American Indians compared to other race/ethnicity groups – 16.6 per 100,000 population versus 7.1, Blacks/African American, 6.1, Asian/Pacific, 5.6, Hispanics/Latinos, and 12.1, White (Wisconsin Resident Death Certificates, unpublished data for 2001-2006).
- Women in Wisconsin were more likely to have past-month serious psychological distress than men, and adults with low educational attainment (less than high school) and low incomes (less than $25,000 in household income) had a higher prevalence of serious psychological distress than those with more education and higher-incomes (BRFS, 2007 data).
- Wisconsin high school girls were nearly twice as likely as boys (30 percent versus 16 percent) to have experienced symptoms of depression for two weeks or more in a row in the past 12 months (Youth Risk Behavior Survey, 2007).
- Forty-one percent of gay, lesbian, and bisexual youth considered suicide in the past 12 months, compared with 17 percent of youth with only opposite sex contact (Youth Risk Behavior Survey, 2007).
- *Reducing the relatively high rates of suicide and mental health disorders in population groups identified by characteristics such as race/ethnicity, sexual orientation, and age will increase health equity and quality of life.*
- *Focus on youth ages 12-17 (Healthiest Wisconsin 2020 Objective)*