

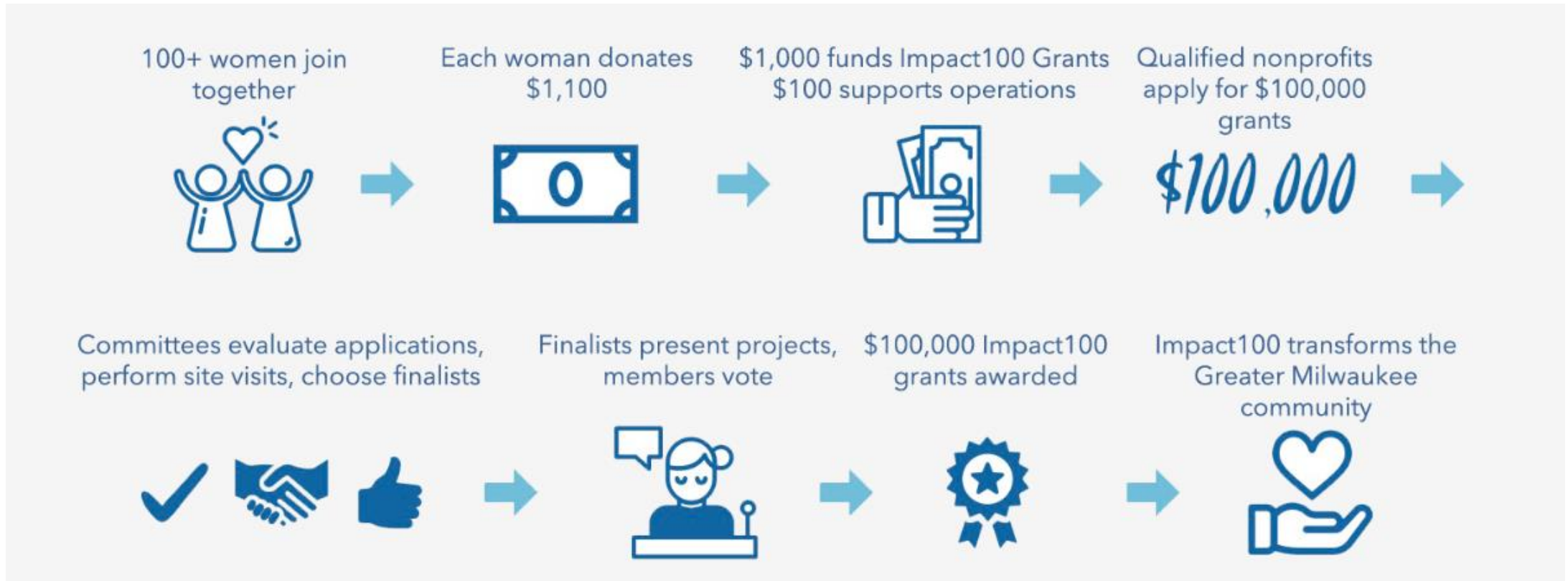


Mental Health

a crisis of understanding, a crisis of care



Welcome





Member Survey Results

30% Response
Rate

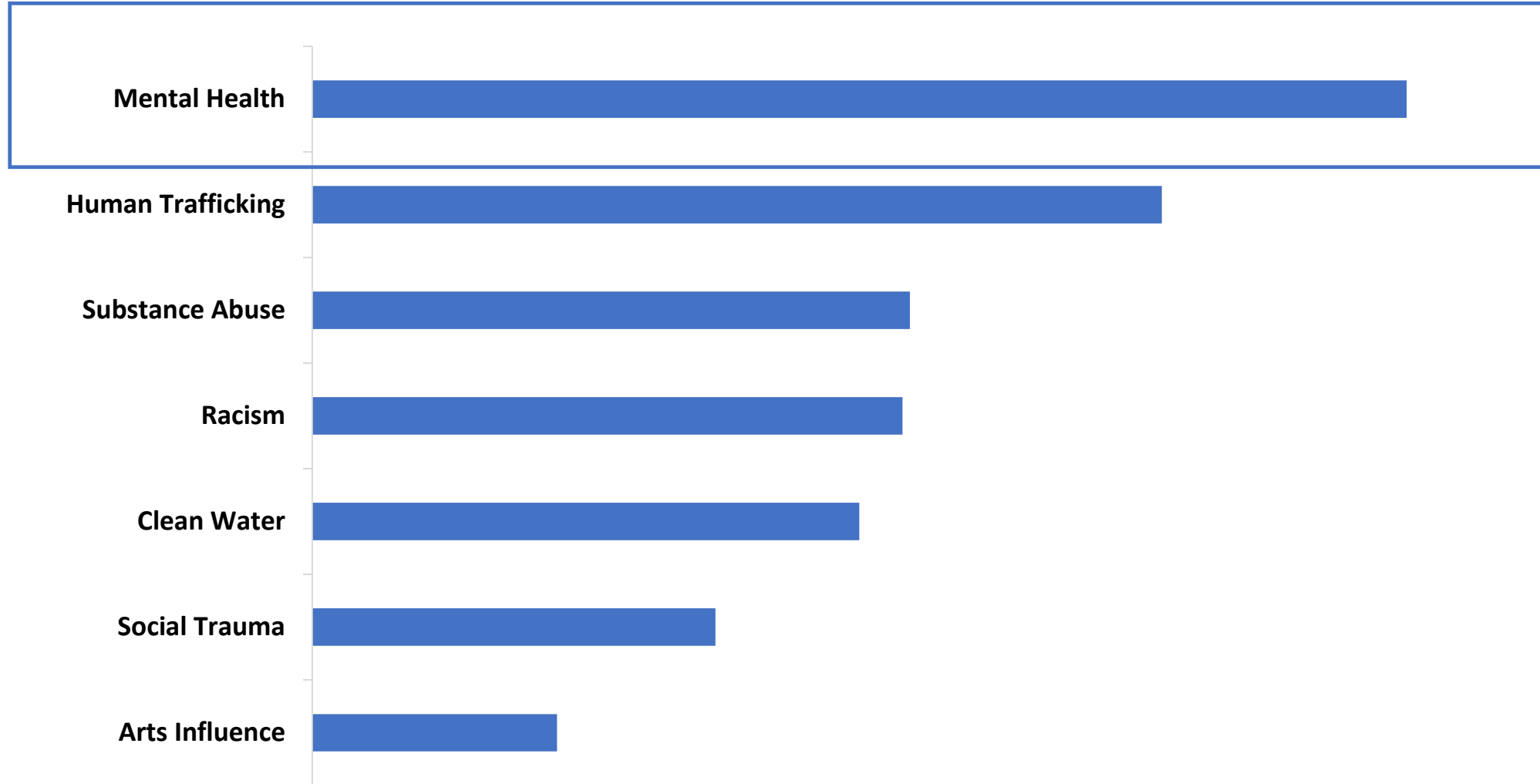
Prioritized Event
Topics

67% New Headline
for Each Event

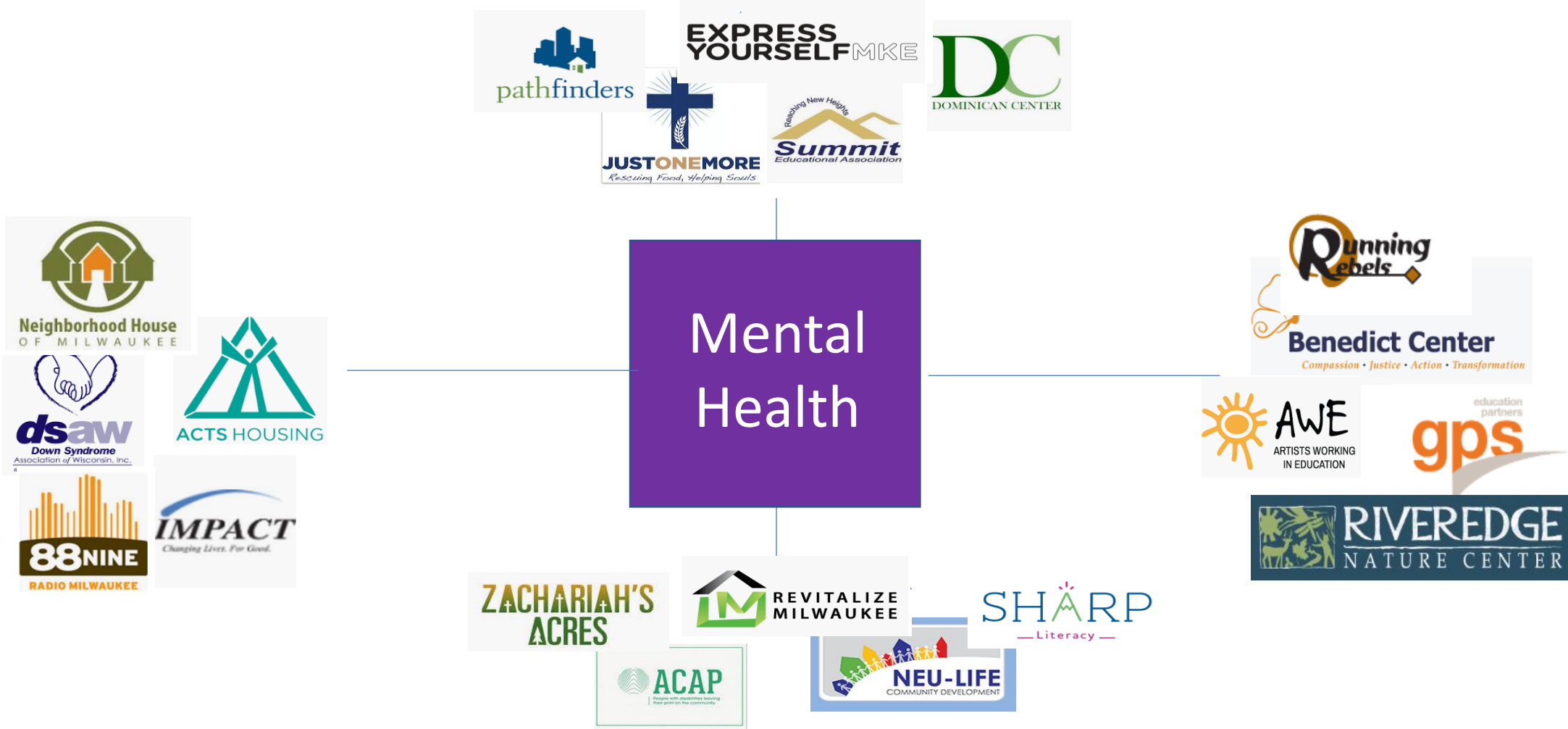
77% Continue the
Night's Format

34 Comments

Member Survey Results



Mental Health is a collective concern





Terry McGuire





Tonight's Panelists

- **Dr. Jon Lehrmann,**
Chair & Professor, Dept. of Psychiatry & Behavioral Medicine,
Medical College of Wisconsin
- **Martina Gollin-Graves, MSW,**
President/CEO Mental Health America of Wisconsin
- **Tanya Fredrich, PhD,**
Director of Student Service, Elmbrook School District
- **Sarah Reed, PhD,**
Program & Evaluation Manager, Rogers Behavioral Health



Mental Health

The Silent Crisis

Dr. Jon Lehrmann

jlehrman@mcw.edu



Objectives

- To understand current behavioral health landscape (crisis)
- To understand incidence of mental illness
- To understand impact of stigma
- To understand trends and opportunities in mental health care

**“There is no Health
without Mental Health.”**

Call to Question

- How many of you have known someone who has died from suicide?
- How many of you have known someone who has died due to an overdose on opiates?

Suicide Rates Up

- Suicide rates up approximately 27% in Wisconsin since 1990's.
- Suicide was the 2nd leading cause of death for youth in Wisconsin and 3rd in the country.
- Wisconsin had the 14th highest rate of suicide in youth among all states (age 5-19).
- Wisconsin's youth suicide rate has been higher than the national rate for 29 of the last 32 years (1981-2013).

Opiate Epidemic in Wisconsin

- Rate of Opioid Use Disorder (OUD) has more than doubled in WI since 2005
- Most often it starts with prescribed opiates.
- Age for OUD peaks at 25-29 and then again at 45-54, but it occurs in all age groups over the age of 14.
- Heroin is inexpensive and laced with other substances including Fentanyl and Carfentanyl
- Opioid related deaths are now over 800 per year in WI from less than 100 in 2000. Many more OD and survive.
- Hitting all communities across state
- Next trend is mixing fentanyl into stimulants...

Call to Action

Every day our friends, children, and family members are suffering unnecessarily due to inadequate MH care. If this was in anything else other than MH, we would be calling it a **national emergency**.

What are **you** going to do about it?

What are **we** going to do about it?

In the Midst of a Silent Crisis

Why Silent?

What Factors have led us to being here?

- Stigma- remains a major barrier
- No true Parity- poor reimbursement
- ACA has increased awareness and demand
- Shortages of Psychiatrists and other MH Care Providers
- Not enough Access

Let's take a closer look:

State of BH: Cost of Mental Illness

- Mental illness causes more loss and suffering in this world than any other kinds of illness
- One mental illness: Major Depression, by itself causes more world-wide burden (loss of life, cost, and work days lost) to society than cancer or any other illness
- Mental illness can lead to death- suicide rates for people with mental illness are unfathomable

How Common Are M/BH Issues?

- Approximately 50% lifetime risk
- Major Depressive Disorder: 15% lifetime prevalence, 2x more common in women
- Alcohol Use Disorder: 10% lifetime prevalence
- Anxiety Disorders: close to 25% lifetime prevalence
- PTSD: 5-6% men, 10-14% women
- Bipolar Disorder: 2% lifetime prevalence
- Schizophrenia 1% lifetime prevalence
- 50% of mental illnesses start by age of 14 y/o

Treatment for M/BH Conditions

- Most M/BH issues are treatable
- Most mental illnesses are best treated with a combination of medication and psychotherapy treatment
- Treatment takes time for people to respond- for example, an antidepressant medication- (often used to treat depression and anxiety disorders) can take 2-4 weeks to start working and 6-8 weeks to have its full effect.

Regarding Mass Shootings...

- **People with mental illness are more likely to be victims of violence than to initiate violence themselves.**
- **Only 5% of violence (inclusive of gun violence) is attributable to mental illness.**

State of BH in Wisconsin

- Wisconsin ranked 50th of US States in access to BH care per 2015 data
- WI ranks 48th in rate of Major Depression
- According to a Kaiser study, WI is only meeting 20.8% of the state's mental health needs, ranking it 49th of 50
- A Milwaukee J-S analysis of 2016 workforce data found that WI is worse than most states in per capita workforce of all types of MH care providers: nurses, SW's, psychologists and psychiatrists

Provider shortages

- General psychiatrists (Merritt Hawkins)
- Competition resulting in salaries increasing
- Child psychiatrists and child psychologists
- Any specialized psychiatrists
- APP's trained in MH
- MH Nurses
- Social Workers

Psychiatry Shortage

- A Wisconsin Department of Health Services' Division of Public Health study revealed that 68 of 72 WI counties have inadequate numbers of psychiatrists to meet population needs.

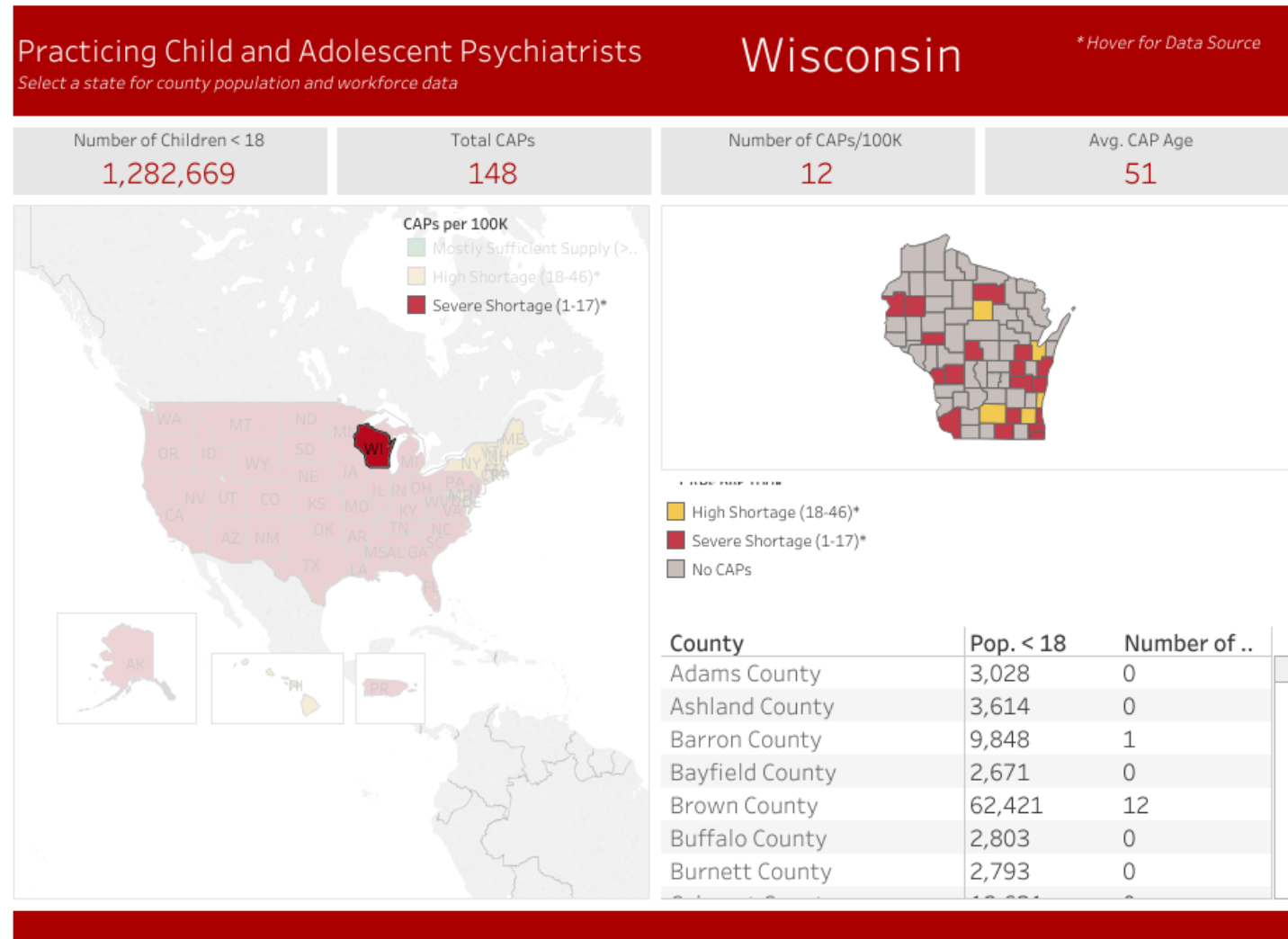
DHS (2012). Number of Psychiatrist FTE's Needed to Reduce Significant Shortages for the Resident Population. Retrieved from <https://www.dhs.wisconsin.gov/publications/p0/p00376.pdf>. Accessed 11 Apr 2018.

Psychiatry Shortage

- A leading physician search and consulting firm's white paper on the psychiatric shortage revealed that the average age of practicing psychiatrists is third oldest, with 59% of the nation's 30,451 active psychiatrists aged 55 years or older." According to a Kaiser study cited in the white paper, Wisconsin is only meeting 20.8% of the state's mental health needs, ranking it 49th of 50 states.

Merritt Hawkins (2018). The Silent Shortage – A White Paper Examining Supply, Demand and Recruitment Trends in Psychiatry. Retrieved from [https://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Content/News and Insights/Thought Leadership/mhawwhitepaperpsychiatry2018.pdf](https://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Content/News%20and%20Insights/Thought%20Leadership/mhawwhitepaperpsychiatry2018.pdf). Accessed 11 Apr 2018.

Child Psychiatrists in Wisconsin 2017



Milliman Study

- 2017 published study
- National study looking at 42 million lives
- Shows BH gets reimbursed 20% less than Primary Care, even when using same codes.
- Still lack parity!

State of BH: Stigma

Stigma: a mark of disgrace associated with a particular circumstance, quality, or person

- How many of you have encountered stigma personally or through loved ones in regard to people living with mental illness?
- Stigma creates a major barrier, preventing people from getting the treatment they need,
- I have seen it decrease in my lifetime, but it is still present and even has played a role in people choosing not to go into the mental health field

State of Milwaukee County Behavioral Health

- Milwaukee County MH Board
- Looming Financial Crisis: Legacy Costs
- Outdated facility, understaffed, downsized- 46 beds
- Universal Health- new 120 bed facility, pros/cons/no Emergency Department
- Milwaukee Healthcare Partnership- psychiatric emergency dept redesign task force

Trends

- Trauma Informed Care and Trauma Informed Education (ACES)
- Collaborative/ Integrated MH Care into Primary Care (major step in addressing stigma, and can provide down stream savings, and will more selectively focus psychiatric care)
- Enhancing MH Care Programs- e,g FH, CHW BH strategic plans. New understanding of value and population health

Opportunities

- Population health models- describe SCAN-ECO Child, Perinatal, and Addiction Psychiatry Consultation Programs
- Collaboration- seems to especially be an opportunity in the MH field as it tends to be economically a loss leader- health systems able to come together to work on BH- Catalpa example

A Multifaceted Approach is required:

- Put MH First
- Expand Access
- Work as interprofessional teams with providers working at top of license
- Expand MH workforce
- Integrate MH care into PC
- Expand Population Health approaches like the CPCP, sustain the Periscope Project, and build a Comprehensive Consultation Program
- Improve Reimbursement
- Share resources
- Wage war against stigma
- Become leaders in MH

Call for Collaboration

No single system or single approach can solve this alone.

We need public and private systems, Republicans and Democrats to pull together with the community to solve this crisis.

Only through collaboration and working together can we solve this crisis.

We can wait no longer.



Panel Discussion

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- **Sarah Reed, PhD**

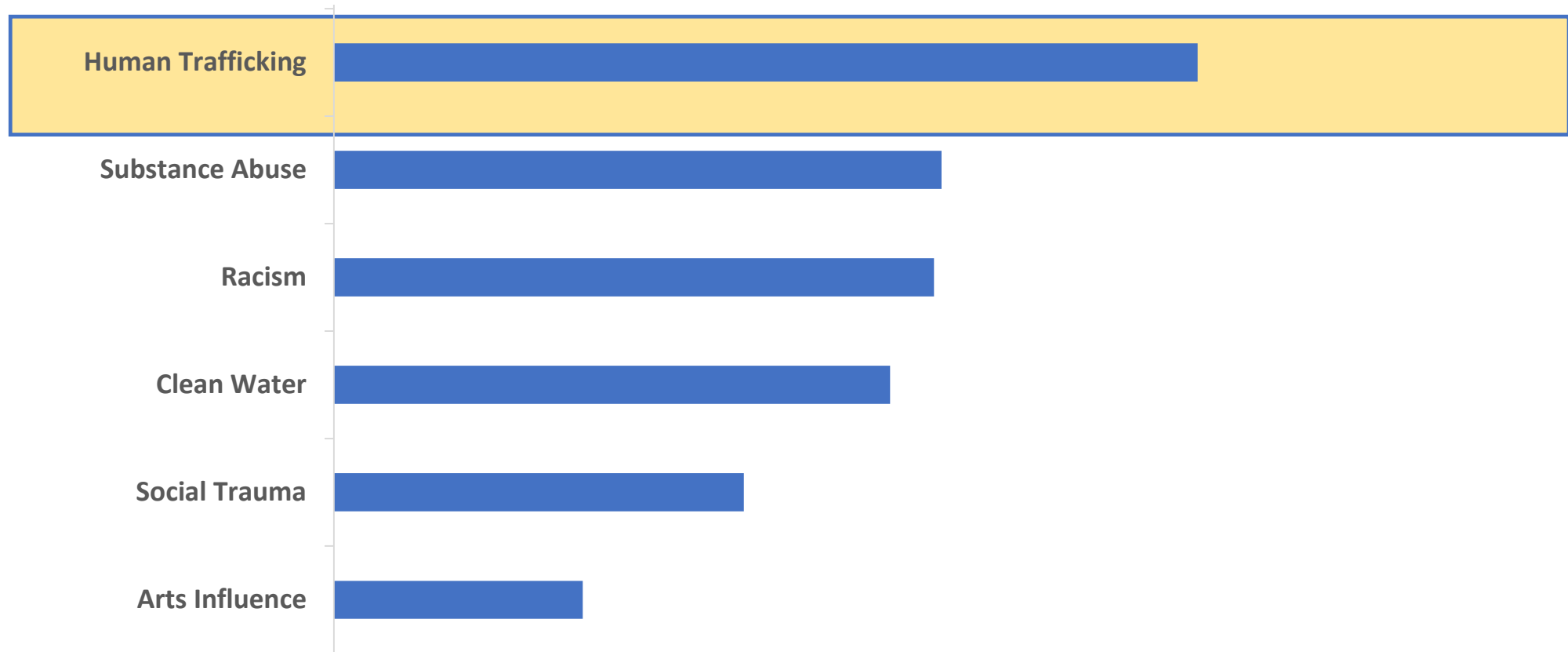


Question and Answer



Thank you!

Beyond the Headlines: February 2020





Thank you and join us

The new and improved website, with a calendar, is available.
<https://www.impact100mke.org/calendar>.

Bring a guest to the upcoming membership events. See the Membership Table for more details.

October 24	6 pm- 7:30 pm	Brookfield
November 14	9 am – 10:30 am	North Shore/Fox Point
November 19	6 pm – 7:30 pm	Wauwatosa

Join us at us at [Helping Hands](#) on December 5th at 6:00 pm -8:00 pm at the Women's Club Milwaukee.