

Mental Health and Mental Disorders

There are four objectives for this priority area: improving screening and referral; eliminating discrimination and reducing stigma; increasing the cultural competence of providers; and improving access to evidence-based treatment.

Progress in Meeting Objectives—Specific Findings

Screening and referral. This objective states: “By 2010, 80% of State-administered employee group health plans, Medicaid-funded programs, BadgerCare, and SSI managed care will, by contract, incorporate questions for mental health problems into their screening and referral processes.” As of November 2005, none of these health plans or programs requires screening for mental health problems.

Cultural competence. The objective is: By 2010, 87% of publicly funded mental health consumers will feel their service provider was sensitive to their culture during the treatment planning and delivery process.” In 2004, an estimated 77% of adults served by the public mental health system in Wisconsin reported that “staff were sensitive to my cultural background,” according to data from the Mental Health Statistics Improvement Project Consumer Satisfaction Survey. In the same survey, 88% of families with children served by the public mental health system reported that staff were sensitive to their cultural background.

No data were available to measure the other objectives for this priority.

Selected Accomplishments and DHFS Activities

- Funded Mental Health Association of Milwaukee and Timothy Howell, M.D. to provide training for primary care physicians and schools on mental health issues. Convened the first summit for primary health care providers to promote mental health screening and treatment in primary care settings. Fifty-five health plans/clinics attended.
- Completed primary care physician trainings and assisted the Mental Health Association of Milwaukee to redesign its Web site for easier access. As a result, the site received a total of 1,696 hits from physicians over a six-month period.
- Identified best practices in mental health screening and expanded use of screening to identify children and adults with mental health needs in the juvenile justice system, child welfare system, and Supplemental Security Income Managed Care program. Negotiated a statewide contract for use of an evidence-based tool, GAIN, to screen for mental health and substance abuse issues in a number of settings, and trained Milwaukee County juvenile justice providers on its use.
- Promoted screening and suicide prevention and awareness through statewide coalitions as part of Wisconsin United for Mental Health and the Suicide Prevention Initiative. Completed 18 trainings on suicide prevention among youth and children in conjunction with the Department of Public Instruction and local school districts.
- Increased the focus on persons of color and the faith community by partnering with the Racine County Healthy People 2008 Working Group, faculty from the University of Wisconsin-Parkside, the National Alliance for the Mentally Ill-Racine, Milwaukee County Disability Navigators, and the Mental Health Association of Milwaukee.

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- Partnered with the Ho Chunk Nation’s Division of Health with a focus on educating tribal members, health providers and the media.
- Delivered “Invisible Children’s Project” training for 45 child welfare workers.
- Reached nearly 10,000 people through mental health anti-stigma events and activities, at businesses, medical schools, conferences, and health fairs. Developed an anti-stigma curriculum for businesses, schools, and the general public that includes a focus on multicultural awareness.
- Completed videos telling stories of how individuals of various ethnic and racial backgrounds successfully integrated their mental illness into their life and overcame a variety of cultural barriers to do so.
- Received 1,176 hits to the Wisconsin United for Mental Health Web site on one day, through a radio marketing campaign during Mental Health Awareness Month.
- Certified 11 counties for Comprehensive Community Services, which will allow Medicaid funding for integrated mental health and substance abuse rehabilitation (an evidence-based practice) for individuals across the life span.
- Completed a fidelity screening for Integrated Dual Diagnosis Treatment, an evidence-based practice for mental health and substance abuse, in four county programs. Identified two of the four as providing Integrated Dual Diagnosis Treatment.
- Provided training to more than 300 people on mental health and substance abuse evidence-based practices, motivational interviewing, and integrated treatment.
- Established three project sites to implement Supported Employment for persons with serious mental illness with the Department of Workforce Development, Division of Vocational Rehabilitation.
- Awarded a Crisis Counseling Grant for Hurricane Katrina evacuees to a minority provider in Milwaukee.
- Demonstrating positive results for wraparound mental health and substance abuse services through women-specific substance abuse treatment programs.
- Initiated “New Partnerships for Women,” which provides women-specific training for survivors of trauma to increase their understanding of trauma’s effects.
- Continuing to focus the Adolescent Substance Abuse Coordination Grant on the specific treatment needs of young males with substance use disorders.
- Working to better train disability adjudicators about mental illness and recognizing its characteristics in Supplemental Security Income applications.

New and Emerging Issues

- Parity for mental health and substance use disorders treatment continues to be discussed in the Wisconsin Legislature only as a “Cost of Living Adjustment” approach.
- The “Ace Study” published information about the impact that adverse early childhood events have on later life, including increased risk of illness and substance abuse.
- County governments that by law are required to meet the needs of individuals with mental health and substance use disorders without access to other resources (Chapter 51) are struggling to maintain staff and funding to provide or pay for mental health and substance abuse services. Also, the federal government is seeking to redefine Medicaid services (e.g., Targeted Case Management), which could have a tremendous negative impact on county mental health programs.

- Wisconsin's child welfare system underwent a thorough federal review, which found that children's physical and mental health needs are not being met in Wisconsin.
- Wisconsin Medicaid is expanding managed care for the Supplemental Security Income population. Individuals with a mental illness make up a large proportion of those persons eligible for SSI. Work is underway with Dane and La Crosse County to develop integrated models for primary care and mental health services.
- The new federal prescription drug coverage, Medicare Part D, will have a significant impact on people with mental illness who have dual eligibility (Medicaid and Medicare). Access to their mental health medications will switch from Medicaid to Medicare Part D.
- Rural parts of Wisconsin continue to have limited access to specialty mental health and substance abuse providers and services, including geriatric psychiatrists, child and adolescent psychiatrists, and psychologists.