Wisconsin Public Psychiatry Network Teleconference (WPPNT)

• This teleconference is brought to you by the Wisconsin Department of Health Services (DHS), Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery and the University of Wisconsin-Madison, Department of Psychiatry.

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WPPNT Reminders

– Call 877-820-7831 before 11:00 a.m.
– Enter passcode 107633#, when prompted.
– Questions may be asked, if time allows.
– To ask a question, press *6 on your phone to un-mute yourself. *6 to remote.
Peer support for youth with mental health and AODA Challenges

Katie Kress
Statewide Coordinator of Peer Run Organizations
Certified Peer Specialist
WI Peer Recovery Conference Coordinator
So what do you know?

– Define and discuss the meaning of Recovery.
– What is Peer Support?
– How can Peer Support play a role in Recovery?
– Evidence and Statistics of Youth living with MI/AODA
– MI/AODA Intersection & Risk Factors
– How to effectively connect with Youth through Peer Support
– Learn and implement recovery tools!
Recovery Defined

– SAMHSA’s (Substance Abuse and Mental Health Services Administration) working definition states Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
RECOVERY

Expectations → Reality
What is Peer Support?

– “Peer Support is about working with someone who has been through similar life experiences and is willing to help guide you through the resources and support you need to accomplish your goals.”

– What is a Certified Peer Support Specialist?

– How does Peer Support play a role in Recovery?
How Peer Support Works

Peer support works

- Improves quality of life
- Improves engagement and satisfaction with services
- Improves whole health, including chronic illnesses
- Reduces overall costs of services

Peer support reduces hospitalizations and days spent inpatient.

Leaving more resources, support, and connection in the community.
Peer Support Reduces Overall Costs

- **Serious mental illness costs America $193.2 billion in lost earnings per year.**
- “Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders”. **
- “CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State’s delivery of effective treatment”. **


**Centers for Medicaid and Medicare Services
What's Happening With Youth?

- Mental health prevalence and acceptance among peers
- Warning signs...
- Lapse in intervention and treatment
- Use of substances
- Suicidal thoughts
- Increased ask for help
- Risk Factors
Prevalence of MI in Youth

**Fact:** 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹

- 20% of youth ages 13-18 live with a mental health condition¹
- 11% of youth have a mood disorder¹
- 10% of youth have a behavior or conduct disorder¹
- 8% of youth have an anxiety disorder¹
Impact

50%  
50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

10 yrs  
The average delay between onset of symptoms and intervention is 8-10 years.¹

37%  
37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.¹

70%  
70% of youth in state and local juvenile justice systems have a mental illness.¹

Suicide

3rd  
Suicide is the 3rd leading cause of death in youth ages 10 - 24.¹

90%  
90% of those who died by suicide had an underlying mental illness.¹
Figure 52. Major depressive episode and serious suicidal thoughts in the past year, Wisconsin and the U.S. by age, 2013-2014

Note: Data not available for suicidal thoughts for the population age 12 to 17 years.
Alcohol Use WI Vs. US

Figure 35. Underage drinking, Wisconsin and the U.S., 2013-2014

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.
### Table 34. Past year and past month use of other drugs, age 12 and older, Wisconsin and the U.S., 2013-2014

<table>
<thead>
<tr>
<th></th>
<th>Past Year</th>
<th></th>
<th>Past Month</th>
<th></th>
</tr>
</thead>
<tbody>
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<td></td>
<td>Wisconsin</td>
<td>U.S.</td>
<td>Wisconsin</td>
<td>U.S.</td>
</tr>
<tr>
<td>Any illicit drugs</td>
<td>3%*</td>
<td>3%*</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Illicit drugs other than marijuana</td>
<td>--</td>
<td>--</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>13%</td>
<td>12%</td>
<td>8%</td>
<td>6%</td>
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<tr>
<td>Cocaine</td>
<td>2%</td>
<td>2%</td>
<td>--</td>
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</tr>
<tr>
<td>Nonmedical use of pain relievers</td>
<td>4%</td>
<td>4%</td>
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</tbody>
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Note: Dashes -- indicate data not available. * indicates past year dependence on or abuse of illicit drugs.
AODA/Mental Health Intersection

– Where does it meet?
– Evidence shows either can come first.
– In youth...
  – It is common for youth to use substances in order to cope or ‘self medicate’ with ongoing life stressors.
  – Those life stressors could be related to mental illness, regular adolescence, and/or risk factors when reviewing genetics and/or home and community environments.
  – Again, here is where that 10 year gap of intervention affects many people who turn to using.
– It is also common for youth to develop a MI and never use, usually with the right supports in place.
Risk Factors of developing MI/SU Disorders

- Stressful events, abuse, and/or trauma*
- Seasonal changes
- Ongoing stress and anxiety
- Long term illnesses that are life threatening and/or associated with pain.
- Genetic dispositions
- Learned Behaviors
- Environmental conditions
- Lapse in proper intervention/prevention

*Sunburn/Cancer analogy*
Protective Factors for MI/SU Disorders

- Healthy practices
- Problem solving skills
- Feeling of control in one's own life
- Consistent home/family routine
- Having a good social support system
- Regular school attendance and academic performance
- Feeling close to at least one adult*
Connecting with Youth

- Building trust
- Setting clear BOUNDARIES!
- Validation of feelings
- Being open and non-judgmental
- Body language
- Actual language
- How activities can be used as recovery tools
Examples of recovery tools

- Backpack
- Binder activities
- Pipe cleaner buddies
- WRAP
  - Different versions
- Coping cards
- Fidgets and Etc.
Learn a Recovery tool

- Fortune Teller!
- Useful to use with youth who have a difficult time choosing a coping skill to implement.
- Allows 8 coping skill options.
- Fun activity to do for a meeting.
- Consumer gets choose skills they want to use and make it their own.

- [https://www.youtube.com/watch?v=8Tk4fB7OhKc](https://www.youtube.com/watch?v=8Tk4fB7OhKc) (link on how to).
QUESTIONS?

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