



NEWSLETTER

July 2022 Edition

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Welcome to the Office of Children's Mental Health (OCMH) July Newsletter!

Social Isolation and Loneliness – A Concern for All in our Nation

The pandemic has contributed to social isolation and loneliness for many children and adults. The Office of Children's Mental Health (OCMH) believes this is so important that we've made social connectedness of youth our strategic focus.

OCMH focuses on social connectedness

Reflecting on a range of troubling data points over the lifespan of a child, the [Wisconsin Office of Children's Mental Health](#) (OCMH) believes the one thing that effects all children, regardless of age, is [social connectedness](#). Social connectedness is essential for learning the life skills that, from an early age, allow everyone to build, participate in, and maintain relationships. Through relationships people communicate, are cared for, and feel they belong. Youth are socially connected when they are actively engaged in positive relationships where they feel they belong, are safe, cared for, valued, and supported.



OCMH has established three teams to focus on social connectedness of youth, one of which is Supportive Adult. This team looks for adults, especially older adults, to connect with and establish affirming relationships with youth. By focusing on multigenerational relationships, OCMH's work aligns with the Wisconsin Coalition to End Social Isolation & Loneliness's work.

We are not alone

There is work being done at the national and Wisconsin levels on this topic. It all elevates the importance of all people, regardless of age, being socially connected.

Why is this so important?

Social isolation can lead to a 29% increased risk of premature all-cause mortality, and loneliness a 26% increase. The risk in lacking social connection is equivalent to smoking up to 15 cigarettes per day. If that isn't enough to catch your attention, here are additional startling facts pointed out in the Coalition to End Social Isolation and Loneliness' [2021-22 Policy Priorities](#) (pg. 4):

- The risk associated with either social isolation or loneliness exceeds the effects of physical inactivity, obesity, and air pollution.
- Social isolation and loneliness are strongly related to poor health and have been associated with a number of significant co-occurring conditions such as chronic lung disease, arthritis, impaired mobility, depressive symptoms, self-neglect, addiction, and elder abuse and exploitation.

National efforts

The National [Coalition to End Social Isolation & Loneliness](#) is a nonprofit organization that brings stakeholders together to develop and advocate for federal policy solutions that address social isolation and loneliness in the U.S. Their work includes: 1) disseminating research findings, 2) developing and advocating for federal and state legislative and regulatory policy interventions, and 3) public awareness events across the nation. Their aim is to improve social connectedness for all Americans.

The Coalition defines social isolation and loneliness as follows:

- Social isolation occurs when an individual does not have adequate opportunities to interact with others.
- Loneliness is a subjective experience stemming from the perception of having too little contact or having dissatisfying social relationship quality.

State efforts

The [Wisconsin Coalition to End Social Isolation & Loneliness](#) brings stakeholders together at a state level to focus on social isolation and loneliness among older adults and people with disabilities in communities throughout Wisconsin. Their work is in alignment with the National Coalition to End Social Isolation and Loneliness. Wisconsin's coalition was launched in 2020 and is staffed by the Wisconsin Bureau of Aging and Disability Resources.

Wisconsin's coalition aims to build communities where all feel a sense of belonging, where connections between people create impactful relationships, and everyone lives with meaning and purpose. They have established the following work groups:

- Advocacy and Public Policy – advocate for public policy solutions that combat the root causes and adverse consequences of isolation and loneliness.
- Detection and Access to Resources – improve detection and access to meaningful and culturally relevant resources and services.
- Research and Shared Measurement – create a research-driven knowledge base to support and inform the coalition to end social isolation and loneliness.
- Health Equity – incorporate health equity into the coalition's work by supporting the overall strategy, partnership development, and peer work groups.
- Awareness Raising – raise awareness of loneliness as a public health issue and the actions that can be taken to improve connections and a sense of purpose.

For information on Wisconsin's coalition, contact Carleigh Olson at carleighs.olson@dhs.wisconsin.gov .

Potential

Adopting a two-generational approach to social isolation, loneliness, and social connectedness of youth has tremendous potential. Bringing youth and older adults together in meaningful, bi-directional relationships will bridge the generations, allowing each to see the value in each other, form relationships they wouldn't typically seek out, and chip away at social isolation and loneliness. We underscore the importance of this being a two-way relationship – this isn't just older people mentoring younger people, but really establishing reciprocal relationships where each develop a meaningful connection and gain from that.

As we pursue our agenda on social connectedness of youth, we will look to connect with state partners and others who are working on similar issues related to adults.

Lived Experience Insights

OCMH Lived Experience Partner Crystal Long shares her insights on how parents and caregivers can be heard when working with the professionals who work with their children.

How to be Heard while Speaking to the Professionals who Work with our Children – when Showing Up and Asking for Services doesn't Seem to be Enough

I struggled for many years trying to get the needs of my children met, so this topic is an important one for me. Be it behavioral health professionals, medical doctors, or the teachers that I entrust my children to, I have learned techniques that work in effectively communicating the unique needs of my children.

LIVED EXPERIENCE PARTNERS
BUILD CONNECTIONS AND CAPACITY
TO CREATE SYSTEMS CHANGE



Speaking to professionals can be overwhelming, especially when it seems your questions, comments, and concerns are not taken seriously. I've dealt with it all:

- Trying to explain my children's behaviors and mannerisms and what works best in certain situations to new teachers to be met with "I know how to teach children."
- Explaining to doctors what I see my children struggle with and being told I need "to be more active" or "you are just medication seeking."
- Explaining to a counselor why I think their services are needed and being told "you are just over bearing, you are the one who needs to change," or "you are not a professional, and that is something I will decide".
- Speaking to someone I am trying to obtain services from and being told my children are too extreme or not extreme enough for the services provided, even though what I explain to them is exactly what their website claims to be their specialty.

Keep the end goal in mind

I've learned that figuring out how to speak to the professionals will be the difference between receiving services/assistance sooner or later in my children's journey. Keep in mind:

- How much to share – it is necessary to figure out if you tell the full or short version of the challenges. This is tricky – either way, if you make it too extreme or not extreme enough, you risk not getting the assistance you are seeking.
- Time – it takes time to figure out what will work for you.
- Keep going – there is someone out there that will work best for your family. Not every professional works well with everyone, just keep searching until you find your match.
- Don't get discouraged – it is frustrating when you go through the process only to find the ones that don't mesh well with your family. Try not to let this make you skeptical of other professionals or services you seek.

Teachers

The professionals our children see the most are their teachers. For many years, I would go to the teacher at the beginning of the school year to explain my children's personalities to them. Many times I was met with "I know how to do my job, I've been working with children a lot longer than you." Initially I would be intimidated by this. Then, about a month into the school year the teacher would be in touch with me, frustrated and angry because of my children's behavior. I would get snarky, adding fuel to a fire that was already blazing. Eventually we were able to build a relationship and work together.

I realized I had to have credibility with the teachers – have them see that I actually wanted to help my children and the teacher have a successful year. Once that happened the teachers started to pay more attention to my debriefs at the beginning of the year. One teacher even shared their own tricks on what worked best for them!

Who loses or benefits?

With this repeating cycle I cannot help but think that the children are the ones that lose. One year I asked a teacher why it is so hard to get them to listen to parents and build a working relationship since it would make the school year so much easier. I was told “Not every parent wants to help, often they just want the teachers to do everything, and we can’t put more effort in than the parents.” That seemed to be a common thread with all the professionals. It seemed like I had to work through proving I actually wanted to help my children before anyone else would put in the effort.

Tips

Let me leave you with a few tips:

- Show up, be firm, and don’t give up.
- Be angry but not hateful. Whatever feelings you have are valid.
- You know your children better than anyone. “You are not a professional” was what I heard for a long time, but, although I may not have a degree, I do know my children very well – better than the person holding the degree.
- You have to be your children’s advocate – you are their parent and their chance at getting the services or assistance they need.
- The professional with the degree and the parents combining their knowledge is what will produce the most success.

- *By: Crystal Long, Office of Children’s Mental Health Lived Experience Parent Partner*

OCMH Updates

Lunch & Learn for Child Welfare Professionals

The Office of Children’s Mental Health and the Department of Children and Families invite child welfare professionals to Lunch & Learn events:

- Tuesday, July 19, 2022 – 12:30-1:30 pm
- Monday, July 25, 2022 – 12:30-1:30 pm
- Monday, August 29, 2022 – 12-1 pm

Those joining will:

- Be updated on the Parent Information Project
- Learn about Lived Experience Stakeholder Groups
- Learn more about Lived Experience
- Network with other child welfare professionals

Register for one of the events [here](#).

For questions or more information, contact Bregetta Wilson at Bregetta.Wilson@wi.gov or 414.270.4759.



Handling a Mental Health Crisis – New Resource

The [Handling a Mental Health Crisis Handout](#) is a newly created resource from the Trauma and Recovery Project. To create this resource, youth crisis workers from across Wisconsin shared their advice and insight with a team of Lived Experience Partners and representatives from community organizations. That team created this tool to provide shared understanding of what a mental health crisis looks like and to offer advice and resources for how caregivers can best support their child or teen. Mental health clinicians provided oversight to ensure the material was appropriate.

As the 988 Suicide and Crisis Lifeline is launched in July 2022, we felt this was the right time to release this document. Please share it widely **AFTER** July 16, once 988 officially launches. The document is being translated into Spanish and Hmong.



Inviting New Lived Experience Partners

OCMH is seeking parent and youth leaders to join our new Lived Experience Partner cohort beginning this Fall. New partners will participate in the Lived Experience Academy, a three-year program that focuses on training in year one, participation on OCMH teams and continued training in year two, and mentorship in year three.

Please share the applications with youth or parent leaders in your network who may benefit from this opportunity:

- [Lived Experience Partner Parent Application](#)
- [Lived Experience Young Adult Application](#) (ages 16-26)

Legislative & Policy Update

Youth Mental Health Discussion Draft. In June, Senate Finance Committee Chair Ron Wyden (D-Ore.), Ranking Member Mike Crapo (R-Idaho), Senator Tom Carper (D-Del.) and Senator Bill Cassidy (R-L.A.) released a [discussion draft](#) for youth mental health care policies as a part of the committee's ongoing work to improve mental health care across the nation. The policies addressed in the draft are:

- Eliminate barriers to coordinated care by allowing all providers to receive Medicaid reimbursement for behavioral and physical health services delivered on the same day.
- Support mental health care in schools by updating Medicaid guidance to states to clarify allowable payments and identify strategies to reduce administrative burden.
- Improve enforcement and oversight of Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, the country's gold standard in children's health coverage.
- Streamline enrollment for out-of-state providers in another state's Medicaid program.
- Direct Medicaid to guide states on how they can cover treatment family care services for foster youth enrolled in Medicaid with intensive mental health needs.

Earlier this year, the committee announced five areas of focus for addressing shortfalls in mental health care: workforce, care integration, mental health parity, telehealth, and youth.

Mamas First Act. In 2019, Congresswoman Gwen Moore (D-Milwaukee) introduced a [bill](#) that would broaden Medicaid payouts for midwives and doulas (certified birth workers who provide support services before, during and after birth for mothers and their families). According to a recently released maternal mortality report, charting the years 2016 to 2017 from the state Department of Health Services, 85% of the state's pregnancy-associated deaths occurred in urban settings. About 58% of those who died were enrolled in Medicaid at the time. A total of 80 deaths occurred from 2016 to 2017, the

report said. Roughly 52% of deaths in that time period were attributable to mental health issues, including substance abuse and overdoses. **The report identified 97% of these deaths as preventable. Moore said the legislation would help increase care to reduce maternal mortality.** ([Milwaukee NNS News](#))

Children's Mental Health in the News

OCMH Senior Research Analyst Amy Marsman spotlights recent articles and research findings about issues affecting youth mental health.



BIPOC Mental Health Trends and Disparities, Anxiety & Depression Association of America. [Read Findings.](#)

[Related:](#) *BIPOC Mental Health Fact Sheet*

Changes in Firearm Homicide and Suicide Rates, CDC. [Read Findings.](#)

[Related:](#) *In a first, firearms were leading cause of death for U.S. children and teens in 2020.*

Evidence for Protective Effects of Peer Play in the Early Years, Child Psychiatry & Human Development. [Read Research.](#)

[Related:](#) *Improved mental health for children who play well with peers by age three.*

LGBT Struggle More with Mental Health than non-LGBT, U.S. Census Bureau.

[Read Findings.](#)

[Related:](#) *President Biden's Executive Order Advancing LGBTQI+ Equality*

Trends in Drug Overdose Deaths Among US Adolescents, JAMA. [Read Research.](#)

[Related:](#) *With opioid overdoses skyrocketing, fentanyl awareness is more important than ever.*

Of Interest

988 will be the new National Suicide Prevention Lifeline as of July 16

Wisconsin's call center is operated by Family Services of Northeast Wisconsin and is expected to handle substantially more calls than the average 28,500 calls it has taken. [Read more.](#)



July is National Minority Mental Health Awareness Month

Focusing on minority health each July brings awareness to the unique challenges that racial and ethnic minority communities face regarding mental illness. Resources: [Mental Health America](#), [National Child Traumatic Stress Network](#), [National Alliance on Mental Illness \(NAMI\)](#), and [U.S. Department of Health and Human Services](#).

Mental Health America Accepting Applications for their 2022-23 Young Mental Health Leaders Council

This opportunity identifies young adults (ages 18-25) who have created programs and initiatives that fill gaps in mental health resources in their communities. Selected applicants participate in a six-month cohort to connect and share ideas with other leaders from across the U.S. [Learn more and apply.](#)

Understanding Dyslexia

Know the signs and how to help kids with the most common learning disability. [Read more.](#)

WHY DOES MY CHILD'S BEHAVIOR TRIGGER ME?



You are taking the behavior personally

It causes you to question your parenting

You were already stressed/irritated

You have an unidentified need in that moment (hungry, tired, etc.)

It triggers your shame/guilt

Their big reactions trigger your anxiety or trauma

You feel a lack of control in the situation

You expect they should know better

You feel your child is being intentionally disrespectful

You didn't realize their behavior was their way of communicating

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Adapted from @_ashappyasamother

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