



NEWSLETTER

June 2023

Contents:

- Supporting Child Well-Being through Universal Screening
- Lived Experience Insights
- Surgeon General Issues Advisories on Isolation and Social Media
- OCMH Updates
- Legislative and Policy Updates
- Children's Mental Health in the News
- Of Interest

Welcome to the Office of Children’s Mental Health (OCMH) June Newsletter!

Supporting Child Well-Being through Universal Screening

OCMH’s Newest Fact Sheet

Research shows that identifying and treating mental health conditions early in life helps to prevent mental illness in adulthood. Universal mental health screening can help identify mental health concerns and begin the path toward treatment.

Universal screening – or wellness screening – in schools asks all students, not just those who display symptoms, about their strengths and struggles. Screener instruments can accurately identify internalizing symptoms such as anxiety and depression among shy or reserved students whose symptoms might go unnoticed. Screening creates an opportunity to help the majority of kids who may not ask for help or be recognized as needing help. Schools that cannot offer treatment to their students can make a referral to a mental health provider, which often gets students into services more quickly than if they have no referral.

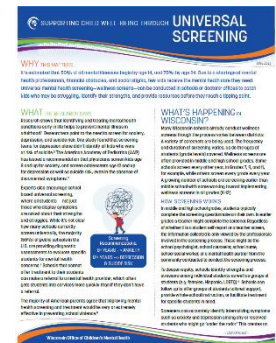
Screening often happens in middle school and high school, though some districts are moving towards implementing wellness screens in all grades K-12. In younger grades, a teacher may complete the screener. Adolescents in middle and high school usually complete the screener on their own.

Universal mental health screening can also be conducted in doctors’ offices. The American Academy of Pediatrics (AAP) has issued a recommendation that physicians screen kids age 8 and older for anxiety and screen adolescents 12 and older for depression as well as suicide risk.

What we can do:

- **Families** – Opt in to allow your child to participate in wellness screens.
- **Schools** – Make wellness screens as routine as vision and hearing checks.
- **Policymakers** – Fund universal wellness screening in schools. Expand school-based mental health resources through support for telehealth, student services professionals in schools, and school wellness programming.
- **Providers** – Pediatric providers can make mental health screenings as routine as vision and hearing checks. Follow American Academy of Pediatrics (AAP) screening recommendations, utilize AAP mental health toolkit for pediatricians, and complete training in mental health screening.

Access the full Fact Sheet, recommendations, and research citations [here](#).



Lived Experience Insights

Sue Mitchell Metz is an OCMH Lived Experience Partner from Fond du Lac. She is a Death, Dying, Grief, and Bereavement Specialist. Her son, Ryan, died by suicide.



I volunteer for the National Alliance for Mental Illness (NAMI), and I've been facilitating NAMI presentations to 4th and 8th graders in my local school district. Included in my presentation is a mental health screening. What I find is screeners open dialogue. There is a form that goes home for 8th graders asking parent permission. The kids know that the parents know, and the parents know that the kids know. It can really open discussion.

I didn't have that with my kids. I tried to open conversations, but I never opened up the subject to suicide. We hadn't really heard much about it – it wasn't in my vocabulary. We talked drugs, alcohol, safe sex, relationships, communication, but nothing else. My daughter was diagnosed with mental illness in high school. I noticed the symptoms so that opened the conversation with us, but she never came to me. Once I brought it up it was ok, but there wasn't a great opportunity to open that dialogue. And we didn't talk about mental health together as a family. My hope would be as we do these screenings it should open the dialogue for families.

That's where I see a hopeful change in awareness. Starting young normalizes mental health and opens the pathway for kids to talk about it. Screeners also can help kids know who their trusted adults are – people who may assist them have conversations with their parents. When we notify parents and say "we're having these conversations about mental health, please connect with your child about it," we create a window of opportunity.

We also need the parents to be open to letting their children be screened. We need that buy in. Hopefully COVID has shown parents a different side of the mental health spectrum. Perhaps schools can provide a short program or orientation when they have parents together for enrollment, so they can say what it is, why they do the screening, and assure it's not used to label children. A letter or email can lose that real meaning.

Had we had the opportunity to talk about mental health and suicide when my son was younger, I believe it wouldn't have gotten to where it did where no one knew he was hurting and one day he was gone. If we screen every kid in school and it saves one life, to me, that is worth it.

- Sue Mitchel Metz

Surgeon General Issues Advisories on Isolation and Social Media

The Healing Effects of Social Connection

U.S. Surgeon General Vivek Murthy recently released an advisory on loneliness and isolation. Titled "[Our Epidemic of Loneliness and Isolation 2023](#)," Murthy urged people and public officials to treat the matter with the same urgency as other serious conditions such as obesity or drug abuse as it continues to surge, affecting about half of the people living in the U.S. Loneliness increases the risk of premature death by nearly 30%, with the report revealing that those with poor social relationships also had a greater risk of stroke and heart disease.



Isolation also elevates a person’s likelihood for experiencing depression, anxiety, and dementia, according to the research. The loneliness epidemic is hitting young people, ages 15 to 24, especially hard. This age group reported a 70% drop in time spent with friends. Murthy’s advisory calls for a collective effort to “mend the social fabric of our nation,” including teaching children how to build healthy relationships, talking more to relatives, friends and co-workers, and spending less time online and [on social media](#) if it comes at the expense of in-person interactions. [Read more.](#)

The Effects of Social Media on Youth Mental Health

Social media use by young people is nearly universal, with up to 95% of young people ages 13-17 reporting using a social media platform and more than a third saying they use social media “almost constantly.” Surgeon General Vivek Murthy says in his advisory titled “[Social Media and Youth Mental Health](#)” there are ample indicators that social media can be harmful to the mental health and well-being of children and adolescents. He is issuing a call for urgent action by policymakers, technology companies, researchers, families, and young people to gain a better understanding of the full impact of social media use, maximize the benefits and minimize the harms of social media platforms, and create safer, healthier online environments to protect children.



Murthy acknowledges there may be benefits to social media – adolescents report that social media helps them feel more accepted (58%), have people who can support them through tough times (67%), have a place to show their creative side (71%), and be more connected to what’s going on in their friends’ lives (80%). However, social media use can be excessive and problematic for some children. Recent research shows that adolescents who spend more than three hours per day on social media face double the risk of experiencing poor mental health outcomes, such as symptoms of depression and anxiety. A 2021 survey of teenagers found that, on average, they spend 3.5 hours a day on social media.

In his advisory, Murthy offers recommendations stakeholders (policymakers, technology companies, parents and caregivers, children and adolescents, and researchers) can take to help ensure children and families have the information necessary to make social media safe for children. Read the [press release](#). Read the [American Psychological Association guidance](#).

Advocating for Sustainable Funding for Children’s Mental Health

When promoting Children’s Mental Health Week last month, OCMH strongly encouraged people to advocate for sustainable funding for children’s mental health services. Jamie Ganske did just that.



Jamie Ganske is the Director of Mental Health and Resiliency and Project AWARE Grant Coordinator in the Pupil Service Center at the Chippewa Falls Area Unified School District. Grateful that her school district has used grant funding to provide a coordinated offering of mental health supports, she wanted state legislators to know that with federal funding running out the Chippewa Falls school mental health program that has helped so many students with mental health concerns and supported others after student suicides is in danger of collapse. Jamie contacted Chippewa Falls legislators, including Senator James, who chairs the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families. Soon after, Senator James invited Jamie to testify at his Committee’s school mental health

hearing. Having been invited to speak, Jamie enjoyed the opportunity to speak early in the day and to be afforded the opportunity to present slides and talk for longer than the standard two minutes.

Jamie's presentation was a perfect balance of data and personal stories that illuminated the value of school mental health programs and what will be lost without increased state funding to make up for lost federal funding.

As of the date of this newsletter, the Joint Finance Committee (JFC) has decided to allocate \$30 million to school mental health grants, but not the sustainable funding recommended by Governor Evers. While JFC has made its decision, there is still time to contact your legislators to voice your support for increased, sustainable funding for school mental health. Everything you need to prepare an email and send it to key legislators is available on the OCMH website. It will take you only a few minutes to send a message that could make a difference in the availability of school mental health in your community and statewide. [Start Here](#).

OCMH Updates

Celebrating Children's Mental Health and Mental Health Month!

Honoring Children's Mental Health Advocacy, Governor Evers and First Lady Kathy Evers hosted an event at the Executive Residence on May 30th for OCMH and those who work so hard to advance children's mental health throughout the State of Wisconsin. Pictured are OCMH Staff with the Governor and First Lady: *(left to right)* Karen Katz, First Lady Kathy Evers, Linda Hall, Governor Evers, Andrea Turtenwald, and Amy Marsman.



Thanking those who Promoted Children's Mental Health

Throughout May, our network took action to advance mental wellness in their schools and communities. See below how your colleagues contributed to Mental Health Month (May) and Children's Mental Health Week (May 7-13). Please continue to [add to our list](#) if you promoted acceptance of mental wellness and took action in May!



- Shared resources and content on social media
- Contacted the Joint Finance Committee and legislators
- Shared press release with Chamber of Commerce and families
- Theme days throughout the week and yard signs at Racine Unified School District and [media coverage](#)
- Whitnall High School created a thankfulness chain
- Hosted coffee talks for parents with school social worker at a Wauwatosa elementary school on various mental health topics
- Organized a resource fair for families with students with disabilities
- Shared mental health resources through Wisconsin Parent Teacher Association

- Started conversations about mental health at conferences like the Autism Society of Greater Wisconsin
- Offered free facility tours and family mindfulness activities
- Offered Crisis Intervention Team Training to a local emergency room
- Connected Head Start and Early Head Start educators and parents with youth mental health information
- Organized a staff well-being outing
- Attended events to better educate myself

Connect with LinkedIn – Help OCMH get to 500 Connections!

Have you checked out OCMH’s LinkedIn yet? If not, you could be missing out on interesting children’s mental health information. We post new and different items on our social media – more than we are able to include in our monthly newsletter or other emails.



If you haven’t connected with us on LinkedIn, we request that you do and help us grow our connections to 500 (we are getting close!). Just click [here](#) and request to connect with us.

With more followers to our page, we will be able to further connect with the children’s mental health workforce and advocates in Wisconsin and to strengthen our systems change and resource sharing efforts.

Lived Experience Academy Summit



On Saturday, May 13th, OCMH and the Department of Children and Families convened 36 parent and youth leaders from across the state in Wisconsin Dells for one day of connecting, learning, and strategizing at the Lived Experience Academy Summit. Lived experience stakeholder groups included Parent Leaders in Child Welfare, Relative Caregiver/Kinship, Youth Advisory Council, Parent Childcare Equity Advisory Cabinet, and OCMH Lived Experience Partners



Participants said they gained connections and found community from the Summit. They also learned how to tell their stories with detail and recognized their experience is important and needs to be shared. Through breakout sessions on Breathwork and Crafty Self-Care, participants also gained new ways to care for themselves.

For the upcoming Lived Experience Academy, August 2023 – June 2024, parent and youth leaders want to explore the concept of systems change more deeply. Specifically, they want to learn what system changes are taking place as a result of lifting up the lived experience perspective as well as how to hold systems accountable and share those skills with others.

Thanks to all the partners who helped make the Lived Experience Academy Summit a success, including Andrea Turtenwald, Bregetta Wilson, Faith Price, Holly Telfer, Brenda Rodriguez, Kelly Scott, Lynn Maday-Bigboy, Ashley S. Stokes, Ambrose WB, and trainers from Ex Fabula and Key2Healing.

Legislative and Policy Update

State Biennial 2023-25 Budget – AB 43 / SB 70

The state budget process continues as the Legislature considers the proposal Governor Evers put forward, which includes \$500 million to expand access to mental health for children and adults. This includes \$270 million which would support provisions to sustain and advance children’s mental health treatment and services as well as increase youth voice. These amounts reflect unprecedented funding increases for mental health and reflect the Governor’s commitment to 2023 as the “Year of Mental Health”.

The Joint Finance Committee (JFC) of the Legislature is currently deciding how much money it wants to spend on mental health and how that funding will be spent. While school mental health funding was decided in last week’s negotiations between the Governor and JFC (\$30 million in grant funding rather than the larger sustainable funding originally proposed by the Governor), there is much more to be decided. The Department of Health Services (DHS) and the Department of Children and Families (DCF) are scheduled to be decided this Thursday, June 15. Please consider contacting the Joint Finance Committee members and your legislators to let them know they should support the Governor’s proposals for these Departments. It is crucial that state legislators hear from supporters of children’s mental health initiatives. Tools to help you easily do this are on the OCMH [website](#).

State Legislation

AB 173 / SB 205 – This bill would require the Department of Health Services (DHS) to award \$75,000 grants annually to groups, local governments, and tribes for training staff on how to recognize a person that may be considering suicide, providing suicide prevention materials for distribution, or providing voluntary firearm storage. Recipients must provide a match of at least 20% of the grant in funds or in-kind services. [Link](#)

AB 236 / SB 242 – This bill would require DHS to submit a state plan amendment to the federal Health Department to allow any school to seek Medicaid reimbursement for behavioral health services provided at school for a student who is a Medicaid recipient that would otherwise be covered by the Medicaid program. Legislative Fiscal Bureau notes that there is uncertainty about the potentially significant fiscal impact of the proposal “due to the uncertainties related to federal approval and the precise intent of this bill.” [Link](#)

AB 234 / SB 241 – This bill creates a school psychologist loan program administered by the Higher Education Aids Board (HEAB). Under this, HEAB may award an eligible student a loan of up to \$10,000 per year for three years. HEAB must forgive 25% of the loan for each school year the recipient is employed as a school psychologist in an urban county or rural area. The current LFB fiscal note does not address the impact or implications of the funding earmarked from HEAB funds for the loan program, but notes a cost of \$90,100 for a full-time employee to create the database to manage the program. [Link](#)

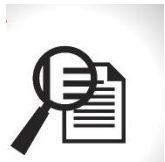
AB 281 / SB 277 – This bill combines the child psychiatry consultation program with other services to create a new mental health consultation program (MHCP). After the 2023-25 biennium DHS may continue with that organization or select another via Request for Proposals. The administering organization may contract with another entity to oversee operations provided they meet a series of requirements outlined in the bill. [Link](#)

AB 271 / SB 267 – This bill creates a grant program for recovery high schools designed for pupils in recovery from a substance use disorder or a mental health disorder that coexists with a substance use disorder. The high schools can be a public, private, or a tribal school. They must be separate from any other public, private, or tribal school and must limit enrollment to no more than 10, 20, or 30 pupils, depending on the number of years that the recovery high school has been in operation. The recovery high school requires prospective pupils to apply and commit to the following: a desire to be sober; attend the recovery high school daily; weekly drug testing; and a 30-day probationary period. The Department of Public Instruction is required to annually award a \$500,000 grant to each recovery high school that applies and meets the eligibility requirements listed above. The Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families held a public hearing on this bill on June 8. [Link](#)

Expanded Federal Mental Health Access for American Students

On Mental Health Action Day (May 18), the Biden Administration announced actions to ease access to mental health services and streamline billing permissions for students with disabilities. Under the move, the U.S. Education Department is proposing a rule under the Individuals with Disabilities Education Act to simplify the process for providing services while not impacting the cost to the family, existing required parental consent, or privacy protections. As part of the President’s efforts to both address youth mental health needs and raise the bar for learning, the change will allow schools to better provide critical mental health services for millions of students, who are six times more likely to access mental health services offered in a school setting. [Link](#)

Children’s Mental Health in the News



OCMH Senior Research Analyst Amy Marsman spotlights recent articles, resources and research findings impacting youth mental health.

Anti-poverty programs boost children’s brain development and improve their mental health

NIH [study](#) of 10,000 children in 17 states shows value of financial support programs like cash assistance to decrease health impacts of socioeconomic inequities. In states that provide more generous benefits, disparities in brain structure were reduced by a third and mental health symptoms by nearly half (48%). The research highlights the impact that socioeconomic inequities can have on a child’s brain development and demonstrates that this gap can be mitigated through state anti-poverty programs, such as Earned Income Tax Credit, Temporary Assistance for Needy Families, and Medicaid as outlined in the [NIH press release](#).

Adversity and toxic stress can alter children’s brain

Stressful experiences during early childhood, particularly economic strife, appear to act as a toxic stressor that can alter regions of the brain tied to the processing of stress and trauma, according to a [study](#) in the American Journal of Psychiatry. Researchers found that Black children were impacted more than white children, largely because of the higher amounts of poverty and adversity they face. The finding – part of an emerging research field looking at how racism and other social factors may affect the physical architecture of the brain – may help explain longstanding racial disparities in the prevalence of certain health conditions. Disparities faced by certain groups of people as young as 9 and 10 years old have a clear impact on how the brain develops and can lead to trauma and stress-related disorders. [Discussing the research](#), the study’s senior author: “If we’re going to treat the world as colorblind, we’re not going to create mental health solutions that are effective for all people.”

Gen Z mental health: the impact of tech and social media

[Research](#) from the McKinsey Health Institute reveals that technology's impact is nuanced: it provides important access to supportive mental health resources, self-expression, and social connectedness but also carries the risk of negative effects, especially on youth and young adults. Survey research found Gen Z (ages 11-26), on average, are more likely than other generations to cite negative feelings about social media. They are also more likely to report having poor mental health. However, Gen Z also cites positive aspects to social media. All groups in this research said self-expression and social connectivity were big positives from social media. And Gen Z respondents are more likely than other generations to use digital wellness apps and digital mental health programs.

40% of LGBTQ kids seriously considered suicide

The Trevor Project's [annual report](#) of 28,000 queer young people across the country, ages 13-24, found that 41% of LGBTQ+ seriously considered suicide in the past year. Among trans and non-binary kids, that rate rose to 48%. [Noting](#) the almost 500 pieces of anti-LGBTQ legislation, and that queer youth are facing an unprecedented mental health crisis, the Human Rights Campaign recently issued its first-ever state of emergency for LGBTQ people. Access to affirming spaces is paramount to protecting mental health amidst queer and trans youth, helping to lower suicide attempts.

New report shows how caring teachers play critical role in LGBTQ youth mental health

LGBTQ youth who feel their teachers care about them are 34% less likely to attempt suicide, according to a new [Research Brief](#) from The Trevor Project. For students who felt their teachers cared a lot about them, they had lower rates of anxiety, depression, and considered or attempted suicide at lower rates than those who didn't feel their teachers cared very much.

Youth emergency department (ED) visits for mental health conditions has approximately doubled

Over the last 10 years, the proportion of pediatric ED visits for mental health has approximately doubled, including a five-fold increase in suicide-related visits among children, teens and young adults, according to a new [study](#) in the Journal of the American Medical Association. Researchers looked at data from the National Hospital Ambulatory Medical Care Survey, specifically ED visits for 6-to-24-year-olds from 2011 to 2020.

Rates of adolescent overdose are climbing, 40% had a documented mental health history

A new [study](#) documents a 65% increase in adolescent overdose deaths between July 2019 and December 2021. Approximately 41% had documented mental health history, including mental health treatment (23.8%), diagnosed depression (19.1%), or suicidal or self-harm behaviors (14.8%). A separate [study](#) found a [30-fold increase in fentanyl-related death among youth](#) between 2013 and 2021. Overdose prevention efforts and promotion of protective factors are discussed as ways to help prevent overdoses.

Kids' Reality Overload, Climate Anxiety, and Fantasy Fiction

In a 2021 [landmark study](#), researchers found nearly half of the 10,000 youth surveyed said climate change negatively affects their daily mental health. In the past three years, fantasy fiction [book sales increased dramatically](#) – skyrocketing just as teen depression, anxiety, and mental illness did – parallel trends that may be both a symptom of the pandemic and a possible remedy, literary and mental health experts say.

CDC's new autism report finds higher prevalence, shifting demographics

The CDC [released](#) two new reports this spring from the Autism and Developmental Disabilities Monitoring Network: [2023 Community Report on Autism](#) (Wisconsin Snapshot on pg. 48) and [Higher Autism Prevalence and COVID-19 Disruptions](#). Findings include new patterns in prevalence by

race/ethnicity and a novel analysis showing dramatic impacts of COVID-19 on early evaluation and identification of autism spectrum disorder.

Children are now smallest-ever share of U.S. population

Children, who made up 40% of America's total population in 1900 and 36% of it as recently as 1960, accounted for just 22% of the country's total population in 2020, an all-time low, according to an [Annie E. Casey Foundation analysis](#) authored by experts on child demography. The analysis is based on 2020 Census data and also shows that, while the overall share of kids in America is dwindling, the number of children of color has been growing. Even so, researchers noted that the 2020 Census undercounted young children at the worst rate since 1950. Related, [the Census and Why It Matters for Children's Health](#).

Of Interest

June is Pride Month

Pride Month is celebrated each year in the month of June to recognize the impact the LGBTQIA2s+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, two-spirit, and countless affirmative ways others choose to identify) people have had on society locally, nationally, and internationally. For [information](#).



Children and Youth Resilience Challenge

The U.S. Department of Health and Human Services (HHS) [announced the launch of a \\$1 million Children and Youth Resilience Challenge](#). This first-ever [Children and Youth Resilience Challenge](#) will fund innovative community-led solutions to promote resilience in children and adolescents, birth to age 24, affected by the COVID-19 pandemic and other disasters. Proposals are due July 7.

DHS forms Planning Team for IDD-MH

Seeking to improve services for individuals with Intellectual and developmental disabilities and mental Health (IDD-MH) needs in Wisconsin, the Department of Health Services (DHS) is recruiting partners to take part in a planning team. This team will work from an evaluation already done on the state's services system for people who have IDD-MH needs. [Learn more/sign up](#).

The Office of Children's Mental Health
Children.wi.gov
OCMH@wisconsin.gov

Connect with us on your favorite social media platform:

- [LinkedIn](#)
- [Twitter @WIKidsMH](#)
- [YouTube](#)
- [Facebook](#)
- [Instagram @youthmentalhealthwi](#)



Things we model for our kids, whether we realize it or not...

<p>how we handle mistakes</p>	<p>how we deal with frustration</p>	<p>how we solve problems</p>	<p>how we take care of ourselves</p>
<p>how we apologize & repair</p>	<p>how we ask for help</p>	<p>how we "speak up" for self & others</p>	<p>how we navigate conflict</p>
<p>how we approach differences</p>	<p>how we care for animals</p>	<p>how we care for our environment</p>	<p>how we listen</p>