



NEWSLETTER

November 2022 Edition

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

Social Isolation's Deadly Consequences and Free Interventions

Understanding the Physical and Emotional Risks of Social Isolation

Humans are wired for social connection. When we don't get the connections we need, both our physical and mental health suffers. This is especially true for youth and young adults who are in the process of developing their identity, forming relationships outside the home, and navigating the ups and downs of adolescence.

Research shows that social isolation is as harmful to your health as smoking cigarettes or being obese. Older adults who are socially isolated have a far greater risk of heart disease, stroke, and dementia. But what about younger adults?

Youth who are socially isolated are also at increased risk of a variety of ailments. Socially isolated youth, however, can also be dangerous – to themselves or others. Scientists point to biological reasons: adolescence is a critical time for brain development and often characterized by impulsive behavior. In rare (but traumatic) cases, this combination of loneliness and adolescent development can lead to aggressive or even violent behavior ([source](#)).

Loneliness is not just an uncomfortable state of being. It is a public health risk. Fortunately, there are a number of ways to address social isolation, none of which require legislative action or hefty price tags. Ways to improve social connectedness of youth:

- Ensure every child has a trusted adult, aside from a parent, who supports the young person.
- Cultivate schools that have positive, welcoming, and inclusive cultures.
- Create connections to school – with adults and peers. Participating in extracurricular activities (arts, sports, music, clubs) is an excellent connection point.
- Begin safe and nurturing conversations at home with family, especially during difficult times.

“Social isolation carries significant physical and mental health risks, sometimes with deadly consequences,” said Linda Hall, OCMH Director. “But there are also free interventions that all of us can engage in today, right now. Reach out to a young person. Compassionate interactions – simply asking and listening to how someone is doing – is an effective intervention. In less than a minute you can make a difference.”

November 13-19th is Social Isolation and Loneliness Awareness Week. See the “Of Interest” section in this newsletter for more information.

For related information on this topic:

- See OCHM’s Fact Sheet on [Strengthening Social Connections and Relationships](#).
- Explore [OCMH’s Fact Sheets](#) on youth mental health.

Lived Experience Insights

OCMH Lived Experience Partner Crystal Long shares her insights on deciding on mental health medications for your children.

Medication: Right or Wrong

Whether or not to have your children take medication for mental health issues is a tough topic to talk about. For many parents, there are harsh connotations and biases associated with it. I would not tell anyone that they need to use medication or not, that is a personal decision based on the family. I will, however, share my story – one mom’s struggle to find the best solutions to a very difficult situation. My hope is that it can help other’s make their decision or understand more about this process.



My story

I was a very young mom of multiple children – I was only six months past my 21st birthday when I had my fourth child. I didn’t even own an electronic device until I turned 23. So, when the discussion of ADHD came up concerning my children, I very much relied on the experiences of family members and doctors, who, at the time, seemed “closed lip” to me. I now realize those doctors may have indeed told me the facts, but I just wasn’t in the mindset to fully understand.

The ADHD discussion among my family included horror stories of medication given to their children. Those fears were substantiated in my own thoughts as I knew these individuals as adults and witnessed the self-medicating they did, blaming it solely on the ADHD medication they were given as children. I was terrified and certainly did not want to start my children down that same path. So, I said “no” when the doctor told me my children needed medication. I would say today that a big part of my decision was based on not having the medication recommendation explained to me in a way I could understand at the time. “I will figure it out a different way” was what I told myself.

What I did

With a goal of figuring out a different pathway for my children, I tried:

- Changing meals to focus on well-balanced and healthy diets
- Noticing that caffeine helped slow them down, they drank hot tea several times a day
- Limiting sweets
- No soda
- Making time for exercise and play

After several years of monitoring all these things I noticed my children still couldn’t focus, sit still, or even carry on a conversation. I knew my children were sweet, funny, silly, and very energetic, yet I could see they were struggling. I had to figure out something else.

The right doctor made all the difference

I took my children to a different doctor who took the time to explain everything to me in a way I could understand. With an actual diagnosis we started a medication, and we found a therapist to help with learning strategies that, in turn, helped with all the rest.

I noticed an immediate change. My oldest was about 12 years old at the time, and this was the first time he was actually able to sit still and watch a tv show without bouncing all over the room. My 11 year-old actually sat down at the table for a meal instead of standing to eat. There was still a lot of work to do, but now they could focus on what they were learning and actually retain the information.

My reflections

Medication is not a cure-all. It should not change a child’s personality and definitely should not drain their energy or appetite.

Since our journey began, there have been a lot of changes, and we’ve explored different methods of treatments. The most valuable lesson I’ve learned is that I have to listen to my children and pay attention to what they are going through so I can be their voice of reason. That may be to encourage them to continue what they are doing, to find a different method, or for them to just explore life.

Mental health challenges can be a daily struggle regardless of the method of treatment used. There is no one right answer. Explore options, and do what is right for you and your family. Don’t let someone else’s biases affect that decision.

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

OCMH Updates

OCMH Social Connectedness of Youth Visits Check in with the Boys & Girls Club of Greater Milwaukee

The Boys & Girls Club of Greater Milwaukee (BGCGM) and their Social Emotional Development (SED) work was the focus of a visit on October 27, 2022. BGBGM weaves SED throughout their footprint, incorporating SED into the foundation of all their services. Individual Club locations determine the degree to which they embrace SED.



Three tiers of service

BGCGM’s SED approach supports a three-tiered model:

- **Tier 3** – youth that need specialized support (e.g., therapy referral, site-based therapy, trauma screening, mental health resources).
- **Tier 2** – targeted supports for developing youth social-emotional learning skills (e.g., de-escalation tips, check-ins and screening, comfort kits, social-emotional competencies curriculum).
- **Tier 1** – for all, staff development around positive engagement (e.g., ongoing coaching and professional development for staff to use trauma-responsive best practices in their daily work with youth).

SED coordinators run programs at the individual Clubs as well as work with Club staff to build their social emotional and trauma-sensitive skills. Within Tier 3, BGCGM works with a local partner to bring

specialized mental health professionals to the Clubs. The program, Project Thrive, is federally funded and offered at eight of BGCGM's Clubs, removing barriers to accessing care.

It's all about the kids

Club managers and staff are clear – their work is all about the kids they serve. Club managers, their staff, and the SED coordinators form the front line of BGCGM work. They shared what they are seeing in the youth and families they work with.

What needs are you seeing in families and youth?

- Families need help in speaking about how they are feeling. Youth don't always have that freedom inside their families. They can speak more freely at the Clubs, where they feel safe. Club managers make themselves available for families and youth to talk to.
- Families need techniques to use when they are emotional. We see families turn to the TV, their phones, etc. as a short-term fix. We help them move away from that to techniques that get at root causes.
- We help families identify that the stressors they experience are a real thing. They don't always understand this. We strive to help them identify where their anger is stemming from. Then they can address it.

What trends are you seeing in youth behavior?

- All youth have cell phones and that affects how they relate to each other, their teachers, and others. They don't know how to interact when they aren't on screen. It is good to have no phone time and make that a norm.
- Youth aren't able to regulate, they are used to getting on their phones when they feel dysregulated.
- Youths' attention spans are affected by the instantaneous nature of social media.
- Youth are seeking and have a thirst for connection, particularly one-on-one connection. They need validation.
- We are seeing a lot of trauma in youth.
- It is important to create a safe space for kids so they feel safe enough to take the armor off.
- Youth are speaking and not being heard. Adults are busy, but it is important for youth to have adults ready to talk.
- Talking is fun for youth – they need to be reminded to do that.

What is different now from the pandemic?

- Kids feel safer now, being back in Club. The pandemic had them in a box in front of computer.
- Kids have to relearn how to learn in person from teachers and deal with other kids' emotions.
- Kids have permission to release after school. They aren't at home cooking dinner, etc.

What do you find most helpful in meeting youth needs?

- Sensory items.
- Encouraging kids to take a break.
- Being patient and gentle. Lead with compassion. Offer validation.
- Take time for conversations. Youth need to feel heard.
- Have other compassionate adults in the space and on the team. Having people who know youth and care about them. Having youth see the connectedness of adults working together, provides role models for them.
- A lot of our kids don't have an adult they can go to. They can go to Club staff.
- Social connections.

- Giving kids language to communicate with each other about feelings.

Learn more about the [Boys and Girls Club of Greater Milwaukee](#) and their focus on [Social Emotional Development](#).

OCMH has taken its Social Connectedness of Youth focus across the state, visiting communities that are engaging in work that supports youth mental well-being and building social connections. Visits have included organizations in the northwest, northeast, and southern part of Wisconsin. The programs have been impressive. Representatives from the First Lady’s office, the Governor’s office, and the Wisconsin Departments of Health Services, Children and Families, and Public Instruction have joined OCMH staff in learning about these best-practices programs.

OCMH Active on Social Media

The Office of Children’s Mental Health has five social media accounts to share news and resources. Get connected with us on your favorite platform!

- **LinkedIn:** <https://www.linkedin.com/company/ocmhwj/>
- **Twitter:** <https://twitter.com/WIKidsMH> (@WIKidsMH)
- **YouTube:**
https://www.youtube.com/channel/UCtgbPFJU6idWuO4CcX_N4dA
- **Facebook:** <https://www.facebook.com/OCMHWI/>
- **Instagram:** <https://www.instagram.com/youthmentalhealthwi/> (@youthmentalhealthwi)



Legislative & Policy Update

Stable Housing to Improve Children’s Health. DHS has received approval from the Centers for Medicare & Medicaid Services (CMS) to provide housing support for low-income Wisconsin families in need. Those who are eligible include families with children 18 and younger and individuals who are pregnant who have low income (below 200% of the [federal poverty level](#)) and do not have housing. *Wisconsin is the first state to implement this type of housing benefit through a Children’s Health Insurance Program (CHIP) Health Services Initiative (HSI).* The HSI option allows states to use a portion of CHIP funding to implement initiatives that improve the health of vulnerable children. “Research shows that stable housing is a crucial factor in health, and that health in childhood sets the foundation for positive life-long outcomes. Connecting families with supportive housing services not only helps them right now, but is a proactive measure that can build a better future for Wisconsin children,” said DHS Secretary-Designee Karen Timberlake. [More](#).

Support for School Health Service Staff. On October 26, DHS announced, \$8.3 million in funding to support K-12 school health service staff in schools throughout the state. This first-of-its-kind funding will support hiring and retention for school nurses and health staff in K-12 schools and provide funding for school nurses to pursue wellness activities and professional development. In partnership with the Department of Public Instruction, 12 regional Wisconsin Cooperative Educational Service Agencies (CESAs) will distribute funds to schools. The funding will also support the education of future school nurses through partnership with University of Wisconsin—Madison, School of Nursing. “Over the last two years, Wisconsin’s school nurses have shouldered a major physical and emotional toll due to the

COVID-19 pandemic while providing critical services to Wisconsin children,” said State Health Officer Paula Tran. “This funding acknowledges the need to support school health staff.” [More](#)

Support for Early Childcare Education and Workforce. Governor Tony Evers and the Wisconsin Department of Workforce Development (DWD) announced, in October, that the state of Wisconsin has received a \$15 million competitive grant from the U.S. Department of Labor to bolster the early childhood education workforce and increase access to, and the sustainability of, quality, affordable childcare and early childhood education for working families. As noted by DWD Secretary-designee Amy Pechacek, “Access to quality, affordable childcare is vital for workforce participation and community well-being.” DCF Secretary Emilie Amundson added, “Through cross-sector solutions that involve families, business leaders, childcare professionals, and policymakers, we can develop an early care and education system that meets the needs of all Wisconsin families.” [More](#)

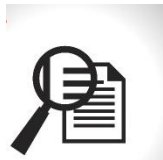
Safe Schools Week. As part of Safe Schools Week, Governor Evers and Attorney General Kaul highlighted the Office of School Safety’s (OSS) four-pronged approach to improve school safety which includes threat reporting, threat assessment consultation, critical incident response, and general school safety guidance. OSS’ Speak Up, Speak Out (SUSO) launched in September 2020 is a statewide confidential reporting system designed to be a safe place for students, school staff, and community members to share information concerning potential school violence. Since SUSO’s inception, the tip line has received more than 4,000 tips. More information and data on SUSO can be found in the [2021-2022 SUSO Annual Report](#). The release also identified the Governor’s more than \$200 million investments in school and community safety. In addition, Attorney General Kaul noted that “DOJ’s (Department of Justice’s) Office of School Safety has been working to make schools across the state safer since it launched in 2018, and it’s made a difference. We must continue this critical work keeping our kids safe, and I’m calling on the Legislature to provide long-term funding for the Office of School Safety.” An online version of the complete October 17th press release is available [here](#).

Initiative to Reduce Maternal and Infant Mortality Disparities. On October 12, DHS announced that Governor Tony Evers is directing \$16 million in grants to improve maternal and child health. Through collaborations with Wisconsin’s two leading public health endowments, the Medical College of Wisconsin Advancing a Healthier Wisconsin Endowment and the University of Wisconsin-Madison School of Medicine and Public Health, funds will be invested to close gaps in maternal and child health outcomes. In addition, the initiative provides funding to [DHS’ Maternal and Child Health Program](#) to administer a grant program. The program will fund maternal and child health equity initiatives intended to combat maternal and infant mortality at the community and systems-level and strengthen health outcomes for families across Wisconsin. Each partner will receive \$5.5 million to support their efforts. “We can help build strong, safe, and resilient communities by investing in supporting healthy moms and babies,” said Governor Evers. [View the entire news release.](#)

(continued)

Children's Mental Health in the News

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



Anxiety screening for youth 8-18 years recommended.

The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services. USPSTF [recommends](#) all adolescents ages 8-18 be screened for anxiety. [[PDF](#)]

- [Resource](#): Recommendation statement, *JAMA*
- [Resource](#): Evidence summary, *JAMA*

Can Peers Power the Mental Health Workforce of the Future?

Peer support providers have the potential to play an important role in the mental health field, not only because they can help fill the gap in the workforce, but also because they have something unique to offer. Their lived experience working to recover from mental health or substance use challenges gives them insights they can offer to others. Read [article](#).

- [Related research](#), Decoupling Crisis Response from Policing — A Step Toward Equitable Psychiatric Emergency Services, *New England Journal of Medicine*
- [Resource](#): Youth and Young Adult Peer Support: Expanding Community-Driven Mental Health Resources, *Mental Health America*

Early Deprivation Alters Brain Development Well into Adolescence.

Children removed from institutional care and placed into well-supported foster care by the age of three had changes in brain areas that support high-order problem-solving by age 16. In those who were placed in supportive foster care, brain areas associated with emotional processing, language, and executive function developed typically. However, this pattern was altered in those deprived of family-based care. [Read article](#).

- [Research](#): Early deprivation alters structural brain development from middle childhood to adolescence, *Science Advances*
- [Related](#): Brain Charts for the Human Lifespan, *Nature*
- [Related](#): Child Mind Institute Data is Key to Groundbreaking “Brain Growth Charts,” *Child Mind Institute*

Of Interest

Social Isolation and Loneliness Awareness Week is November 13-19, 2022. Loneliness and social isolation are on the rise in Wisconsin and across the United States, exacerbated by the COVID-19 pandemic. While people of all ages and backgrounds can experience loneliness and social isolation, older adults and people with disabilities are uniquely susceptible which puts them at risk for significant health problems.



- In the U.S., 40% of people who have a disability and 43% of people aged 65 or older say they feel lonely some or all the time.
- According to a 2020 AARP Foundation report, two-thirds of adults in the U.S. are experiencing social isolation, with 66% reporting that their anxiety levels have increased during the pandemic.

The Wisconsin Coalition to End Social Isolation and Loneliness has prepared a [toolkit](#) to educate and draw attention to this important topic.

November is National Family Caregivers Month

- Mental Health America's [mental health guide](#) for caregivers
- [Caregiver Action Network](#)

November is [Native American Heritage Month](#) – celebrate the rich and diverse heritage of Indigenous people from across the United States.

“Real Talks” Campaign launched – The Wisconsin Departments of Health Services (DHS) and Justice (DOJ) launched [“Real Talks Wisconsin,”](#) an effort that promotes frequent conversations to prevent and reduce substance use through supportive relationships.



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