



NEWSLETTER

August 2021 Edition

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

Rebuilding Peer Connections

For many, the pandemic has eroded the positive relationships that are necessary for healthy development. Many young people and their families now have greater mental health needs but fewer social connections. Now, more than ever, it is important to actively rebuild positive peer relationships to help young people recover and thrive.



Last year students in the U.S. felt disconnected from others regardless if they attended school remote or in-person. With that landscape in mind, it is important to note how powerful positive peer connections are. When adolescents are involved in positive youth programming, they report that peers and slightly older “near peers” (young people that are a little older than they are) are effective at helping them make social connections and build skills and strengths (see the [Fact Sheet](#) for more information).

The fact sheet offers suggestions on what we can do:

- Parents – look for in-person or positive online opportunities for your child to reconnect with friends and peers.
- Schools/Teachers – embed discussions of student experiences, coping strategies, and reflections into the classroom and prioritize time spent restoring peer and adult relationships.
- Policy Makers – fund programs that help students help their friends. Help reduce evictions and mobility so families facing a financial crisis can remain in their neighborhoods, schools, and day care settings.
- Communities – foster places and programs for youth to connect with each other.

Read the Fact Sheet and reference the citations [here](#).

(more)

Lived Experience Insights

OCMH Lived Experience Partner shares their insights on the importance of peer connections.

“Teens are more likely to talk to each other more openly about their mental health. It’s easier to talk to someone who can relate to you better, someone who can understand what you’re going through. It’s usually a judgement-free zone, whereas it might be harder for a parent to understand what their child is going through and unfortunately, many times parents blow it off as ‘just a phase.’ A peer or friend can do this job, because they might be familiar with the mental struggles many go through during adolescence. Even more importantly, during the school year, we tend to see our friends more than our families, causing a bond to develop between students, like a second family.”

- Story shared with OCMH in 2020 by a Wisconsin teen

LIVED EXPERIENCE PARTNERS
BUILD CONNECTIONS AND CAPACITY
TO CREATE SYSTEMS CHANGE



Mental Health 101 – Understanding the Basics of Mental Health

Who can provide mental health services? What do different health professionals address?

- Along with screening for mental health concerns, a **primary care provider** (doctor, nurse practitioner or other healthcare provider) can treat many mental health concerns. They can also recommend or refer you to a specialized provider for your mental health needs.
- **Psychiatrists** are specially trained to assess, diagnose, and provide therapy for mental health conditions. They can also prescribe medications if needed. They work in hospitals, community mental health clinics, primary care clinics, and private practices.
- **Clinical psychologists** make diagnoses and provide counseling and therapy. Sometimes they can prescribe medications.
- **Therapists and counselors.** Although their titles vary from organization to organization, therapists and counselors can help with emotions, behaviors, and thinking patterns. They help with improving life skills, coping, and relationships.

**Mental
Health
101**

Source: Well Badger. For [more information](#).

OCMH Updates

Diverse Clinician’s Listening Session

“Real Talk with Culturally Diverse Mental Health Professionals: Culturally Sensitive Supervision” provided an opportunity for mental health professionals from diverse backgrounds across the state to talk with each other about culturally sensitive supervision on July 20th. Comments shared include the following.



Clinician perspectives:

- People need a really good understanding of who they are as a clinician, how does that fit with evidenced-based practices? Is that inclusive of our clients?
- Knowing yourself is important – what are your strengths and weaknesses? Supervising people that didn't have knowledge of my culture was challenging until I focused on knowing my own strengths.
- When we talk about culture, it requires us to be vulnerable. How much of our vulnerability are we comfortable putting out there?
- Recognize how historical trauma affects people. Trauma is different and worse for people of color. Learn about a person's background and how it applies to the therapy.

Supervisor perspectives:

- Getting people to hear you versus just getting your point across. This is important when you become a supervisor.
- Majority of supervisors haven't had training on being a supervisor. This is even more of a problem when a clinician of color is supervised by a person not of color.
- What if tomorrow you are the supervisor, what are you going to do differently? How will you supervise people so they will enjoy their work?
- We are now multi-cultural but still operating under Western European methods.
- Having mentors is important.

Youth Listening Session

Young people across the state came together on July 29th to discuss why understanding intersectionality matters. The topic was selected by OCMH youth leaders and provided for a robust discussion. Themes that emerged are as follows.

General challenges of intersectional identities. Participants with less obvious identities (e.g., LGBTQ, certain disabilities or conditions) talked about feeling the need to “bottle up” or hide those identities except in spaces they know to be supportive. More generally, participants described how taxing it is to have to continually educate others and justify their needs as legitimate in spaces where such awareness is lacking.

Intersectional awareness needed to supply support and avoid harm. Youth who had been in therapy spoke at length about negative and/or ineffective experiences due to therapists' lack of awareness or expertise with racial, cultural, or identity groups. Therapists can misinterpret information if they lack broader cultural awareness.

Bad experiences interfere with future help-seeking. Participants described multiple, failed attempts to find skilled therapeutic help. Such experiences led them to lose confidence both in therapeutic interventions and in adults more generally.

Adults can help by educating themselves and practicing humility. Participants encouraged therapists, teachers, and other adults to educate themselves on the experiences, perspectives, and needs of non-dominant groups. They also encouraged humility and honesty when adults do not have expertise in a particular area.

Intersectional peer support is very helpful. A few participants talked about how transformative it was to find peer or affinity groups that could relate to their multiple identities, such as an LGBTQIA+ person with a disability or Black with mental health diagnoses. It seemed easier for most people to find this online versus in person.

Being respected and normalized is helpful. Participants emphasized that they value the roles of others in their lives who do not share their identities, especially when those individuals show genuine interest, avoid making assumptions, are gracious about being corrected, and show a

willingness to learn. Participants highlighted the fact that age itself is part of intersectionality and that young people can be actively disrespected or disregarded due to their age.

Embed intersectional perspectives in system design. Participants emphasized the value of having multiple perspectives built into systems in order to remove barriers (e.g. technological, financial, cultural) to people from non-dominant groups.

Value the knowledge and contribution of non-dominant groups. Participants noted that it is important to express appreciation when members of non-dominant groups choose to share insights and feedback to help educate others. At the same time, members of non-dominant groups can be easily worn down by continually trying to, or being asked to, meet that need for others.

Don't assume inability or incompetence; do assume the best. Participants of color and those with disabilities both noted that schools and other groups underestimated their abilities. This included steering them towards inappropriately easy tracks as well as celebrating their group's academic successes in ways that felt exceptional and patronizing.

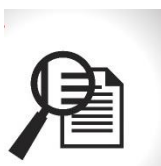
Legislative & Policy Update

Do What's Best for Kids. Governor Evers called for a special session of the Legislature on July 27, to approve \$440 million into K-12 education (\$240 million for increasing per-pupil aid by \$146 per student and \$200 million for special education aids) and \$110 million into higher education (\$90 million for the University of Wisconsin System and \$20 million for the Wisconsin Technical College System). The Legislature met that day, but refused to take up the proposed plan and took no action on school funding.

State Biennial Budget (correction). In our July summary of how OCMH's children's mental health recommendations fared in the final biennial budget bill ([2021 Wisconsin Act 58](#)), we incorrectly stated that the bill included \$3.3 million to support Social Emotional Learning (SEL) Training and Technical Assistance for Early Childhood Educators. Unfortunately, this item was removed from the Governor's budget proposal and did not pass.

Children's Mental Health in Professional Literature

OCMH Research Analyst - Advanced Kate McCoy spotlights new, open access articles about children's mental health.



For U.S. Latinos, COVID-19 Has Taken a Personal and Financial Toll. Read the [article](#).

Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health. Read the [article](#).

Emergency Department Visits for Suspected Suicide Attempts among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. Read the [article](#).

Death from COVID-19 as Context for Early Childhood Education. Read the [article](#).

More articles are available on the [OCMH Website](#).

Of Interest

Katie Beckett Medicaid Helps Children with Disabilities Access Needed Services

[Katie Beckett Medicaid](#) provides access to Wisconsin Medicaid services for children with disabilities, mental illness, or complex medical needs. Katie Beckett helps some children whose parents have too much income to qualify for Medicaid, and those covered by private insurance, get a ForwardHealth Medicaid card so they can receive needed services and equipment that might not otherwise have access to. To apply, families can call 888-786-3246. They will be connected with an eligibility specialist who will explain the Medicaid benefit and help the family decide if they want to pursue enrollment.

Mental Health America (MHA) is accepting applications for 2021-2022 Young Mental Health Leaders Council (YMHLC)

YMHLC identifies young adults (18-25) who have created programs and initiatives that fill gaps in mental health resources in their communities. From policy to apps and peer support to sports, MHA's young adult leaders are making a difference to meet the needs of their peers. Selected applicants participate in a six-month cohort to connect and share ideas with other leaders from across the US. Applications are due August 20, 2021. For more [information](#).

August is National Immunization Awareness Month

Highlighting the importance of vaccination for people of all ages, the Centers for Disease Control and Prevention offer a number of [resources](#).

Children's Mental Health in the News

Simone Biles is being applauded for her strength. Society owes her more, these Black women say. The national conversation on mental health has been reignited because of the bravery of young Black athletes. Read more about the leadership of Simone Biles, Naomi Osaka, and others in this [article](#).

Bringing More Teens Home: Raising the Age without Expanding Secure Confinement in the Youth Justice System. This study focuses on how states that have raised the age at which youth can be sentenced to adult prison have successfully increased their community-based options for youth and reduced the number of youth in prison. Outcomes are often better and costs are sometimes less. Wisconsin, Texas, and Alabama are the only states that consider every arrested 17 year old to be an adult and prosecute them in the adult justice system instead of the juvenile justice system. Read the [article](#).

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