



# NEWSLETTER

*June 2021 Edition*

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

## **Improving Quality of Life for LGBT Youth – Focus of June OCMH Fact Sheet**

LGBT (lesbian, gay, bisexual, and transgender) youth experience higher rates of mental health disorders than other youth and have almost twice the rate of death by suicide. In academic settings, LGBT youth are at increased risk for in-person and online bullying. Specifically in Wisconsin LGBT youth report:

- 46.7% experience dating or sexual violence
- 45.9% self-harming in the last year
- 43.8% experienced bullying of any kind
- 16.4% missing school in the last month due to fear for safety



LGBT youth are more likely to consider and attempt suicide when compared to cisgender and straight youth. A study by the Trevor Project showed that 40% of LGBT youth and over 50% of transgender and nonbinary youth had serious suicidal ideation.

Youth who had their pronouns used correctly by others most or all the time had lower rates of suicide attempts compared to those who did not.

### **The Fact Sheet offers suggestions as to what we can do**

- **Parents**
  - Participate in a parent education group and learn more from resources such as The Trevor Project and GLAAD.
  - Provide youth access to LGBT support groups.
- **Schools/Teachers**
  - Improve bullying policies by incorporating specific language regarding harassment based on sexual orientation or gender identity.
  - Educate staff about creating a positive social climate by using correct pronouns, reducing gendered language, and soliciting feedback from students.
  - Create support organizations, clubs, and safe spaces for LGBT youth such as a Gay-Straight Alliance (GSA), which is a student led group that connects LGBT youth and allies.
- **Policy Makers**
  - Support the Equality Act which would improve antidiscrimination policies for public spaces and add protections for LGBT people.

- **Communities**
  - Provide educational opportunities to support parental acceptance and understanding of their LGBT youth.

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

## Lived Experience Insights

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

### Why does improving the quality of life for LGBT youth deserve attention and focus?

As an individual who has faced a lot of hardships from being LGBT, I would say youth deserve attention and focus so they don't go through the same thing. No youth should ever be called a fa\*\*\*t by their principal. Even if just under their breath. This happens to a lot of youth and there is not someone to talk to when these things happen. At least there was not for me two years ago.

**LIVED EXPERIENCE PARTNERS**  
BUILD CONNECTIONS AND CAPACITY  
TO CREATE SYSTEMS CHANGE



### What action would you like to see taken by policymakers, communities, or schools to improve the quality of life for LGBT youth?

I would like school, policymakers, and communities to remember just because you can't see that someone is LGBT doesn't mean we are not there. If space is not made to co-exist peacefully people will be trapped or feel the need to hide their identity. When coming up with policies or programs schools should aim to remember everyone has different comfort levels and to aim for options being written into their programs. Not created after the fact.

### How has your identity as a nonbinary person impacted your mental health?

It is still hard to talk about being nonbinary affecting my mental health because of how often and substantial the effects are. Most days it feels like there is no space for me to exist or just be me. When I wake up I know hardly anyone is going to get my pronouns right on the first try, and barely anyone is going to ask. Then the job of debating if I correct them, are they going to fix it, fight me, spit on me, or try to kill me. Which are situations that have happened and will continue to happen. Essentially people treat me poorly because I am not like them, and that makes me feel like I should treat myself poorly. When I start doing that, I tank my mental health and self-confidence.

*From Emma McGovern, Office of Children's Mental Health Lived Experience Partner from Dunn County*

## Mental Health 101 – Collective Impact Partner experts help us understand basics of mental health

### What is PTSD?

By: Margaret Altschaeffl, PhD, Psychologist, Psychiatry and Behavioral Medicine – Children's Wisconsin

Posttraumatic Stress Disorder, or PTSD, is a term that describes changes to emotions, behaviors, and thought that may happen after a child experiences a stressful event. For the diagnosis of PTSD, the event must

**Mental  
Health  
101**

involve death, serious injury, or sexual violence. However, mental health providers also acknowledge that there are other stressful events in a child's life that can lead to symptoms of traumatic stress. These events include separation from parents, witnessing community violence, bullying at school, and experiencing emotional abuse. There are four categories of traumatic stress symptoms: Intrusion (e.g., memories, dreams, and flashbacks, strong emotions and body feelings), avoidance of remembering the event, negative thoughts and emotions, (e.g., difficulties feeling joy and relating to others, negative self-esteem), and high arousal and reactivity (e.g., being on the lookout for danger, irritability, and having problems sleeping or concentrating). Every child's demonstration of traumatic stress will be different. Therapy is available for children of all ages, including early childhood, to specifically support children who have experienced traumatic events. The therapy focuses on developing healthy and supportive relationships, building knowledge about traumatic stress, and learning coping skills to manage the symptoms of traumatic stress and to stay safe in the future.

## COVID-19 and Trauma-Informed Care Training

OCMH's Trauma-Informed Care Team has produced two COVID-19 and Trauma-Informed Care training videos intended to view and hold staff/team training discussions on. The video topics are:

- Collective Trauma 101 – Definitions & General Information
- Collective Trauma 101 – Strategies for Coping



Access the videos [here](#):

Each video is under 30 minutes and includes an expert panel discussion sharing their thoughts on questions relevant to the topic. Each video segment is accompanied by a training toolkit that includes suggested team discussion questions and online resources. These videos are ideal for small group viewing and then discussion following.

As the Trauma-Informed Care (TIC) Team discussed topics for their TIC training program the need for real discussions on the collective trauma of COVID-19 became clear. Bringing experts together to explore relevant TIC topics in a facilitated dialogue has been a successful training format for the Team, which has a strong history of offering TIC workshop training to the workforce.

## OCMH Updates

### **OCMH Budget Recommendations to Improve Children's Well-Being**

The Office of Children's Mental Health (OCMH) Director Linda Hall made budget recommendations to the Joint Finance Committee in late May. If adopted, these seven recommendations would increase children's access to critical mental health services and further children's well-being. See the [recommendations](#).

### **Culturally Diverse Mental Health Professionals Speak on the Challenges of Surviving in the Field during Uncertain Times**

OCMH invited culturally diverse mental health professionals to participate in a real talk discussion on what it has been like to practice during the pandemic and times of cultural unrest. The virtual discussion took place May 11, 2021, and 20 mental health professionals from across the state participated.

Two speakers shared their stories. Sustaining them in their work included: being a role model for others; giving themselves permission to rest; and the support of their families. Among the challenges reflected on were: the expectations they experience coming from their organizations, colleagues, and themselves as well as their clients; being challenged for their qualifications; and having to process current events alongside their clients. When asked what they wish they had known, they shared: “I don’t need to be scared,” and shifting their thoughts around being a minority when actually “there are a lot of us in this work.”

Highlights from general discussion among all the participants included:

- In navigating the experiences of marginalization, clinicians said the field wasn’t set up for the cultural considerations they are facing today. They expressed how important it is to continue to bring these issues up and identify where changes need to be made as it isn’t OK to keep going the way things have been.
- Students of color face many challenges when entering the field and getting a license. The tests aren’t written for people who don’t have English as their first language. One participant shared, “Our whole schooling, everything in the field is targeted for white people.”
- Recognizing the added emotional layer facing clinicians at this time it is important for mental health professionals of color to give themselves permission to take a step back, take time away, and be with people who stand with them. One shared, “The things that have happened around race during COVID are not new, but they are hitting us harder because of the pandemic.”
- All agreed on the importance of holding peer spaces to grow, learn, and make connections. One participant shared: “We carry a lot – our client’s burdens, our burdens, our family, and where do we go to get support? Having continued spaces like tonight are important.”

The Real Talk Planning Committee is preparing for another session on July 20<sup>th</sup> from 6 – 7:30 pm. The focus will be on culturally competent supervision. If you are planning to participate in this session and have a story of good supervision to share, please contact Linda Hall ([linda.hall@wisconsin.gov](mailto:linda.hall@wisconsin.gov)).

## Legislative & Policy Update

### **State Biennial Budget now before the Legislature’s Joint Finance Committee (JFC)**

The Joint Finance Committee is assembling a 2021-23 state biennial budget for approval by the Legislature by June 30<sup>th</sup>. In its consideration of the Department of Public Instruction’s budget on May 27<sup>th</sup>, JFC made two decisions related to children’s mental health.

- **School Mental Health Collaboration Grants.** JFC added \$3.5 million annually to the state budget to increase to \$10 million annually the funds for these grants that support co-location of mental health services at schools. With the additional funding, both the number and size of school-based mental health collaboration grants will be increased.
- **School Mental Health / Student Wellness.** Governor Evers proposed more than \$46.5 million over the biennium in students’ mental health to fund 10% of school expenditures for school counselors, psychologists, social workers, and nurses. Instead, JFC approved \$12 million (\$6 million annually) for aid for school social workers.

Additional children’s mental health items are yet to be considered by JFC. Consider contacting [your legislator](#) to emphasize the importance of funding Wisconsin children’s well-being. ([Children’s Mental Health 2021-23 Budget Recommendations by OCMH](#)).

### **School Resource Officers - Required Training (AB330)**

Current law provides standards and training requirements for law enforcement officers, but not for school resource officers who are law enforcement officers assigned by a law enforcement agency to

work in collaboration with a school district, private school, or independent charter school. This bill requires the Office of School Safety in the Department of Justice (DOJ) to develop standards and approve a certified training program for school resource officers. The bill prohibits law enforcement agencies from assigning officers after September 1, 2022, as school resource officers unless they have completed a training program that DOJ has approved. The bill also requires the Office of School Safety to maintain a database of all school resource officers and when the officer completed the training required under the bill. On June 3, the Committee on Criminal Justice and Public Safety passed this bill and forwarded it on to the Assembly.

#### **Telehealth Definition (SB 309 / AB 296)**

Under this bill “telehealth” means a practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or a consultation or are used to transfer medically relevant data about a patient. The bill also incorporates related terms from the Medical Assistance program into the statutory chapters that pertain to occupational licensing. On May 26, the Senate Committee on Insurance, Licensing & Forestry Committee held a hearing on the bill.

**Federal Actions to Address the Gun Violence Public Health Epidemic.** In response to recent mass shootings, the Biden-Harris Administration announced six initial actions to address the gun violence public health epidemic. In upcoming weeks, the Administration will: 1) issue a proposed rule on “ghost guns,” 2) a proposed rule on stabilizing braces that effectively turn pistols into a short-barreled rifles, 3) publish model “red flag” legislation for states (Red flag laws allow family members or law enforcement to petition for a court order temporarily barring people in crisis from accessing firearms if they present a danger to themselves or others.), 4) invest in evidence-based community violence interventions, 5) issue an annual report on firearms trafficking, and 6) nominate David Chipman to serve as Director of the Bureau of Alcohol, Tobacco, and Firearms. [More](#).

#### **Keeping All Students Safe Act**

Wisconsin Attorney General Josh Kaul along with 16 additional attorneys general has urged Congress to enact the Keeping All Students Safe Act (KASSA) to ban isolated confinement and life-threatening restraint practices in the nation’s elementary and secondary schools. Their March 21<sup>st</sup> letter asked Congress to eliminate these detrimental disciplinary tactics which endanger the physical and psychological well-being of our nation’s children. [More](#).

## **Of Interest**

#### **June is [LGBTQIA Pride Month](#)**

The month of June recognizes the influence LGBTQIA people have had around the world. Pride month provides an opportunity to raise awareness of current issues facing the community. Parades are a prominent feature of Pride month. June was chosen as Pride month because of the Stonewall Riots which took place in New York City on June 28, 1969.

**June is [National Posttraumatic Stress Disorder Awareness Month](#)** and is intended to raise public awareness about issues related to PTSD, reduce the stigma associated with PTSD, and help ensure that those suffering get the help they need. [Additional information](#).

**Mental Health Awareness** – Although we’ve turned the calendar to June from May when we acknowledged Mental Health Awareness month, advocacy and awareness of mental health should keep going. [Mental Health America’s toolkit](#) helps keep this top of mind.

## Children's Mental Health in Wisconsin News

*Here are a few articles related to children's mental health that we noted and would like to share.*

- REDgen groups help students talk about mental health through pandemic. Read the [article](#).
- An opportune time to fight the stark racial disparity in Wisconsin's birth outcomes. Read the [article](#).
- An Asian American Teen Was Having A Mental Health Crisis When Police Killed Him. Read the [article](#).
- Wisconsin's Child Care Industry Faces a Tough Recovery after COVID-19. Read the [article](#).
- State Department of Health Services creates Office of Health Equity. Read the [article](#).

The Office of Children's Mental Health

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[OCMH@wisconsin.gov](mailto:OCMH@wisconsin.gov) • Follow us on Twitter @WIKidsMH