



Mental Health Action Plan 2017



- **Increase Mental Health Awareness**
 - **Access Mental Health Services**

Healthy People Lincoln County
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Introduction

The purpose of the Lincoln County Mental Health Action Plan is to mobilize people, organizations and stakeholder to collaboratively address mental health issues that impact the people of Lincoln County.

Why is this important?

Approximately 20 percent of the population experiences a mental health problem during a one-year period (Robins & Regier, 1991). Mental health issues are also associated with physical health problems and risk factors such as smoking, physical inactivity, obesity and substance abuse; factors that can lead to chronic disease, injury and disability. Evidence suggests that profoundly negative effects of poor mental health on physical health are not unique to those with the fewest resources, but are evident among adults with mental health problems in a wider population.

Why focus on Mental Health?

The health focus area of mental health was a priority selected by community stakeholders through a community health needs assessment process that started in January 2012. The purpose of this process was to review health data for Lincoln County, as well as strengthens and opportunities. The Healthiest Wisconsin 2020 Plan was the framework for what health focus areas were reviewed.

For a complete copy of the community health improvement needs assessment and plan you can visit, www.healthypeoplelincolncounty.com.

*When comparing all diseases, mental illnesses rank first in terms of causing disability in the United States, Canada, and Western Europe.
- World Health Organization Report 2001*

How you can get involved?

We invite you to actively support Healthy People Lincoln County's Mental Health Action Plan. To get involved, please contact Tammi Boers, Health Educator, Lincoln County Health Department, 607 N. Sales Street, Suite 101, Merrill, at 715-536-0307 or tboers@co.lincol.iw.us

Acknowledgments

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CESA #9
Children's Health Alliance of Wisconsin
Family Counseling Services
Merrill Area School District
Merrill Police Department
Ministry Good Samaritan Health Center
Ministry Sacred Heart Hospital
Tomahawk School District
UW-Extension – Lincoln County

Burden of Mental Health

Among Wisconsin adults, the burden of chronic physical disease falls heavily on those with mental health problems, as evidenced by comparatively higher rates of cardiovascular disease and diabetes. In addition, treatment for mental health problems is lacking for a large portion of those who need it (Wisconsin Department of Health Services, 2009).

Wisconsin data from the 2007 Behavioral Risk Factor Survey indicate that adults with past month serious psychological distress have poor quality of life and poor physical health compared to other adults. The differences include significantly lower levels of social support and life satisfaction and higher rates of chronic diseases.

33% of Lincoln County adults reported feeling down, depressed, or hopeless, 2011.

82% report they get resources and support from family or friends, 67% self-help and 37% a faith-based organization, 2011.

35% reported the biggest barrier for them and their family in getting services for mental health is costs and 8% said lack of providers; 8% stated lack of time, 2011.

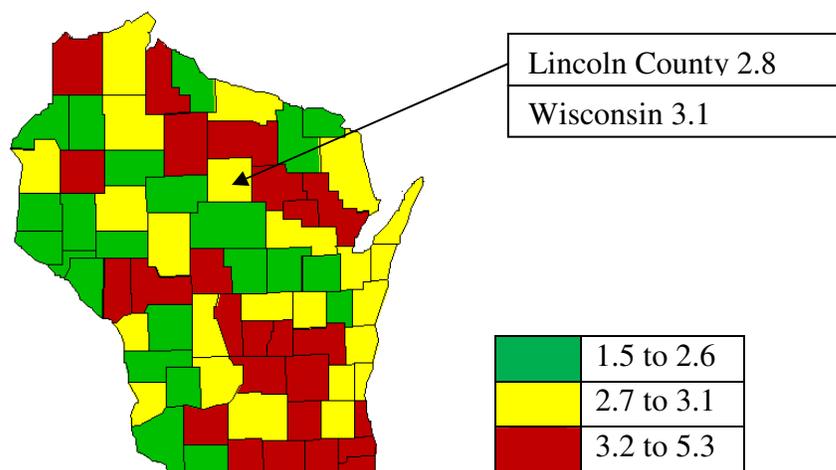
30% reported being prescribed medication to improve mental health and 87% take their medication on a regular basis, 2011.

The suicide rate in Lincoln County for all years was higher than the state rate for all years (16.0 versus 11.8).

The greatest number of suicides occurred in individuals aged 45-54, while the greatest number of hospitalizations and emergency department visits occurred in younger individuals, aged 15-24. This finding is the same at the state level.

Firearms were the most frequently used method in Lincoln County suicides (52%) followed by hanging, strangulation, or suffocation (21%) and poisoning (17%).

2002-2008 Average Number of Reported Mentally Unhealthy Days per Month



Community Strengths

Lincoln County Child Death Review Committee reviews all suicides in Lincoln County and refers recommendations for prevention programs to the Lincoln County Suicide Prevention Task Force.

QPR (Question, Persuade and Refer) suicide prevention trainers are available to train individuals, organizations, and worksites on how to recognize signs of suicide and provide support and referrals. Organizations with trainers include Lincoln County Health Department, North Central Health Care - Merrill Center, Merrill Area Public Schools, WI DPI CESA 9 - Tomahawk, and Marshfield Clinic - Merrill Center.

Grief Support Group through Ministry Good Samaritan Health Center and Caring Hearts Support Group through Merrill Area Community Enrichment Center are available to residents.

Community Opportunities

Wisconsin and Lincoln County has a shortage of mental health providers and counselors.

Cost is a barrier to receive services.

Community members and organizations are not familiar with current programs that are available.

The National Institutes of Health has documented that, on average, Americans with major mental illness die 14 to 32 years earlier than the general population. The average life expectancy for people with major mental illness ranged from 49 to 60 years of age in the states they examined - a life span on par with many sub-Saharan African countries, including Sudan (58.6 years) and Ethiopia (52.9 years).

Mental Health is essential to:

- Personal well-being
- Relationships
- The ability to contribute to society

Mental Health issues are one of the most common causes of disability:

- 13 million adults have seriously debilitating mental illness each year in the US
- Approximately 20% of the population experiences a mental health problem during any given year.

Mental Health issues are associated with physical health problems:

- Smoking
- Physical Inactivity
- Obesity
- Substance Abuse

These physical health problems can in turn lead to:

- Chronic Disease
- Injury
- Disability

Source: County Health Rankings, Healthiest Wisconsin 2020, Healthy People 2020

Purpose and Framework for Action Planning

The Lincoln County Mental Health Action Plan was developed in the fall of 2012. When developing goals, objectives and strategies the following process was completed by community partners.

1. Review of State Objectives

- State Goal 1: Reduce smoking and obesity among people with mental health disorders.
 - State Goal 2: Reduce disparities in suicide and mental health disorders.
 - State Goal 3: Reduce depression, anxiety and emotional problems.
- Source: Wisconsin Healthies Wisconsin 2020

2. Review Evidence-based Best Practices for Mental Health

- Focus on individual and community based interventions
- Source: Healthy People 2020

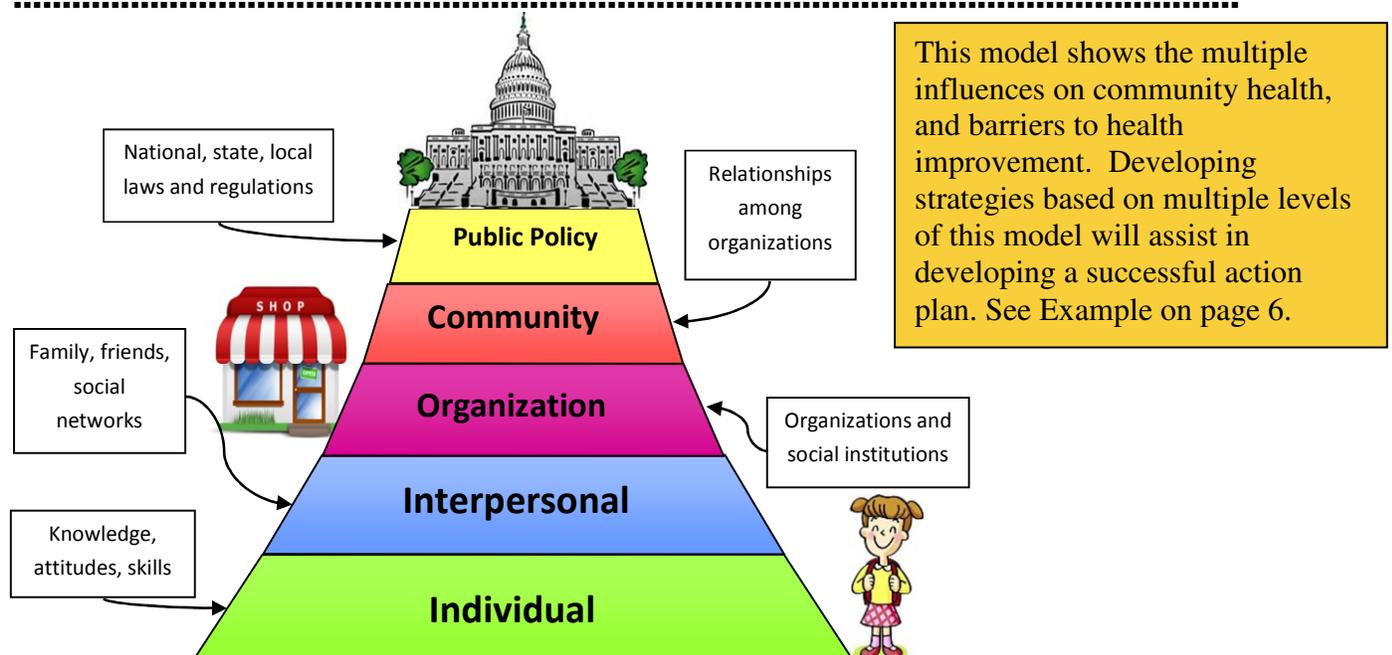
3. Determine Community Needs

- Review community needs assessment data
- Review Lincoln County Community Survey 2012
- Lincoln County strengths and opportunities

4. Determine How to Measure Success (Evaluation)

- Develop Mental Health logic models
- Develop SMART Measureable objectives
- Determine key indicators

Socio-ecological Model



Factors Influencing Mental Health

The following are evidence-based approaches to address mental health at the individual, organization/institution and community levels. Policies addressing systems and policy changes have been proven to show sustainability, impacts infrastructure and shift social norms.

Approaches			
	Individuals, Families & Social Networks	Organizations & Institutions	Community (neighborhoods, municipalities, counties or state)
<p>Programs Activities focused on increasing knowledge about health issues and/or promoting healthy behaviors or conditions</p>		<ul style="list-style-type: none"> Signs of Suicide (SOS) Program in secondary schools Screening of adolescents (12 – 18 years of age) for depression in the healthcare setting. 	<ul style="list-style-type: none"> Gatekeeping programs, like Question, Persuade and Refer (QPR)
<p>System Change Change that impacts social norms of an organization, institution, or system; may include a policy or environmental change strategy.</p>		<ul style="list-style-type: none"> Culturally tailor messages and implement comprehensive multi-component interventions in partnerships with statewide and community-based coalitions. 	
<p>Environment Change Physical aspects of the environment that support healthy or discourage unhealthy behaviors and conditions</p>			<ul style="list-style-type: none"> Enhancing access to places for physical activity.
<p>Policy Policies, rules, ordinances and laws that support healthy practices, actions and behaviors</p>			<ul style="list-style-type: none"> Smoke-free Law (reduce smoking among people who have mental health issues).

What you can do?

Individuals and Families

- Become informed about mental health issues.
- Access screening and early interventions for mental health issues.
- Promote healthy behaviors by including physical activity and healthy foods in your lifestyle.
- Participate in coalitions and partnerships.

Organizations and Institutions

- Implement comprehensive care coordination to support patient centered medical homes.
- Promote the use of screening tools for depression, anxiety and suicide risk across all healthcare settings, community and schools.
- Provide intensive training, support and consultation for primary care providers in the treatment of mental health issues.
- Assist in finding resources to increase mental health access to all populations.
- Implement comprehensive programs that promote physical activity and nutrition through multi-component interventions aimed at diet, physical activity, and cognitive change.
- Participate in coalitions and partnerships.

Community and Systems

- Implement comprehensive care coordination to support patient centered medical homes.
- Support legislation that brings about equity and parity for mental health services.
- Enhance places for physical activity.



Definitions of Planning Terms

Focus Area:	Top issue your community selected as priorities
Goal:	Board statement of what you hope to accomplish related to this priority
Objectives:	Describe the specific measurable end-products of your intervention. Objectives should be SMART: specific, measureable, achievable, realistic, and time-framed.
Timeline:	Projected start and end date for each activity
Resources/Required:	All resources needed for each step
Lead Person/ Organization:	Identify by name key person who will initiate the activity, provide direction for the work, and monitor the progress.
Progress Notes:	Track progress of completion of activities. Also note unexpected outcomes, both positive and negative.
Indicator:	What you measure to determine whether or not change has occurred.
Data Source	Data collection method to determine whether or not change has occurred.

Action Plan

Healthiest Wisconsin 2020 Alignment: 1. Reduce disparities in suicide and mental health disorders for disproportionately affected populations. 2. Reduce the rate of depression, anxiety and emotional problems among children with special health care needs.

Healthy People 2020 Alignment: 1. Reduce the suicide rate. 2. Increase the proportion of children with mental health problems who receive treatment. 3. Increase the proportion of adults with mental health disorders who receive treatment. 4. Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders. 5. Increase depression screening by primary care providers.

Date Created: 1-24-2013

Date Reviewed/Updated:

Goal 1: By 2017, Lincoln County residents will have an increased awareness and knowledge of mental health disorders.

Objectives:	Timeline					Indicators and Data Sources	Resources Required	Lead Person/ Organization	Progress Notes
	13	14	15	16	17				
By December 31, 2013, mental health council will meet at least quarterly. Social Economical Model: Individual, Interpersonal, Organizational	X					Agendas, minutes	Recruit diverse coalition members		
By December 31, 2013, the mental health council will do at least 3 focus groups, including students, town suppers, school boards, parents and law enforcement. Social Economical Model: Individual, Interpersonal, Organizational	X					Interview or Assessment results	Assessment, survey Staff time Cooperation from Council		
By December 31, 2013, the mental health council will utilize 1 current	X					Interview or survey results	Resources		

Objectives:	Timeline					Indicators and Data Sources	Resources Required	Lead Person/ Organization	Progress Notes
	13	14	15	16	17				
<p>community initiative to increase mental health awareness utilizing resources from the newly created mental health councils' resources and expertise.</p> <p>Social Economical Model: Individual, Interpersonal, Organizational, Community</p>							<p>Staff time</p> <p>Cooperation from Council</p>		
<p>By December 31, 2015, the Mental Health Council will provide research based community education on mental health issues to increase knowledge among community partners and the public by 10% on how social connectedness and community engagement across a lifespan increase's one's mental health.</p> <p>Social Economical Model: Individual, Interpersonal, Organizational, Community</p>			X			<p>Percent of residents stating they increased their knowledge.</p> <p>Surveys</p>	<p>Travel</p> <p>Develop & implement campaign</p> <p>Develop & implement mental health summit</p> <p>Funding</p> <p>Staff time</p> <p>Cooperation from Council</p>		
<p>By December 31, 2017, increase the public's awareness, education and support of mental health disorders and addictions by 20%.</p> <p>Social Economical Model: Individual, Interpersonal</p>					X	<p>Percent of residents stating they increased their knowledge.</p>	<p>Focus Groups</p> <p>Media</p> <p>Funding</p> <p>Staff time</p>		

Objectives:	Timeline					Indicators and Data Sources	Resources Required	Lead Person/ Organization	Progress Notes
	13	14	15	16	17				
						Surveys	Cooperation from Council		

Goal 2: By 2017, Lincoln County residents will have increased access to mental health resources.

Objectives	Timeline					Indicators and Data Sources	Resources Required	Lead Person/ Organization	Progress Notes
	13	14	15	16	17				
By December 31, 2013 the Mental Health Council will assess at least 15 community agencies, organizations, worksites, providers, faith-based organizations, schools and or worksites on what mental health and addiction resources, education and referral that is provided to Lincoln County residents. (including curriculum, and trainings such as Question, Persuade and Refer). Social Economical Model: Organizational, Community	X					What mental health and addiction resources, education and referral processes/ information are currently available. Number of assessments completed	Cooperation from agencies Needs Assessment Survey Evaluation tool for referral Staff time Funding Cooperation from Council		
By December 31, 2013, at least 3 additional mental health best practice resources for Lincoln County on mental health and addiction will be	X					What new practices have been implemented	Approved survey tool Funding		

Objectives	Timeline					Indicators and Data Sources	Resources Required	Lead Person/ Organization	Progress Notes
	13	14	15	16	17				
<p>posted on 2-1-1.</p> <p>Social Economical Model: Individual, Interpersonal, Organizational, Community</p>						Results from survey or interviews	<p>Staff time</p> <p>Cooperation from agencies</p> <p>Cooperation from Council</p>		
<p>By December 31, 2015, at least 5 community agencies, organizations, worksite, medical providers, faith-based organizations, schools and or worksites will implement evidence-based/best practices mental health and addiction resources, education and referral.</p> <p>Social Economical Model: Organizational, Community</p>			X			<p>Develop community tools</p> <p>Evaluation tool</p> <p>Referral protocol template.</p>	<p>Approved survey tool</p> <p>Funding</p> <p>Staff time</p> <p>Cooperation from agencies</p> <p>Cooperation from Council</p>		
<p>By December 31, 2017, access and utilization of mental health services will increase by 10%, decreasing the counties' suicide rate.</p> <p>Social Economical Model: Individual, Interpersonal</p>					X	Evaluation or assessment results	<p>Approved survey tool</p> <p>Funding</p> <p>Staff time</p> <p>Cooperation from agencies</p> <p>Cooperation from Council</p>		

Resources and References

Data Resources

Burden of Suicide 2010

<http://www.dhs.wisconsin.gov/health/InjuryPrevention/pdffiles/bosfinal9%205.pdf>

Lincoln County Community Health Survey, 2012

Healthiest Wisconsin 2020, Mental Health Focus Area, Wisconsin Division of Public Health, 2010

<http://www.dhs.wisconsin.gov/hw2020/health/mentalhealth/index.htm>

Evidence Based Practice Resources

The Community Guide

<http://www.thecommunityguide.org/mentalhealth/index.html>

What Works for Health in Wisconsin

<http://Whatworksforhealth.wisc.edu>

Substance Abuse and Mental Health Services Administration
(SAMHSA) National Registry of Evidence-Based Programs and Practices

<http://www.nrepp.samhsa.gov/Index.aspx>

Suicide Prevention Resource Center

<http://www.sprc.org/bpr>

Mental Health Organizations

Mental Health America of Wisconsin: <http://www.mhawisconsin.org/>

National Alliance on Mental Illness

<http://www.nami.org/>

National Institute of Mental Health

<http://www.nimh.nih.gov>