



Mental Health Action Team Meeting

Monday, July 23rd, 2018

10:00am-12:00pm

Eau Claire City-County Health Department

Room G302

Minutes

1. Introductions and information sharing
 - a. Barb shared the NAMI: Sharing Hope for Suicide Walk, September 15, 2018. NAMI Basic Class will also start in the fall.
2. Reviewed minutes.
 - a. Approved by group.
3. Updates
 - a. QPR- Training done last week. Tomorrow (24th) there still be one at the Health Department. It is free to the public. There are two other sessions at St. Joseph's Hospital on August 22nd at Sacred Heart Hospital on Sept 5th.
 - b. Recap from last meeting's call with Beth Clay: She was the presenter on the No Wrong Door Policy in the Fox Valley. We had a conversation with her as to what didn't work well with No Wrong Door policy in the Fox Valley. They ended up going with an intense website resource. Beth Clay shared that the website creator for the Fox Valley, Network of Care, will be presenting the website platform to HWPP and the Mental Health Matters grantees around the state in October meeting to show how they might be able to expand the website state-wide. We will continue the conversation about how we may move forward with No Wrong Door as we begin the community health improvement planning process.
4. Mental Health Matters Updates
 - a. They are looking to provide a train-the-trainer course on Adverse Childhood Experiences (ACEs) and Building Resilience. These trainers will start presenting the ACEs content to schools and in the community this fall. There will be mindfulness training for Cadott school district in the Fall, then Eau Claire Memorial in the Spring as part of the grant strategies. The data strategy group starts up next month to move that strategy forward.

5. Community Health Improvement Plan

a. Provide Community Health Improvement Plan (CHIP) background

- i. Reviewed current action team action plan. Currently have two goals outlined around suicide prevention and mental health awareness and the other looking at social emotional development of children. See the link for the action plans:

<http://eauclaire.wi.networkofcare.org/content/client/1148/2015-2018MentalHealthActionPlan.xlsx>. Discussed that most of the work we've done in the past year was related to our goal around suicide prevention and mental health awareness. Much of the work around social emotional development was shared by the Mental Health Matters grant.

b. Share State and National Health Priorities

- i. Gina shared overview of state and national health priorities. National plan has measures related to reducing the suicide rate, suicide attempts by adults, proportion of adolescents who engage in disordered eating behaviors and other goals around treatment expansion. Healthiest Wisconsin 2020 Plan was reviewed. Gina shared how some of their objectives are cross-cutting with other health priority areas. Examples include: reducing smoking and obesity among people with mental health disorders (which lead to chronic disease and premature death), reduce disparities in suicide and mental health disorders, and reduce the rate of depression, anxiety and emotional problems among children with special health care needs. Deeper discussion of Healthiest Wisconsin 2020 plan will happen in the health equity table discussion.

c. Data Walk-- group broke into three groups to review and discuss data: Secondary Data, Qualitative Survey Assessment Data and Health Equity. Groups rotated so they had a chance to be at each table.

- i. *Group viewed secondary data from Community Health Assessment (CHA)*. They also compared the 2018 CHA data to data from the 2015 CHA. (What do you observe in the data? What surprised you? Etc.)
- Data about why people feeling this way and what are the stressors would be helpful
 - Poor mental health days in Eau Claire are lower when compared to Wisconsin data, but suicide rates for Eau Claire are higher when compared to Wisconsin data
 - Suicide death rate and self-injury has increased- why? Above state/national?
 - What triggered suicide increase? Specifically from 2014-2015? What age group? What gender?
 - What was the cause of suicide death jump in 2014-2015?

- f. What grade in high school do students take the YRBS?
 - g. Adding mental health providers is positive
 - h. Does bullying correlate with anxiety?
 - i. Want to know more about anxious
 - i. Maybe college readiness, open up more new
 - ii. Social, violence, bullying, media, future success
 - j. Significant number of kids with anxiety
 - i. Has it always been this way?
2. What might contribute to this?
 - a. What is included in self-inflicted? Drugs??
 - b. Need coping skills
 - c. Hospitalizations constant, but suicide increase- why?
 - d. What is causing anxiety?
 - i. Relationship, family, school
 - e. Are self-inflicted hospitalizations county Eau Claire County residents only or all people coming to Eau Claire hospitals?
 - i. It was clarified it is only Eau Claire County residents
 - i. *Group reviewed qualitative data from community health assessment survey. (What themes do you see?)*
 3. Resources
 - a. Lack of resources for adolescents under 18 (lack of access)
 - b. Resources (nami, qpr, 211)
 - c. Shortage of psych beds/service and long waits
 - d. Lack of mental health providers and crisis support
 - e. Lack of resources of all kinds
 - f. Lack of providers; no quick access
 - g. Shortage of providers
 - h. Low access to care, long waits, limited beds
 - i. Serious lack of beds and resources
 4. Education
 - a. Education around health benefits and how they interact with healthy systems- what when, where, who NEEDED
 - b. Lack of knowledge of treatment options, lots of empty opinion
 - c. Lack of education
 - d. Lack of awareness of treatment options
 - e. Lack of awareness of resources
 5. Affordability
 - a. Mental health care is not affordable
 - b. Lack of affordable resources, too expensive
 6. Treatment Options
 - a. All or none care
 - b. Alternative treatments
 - c. Mental health regular checkups
 - d. More providers/education

- e. Pill pushy rep
- f. Treat the “whole” person not just the symptoms
- g. We focus on reactive treatment rather than prevention
- h. No drugs, equals alternative options
- i. Wanting alternatives to meds, treatment seems med driven
- j. Treatment options other than medication are not offered

7. Stigma

- a. Negative stereotypes
- b. People don’t see problem or unable to adequately identify or label the issue

8. What people see as possible causes of mental illness

- a. Stress- work financial, housing, etc
- b. Substance abuse
- c. Bullying

9. Other

- a. No band aids equals root cause- technology, stress, less family, money, less support
- b. Input of the brain
- c. Homeless, children, too many mental health in jail, elderly
- d. Systems/policies are frayed; primary physicians lack training in mental health and clients not accurately diagnosed

ii. *Group discussed health disparities and reviewed Healthiest Wisconsin 2020 health focus areas, especially related to health disparities. (Are there groups most affected by the health issue?)*

1. Groups of people more affected by the health issue

- a. Lower income
- b. Lower education
- c. Native American
- d. High school girls compared to boys
- e. Girls vs. boys
- f. Minorities across the board
- g. LGBTQ+
- h. LGBTQ+ youth
- i. Poverty
- j. Poverty
- k. Adults- about half don’t get treatment

2. Stories about access not captured by data

- a. Teens not being heard
- b. Rural
- c. Single parents
- d. Populations with concerns like hoarding- where there are no provider to help with that particular issue
- e. Aging veterans population
- f. Navigating the complex system for “new” patients

- g. Those without access to transportation (both rural and urban)
 - h. Students who have someone safe to connect with versus those who don't
 - i. Insurance
 - j. Insurance
 - k. Lack of data (stigma, contact)
 - l. Poverty
 - m. LGBTQ education/bias (providers)
- iii. *Small group and large group discussion based on four questions. Where is the low-hanging fruit? Where can we have the greatest impact on health in the long term? What is the change community members most want to see? How can we most efficiently use our resources?*
1. Youth and stigma were huge themes.
 2. Where we can have the biggest impact was discussed and youth, families, and marginalized populations (i.e. Hmong).
 3. There is a large population of students with anxiety. Anxiety is such a large part of our culture. Anxiety is typical for many of us, so there needs to be better ways to cope. Learning how to accept anxiety and work around free coping opportunities is important.
 4. Anxiety is alarming. Can we work to build off what Mental Health Matters does?
 5. Getting businesses involved is important.
 6. Access is such a big thing to tackle. Access is not low hanging fruit, but it's could be what community members want to see. Although, they may also want to see less people needing access to services all together.
- iv. Vote on top indicators. Each person was given three votes to put on whichever data indicators they thought was most important to address (could vote multiple times for one indicator)
1. Top three indicators we will look at include youth anxiety (12 votes), youth sad/hopelessness (8 votes), and suicide (8 votes).
- v. CHIP Next Steps (5 mins)
1. Next meeting we will go through a root cause analysis process for the top three data indicators. We will also talk through community assets and resources related to the data indicators.

Next meeting: Monday, August 27th, 10-12pm in Room 302