



Who is impacted by this issue?

Mental health and substance use disorders affect individuals from all segments of Wisconsin communities. In 2017 the Wisconsin Department estimated that almost one in five Wisconsinites had a diagnosable mental illness (18.54%) and more than 218,000 of these individuals had been diagnosed with a serious mental illness. The incidence is even higher for Wisconsin's children, where an estimated 21% have been diagnosed with a mental illness and another 11% with an emotional disturbance. At least 50% of individuals incarcerated in Wisconsin prisons and 64% of those in county jails have diagnosable mental health conditions.

Additionally, Wisconsin's suicide rate keeps climbing. Between 2005 and 2017 the rate per 100,000 residents has gone from 11.5 to 15.5. This is higher than the average for both the nation and nearby Midwestern states. Mental health conditions often co-occur with other chronic health conditions, and adults living with a psychiatric disability die on average 25 years earlier than other Americans. Opioid-related complications resulted in 829 deaths in 2018 and 3,731 emergency room visits in 2019.

Why is this issue important?

Mental illnesses are treatable, and people do recover, even from serious mental disorders. However, when left untreated or undertreated mental illnesses can have a negative impact on an individual's physical, social and financial wellbeing. Mental illness impacts high school graduation rates; lost workdays; adds to costs in the long-term care system; and when co-occurring with other chronic health conditions significantly increases mortality.

Individuals with mental illness can recover and manage their condition successfully. To accomplish this, they need access to community-based, recovery-oriented, trauma-informed system of care which integrates mental health, substance use, and primary care to ensure early identification and intervention. Recovery services and supports must be flexible and available to people so they are able to live in the least restrictive setting appropriate to meet their needs and consistent with their choice. Community supports should focus on helping an individual to live as fully and independently as possible with the equal opportunities and quality of life.

How are supports for this issue funded?

Services and supports may include therapy, medication, psycho-social rehabilitation, peer support, benefits counselling, housing, transportation, and employment services. These services are funded by private insurance, counties, as well as by Medicaid and Medicare. However, there is a continued lack of parity for funding and coverage of interventions needed to treat and recover from mental health issues which results in increased untreated or undertreated conditions. In Wisconsin, counties have the lead role in administering behavioral health services, including community programs such as Comprehensive Community Supports (CCS), Coordinated Services Teams (CST) and crisis services. Mental health needs are also addressed by public education services, including special education.



MENTAL HEALTH

What are major concerns related to this issue?

The lack of access to adequate, high-quality community-based mental health treatment and treatment for substance use disorders has contributed to people being placed in costly out-of-home and institutional settings, being confined to jails, prisons, and unnecessary involvement in the juvenile justice system.

Variations between counties in the amount and scope of services provided has led to inequity in services depending on where the individual lives.

Provider shortages limit the ability of children and adults to experience the full benefit of these programs. Sixty-five of Wisconsin's 72 counties were federally designated as "Mental Health Professional Shortage Areas" as of July of 2022. This shortage is especially severe for people covered by Medicaid, or in rural areas. Access to psychiatric services, especially child psychiatrists is at a crisis point in much of the state.

People of color who experience mental health crises are disproportionately subjected to coercive and punitive responses including involuntary treatment, jail holds, and incarceration.

Wisconsin lacks linguistically competent mental health services for deaf and hard of hearing individuals. In addition to more ASL interpreters there needs to be more mental health providers able to communicate directly with people who are deaf, hard-of-hearing, and deaf blind, through American Sign Language and other modes of communication, and who are knowledgeable of Deaf Culture.

Children and youth with disabilities are overrepresented in the justice system. 2016 data from Wisconsin's Department of Corrections indicates at least 70% of the then current population at Lincoln Hills and Copper Lake were classified as having one or more disabilities; most with a mental health diagnosis or emotional disorder. More attention and resources must be devoted to promoting best practices in youth-focused programming and positive policy changes that will improve outcomes for youth and their families.

