

# WISCONSIN OFFICE OF CHILDREN'S MENTAL HEALTH

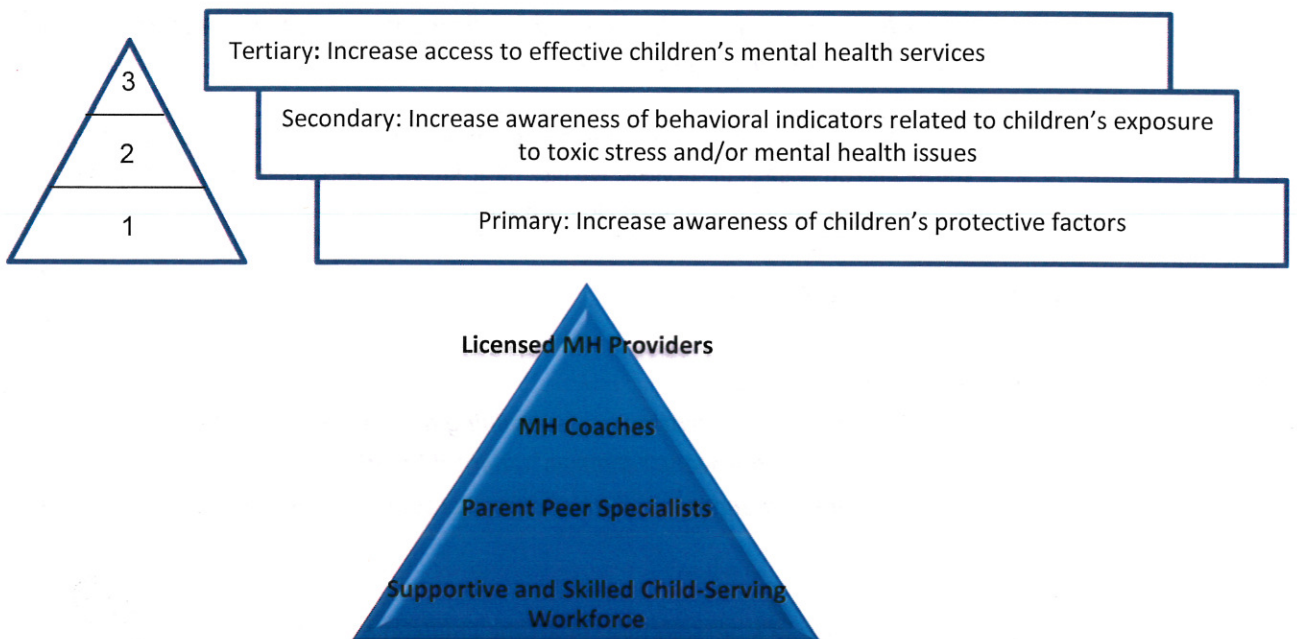
## Framework, Goals and Activities

### Why children's mental health?

- An estimated 21% of WI children have a mental health issue<sup>1</sup>
- Mental wellness is one of the greatest contributors to a good quality of life<sup>2</sup>
- Early experiences are biologically embedded in the development of the brain and other organ systems and have lifelong impacts on learning, behavior, and both physical and mental health<sup>3</sup>

### What will the Office of Children's Mental Health (OCMH) use as a conceptual framework?

#### A Public Health Approach



### What are the OCMH's initial broad based goals?



Primary Prevention: **Increase Resilience**

*Short-term outcome: Increase awareness of what builds children's resilience*

Resilience can substantially mitigate the impact of ACEs and toxic stress.<sup>5</sup> Many studies show that the primary factor in a child's resilience to toxic stress is having caring relationships that create stability, love and trust, offer encouragement and reassurance within and outside the family.



## Secondary Prevention: **Decrease Toxic Stress**

*Short-term outcome: Increase awareness of the behavioral indicators related to children experiencing toxic stress and Adverse Childhood Experiences*

Reducing toxic stressors impacting children, families and communities plays an essential role in promoting mental health. ACEs alone (e.g., physical, sexual, emotional abuse; domestic violence; parental substance abuse, etc.) may explain 45% of all childhood-onset mental disorders and 29% of all adult-onset mental disorders.<sup>4</sup>



## Tertiary Prevention: **Increase Access to Effective Children's Mental Health Services**

*Short-term outcome: Create a service landscape highlighting current activities immediately relevant to children and family mental health within state agencies, statewide organizations and tribes*

35% of WI children who needed mental health services did not access treatment.<sup>6</sup> For those who do engage in services, we lack basic knowledge related to which approaches work best for whom under what circumstances.

### What activities are underway?

#### **Integrate** child-serving systems

- *Take the lead in creating and sustaining a statewide Collective Impact approach directed to improve WI children's mental health*
- *Promote and engage in data sharing across state agencies and with county partners*

#### **Innovate** by shifting people's perspective regarding children's mental health

- *Highlight principles of trauma-informed care and trauma sensitive approaches and therapies*
- *Align mental health services with the science and available data*

Assist others who work to **Address Immediate Issues** related to improving the children's mental health system

- *Reduce over-prescription of psychotropic medication*
- *Develop workforce with a focus on Parent Peer Specialists*

<sup>1</sup> WI MHSA Needs Assessment 2014: <http://www.dhs.wisconsin.gov/publications/P0/P00613.pdf>

<sup>2</sup> WHO 2011: [http://www.who.int/nmh/publications/ncd\\_report2010/en/](http://www.who.int/nmh/publications/ncd_report2010/en/)

<sup>3</sup> Harvard Center on the Developing Child: <http://developingchild.harvard.edu/activities/sar/>

<sup>4</sup> Green et al 2010: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2822662/>

<sup>5</sup> Shonkoff et al 2011: <http://pediatrics.aappublications.org/content/129/1/e232.full>

<sup>6</sup> Healthiest Wisconsin 2020 Baseline and Health Disparities Report <http://www.dhs.wisconsin.gov/hw2020/hw2020baselinereport.htm>