



NAMI
National Alliance on Mental Illness

Wisconsin

Resource Guide

EDITION XII • OCTOBER 2024

*Helping people living with a mental illness and their families
navigate the mental health system in Wisconsin*

Resource Guide

EDITION XII • OCTOBER 2024

**If you or a loved one is
experiencing a mental health crisis**

CALL 988

to be connected with a trained counselor.

**If you or a loved one is in
immediate physical danger**

CALL 911

and request a CIT or mental health officer.

NAMI Wisconsin is not equipped to handle crisis calls.



***This guide is made possible by the generous support of the
Wisconsin Department of Health Services.***

The NAMI HelpLine can be reached
Monday through Friday, 10 a.m. – 10 p.m., ET
Call 1-800-950-NAMI (6264), text “HelpLine” to 62640 or
email helpline@nami.org

NAMI WISCONSIN

414 Atlas Ave, Madison, WI 53714

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NAMI Wisconsin created this guide to help people living with a mental illness and those supporting them navigate the mental health care system.

The mental health care system can be complex, with stigma and provider shortages posing additional barriers for many. With the information in this guide, we hope to simplify the process, reduce your burden, and highlight the valuable mental health resources available in Wisconsin. Our guide is available both online at namiwisconsin.org and as a printed version.

If you have a mental illness or are struggling with your mental health, you are not alone.

If you know someone living with a mental illness or experiencing mental health issues, you are not alone. One in five American adults experience some form of mental illness. In Wisconsin, that translates to approximately one million people. One in every 20 adults lives with a serious mental illness such as schizophrenia, bipolar disorder, or long-term recurring major depression.

We encourage you to ask for support, find a provider, and practice self-care. The earlier you seek support and care, the shorter the duration and better the outcomes of a mental illness. Every year people overcome the challenges of mental illness. By developing and following a treatment plan, you can dramatically reduce many of your symptoms. Recovery is possible and people who live with mental illness can not only survive but thrive!

If you are able to support our mission and the printing of this guide, please consider donating to NAMI Wisconsin. We share this guide with those in need, families, providers, case managers, law enforcement, and libraries. Your support will help us continue to update and print this valuable guide. Visit our website at namiwisconsin.org or use the QR code to the right. Thank you.



Vincent van Gogh painted his famous “Les Irises” in 1889 while hospitalized for his mental illness. The iris flower has been adopted as a symbol of hope, courage, and recovery for individuals and their families living with a mental illness.



The mission of NAMI Wisconsin is to improve the quality of life of those affected by mental illness and to promote recovery.

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CHAPTER 1: WHAT IS NAMI?

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI was founded over 40 years ago in Madison, Wisconsin by a group of families gathered around a kitchen table.

IN THIS SECTION:

- What Is NAMI?
- NAMI Programs Overview
- Online Resources
- CIT & CIP Wisconsin
- Advocate for Change
- Community Outreach

“NAMI has been a core part of my story in mental health and advocating for people with mental health issues. We are no longer just victims—we become survivors and we become teachers and mentors to help others.”

—Maria Hanson, NAMI Wisconsin Member

WHAT IS NAMI?

NAMI Wisconsin is the state office of the National Alliance on Mental Illness (NAMI).

Our mission is to improve the quality of life of people affected by mental illness and their families and to promote recovery.

We train our local NAMI affiliates to provide peer-led support groups and education programs to help people affected by mental illness better understand their illness, navigate the mental health system, and maintain healthy relationships.

NAMI Wisconsin offers **mental health support, resources, and information** to people over the phone and via email.

We connect people who live with a mental illness and their families to their local affiliates that provide support groups and classes in their area. You can find the NAMI affiliate closest to you here: namiwisconsin.org/find-my-nami

As a nonpartisan organization, NAMI Wisconsin **advocates on the state and local levels of government** to improve mental health policy.

NAMI Wisconsin provides **public education and community outreach** to reduce stigma, help the general public better understand mental illness, and share stories of recovery.

Finally, NAMI Wisconsin manages the state CIT Grant to fund crisis intervention trainings for law enforcement and community partners across the state to improve outcomes of interactions between law enforcement and people in a mental health crisis.



3 LEVELS OF NAMI



NAMI National



NAMI Wisconsin



NAMI WI Affiliates

PROGRAMS OVERVIEW

Contact your local affiliate (pages 111–119) for more information about NAMI programs.

SUPPORT GROUPS



Free 60-90 minute support groups led by trained peers living with mental illness or mental health concerns to provide a space that offers respect, understanding, encouragement, hope, and mutual support between group members.



Free 90-minute support groups led by state-trained family members of persons who live with mental illness for friends and family members. These groups provide a place that offers respect, understanding, encouragement, and hope.



NAMI Wisconsin provides online support groups and classes for individuals across the state who do not have a local NAMI Affiliate or do not have certain support groups or classes provided by their local affiliate. These support groups and classes are open to anyone in need within Wisconsin. For more information, please see [page 10](#).

EDUCATIONAL CLASSES



A community-based discussion group of the NAMI Basics OnDemand Program which targets parents and loved ones of school-aged children living with mental illness. Participants watch the NAMI Basic OnDemand modules at their own pace between group meetings. Then after watching assigned modules, the participants come together to discuss what they have learned, create connections, and learn about local resources. Groups meet for 3-4 sessions.



NAMI Hearts+Minds is a wellness program designed to educate and empower individuals living with mental illness to better manage their health both mentally and physically. Groups meet for 5 sessions.



A hands-on advocacy training program that helps people living with mental illness and their friends and family transform their passion and lived experience into skillful grassroots advocacy.



Free 8-week class for adults living with a mental health challenge. The class content includes a wide range of topics related to mental health wellness designed to assist individuals in reaching and maintaining mental wellness, including information on various aspects of mental health and recovery.



Free 8-week course for family caregivers of individuals living with mental illness. The course is taught by trained family members. There is a shortened version of this program called Family and Friends.



A class for families to prepare for the future needs of their loved one living with mental illness and/or disabilities. Class participants are aging parents and caregivers, siblings, or those looking ahead to future needs for loved ones. Topics include but are not limited to legal issues, financial planning, special needs trusts, power of attorney, guardianships, and social security benefits. This class generally has a fee for participants to help cover costs, however, scholarships are available through NAMI Wisconsin. This class runs 6 hours.

PRESENTATIONS



In Our Own Voice

People living with a mental health condition share their powerful personal stories in this free, 90-minute presentation that changes attitudes, assumptions, and stereotypes by describing the reality of living with a mental illness.



Sharing Your Story

with Law Enforcement A presentation program that prepares individuals and family members to share their stories of lived experience with mental illness to a law enforcement audience, such as during Crisis Intervention Team (CIT) training.



A presentation for general adult audiences to reflect the experience of family members of someone living with a mental illness.



An educational and awareness presentation to provide insight and a better understanding of those who are hearing voices and in distress, as well as challenge misunderstandings and stereotypes. The goal of the training is to help build empathy for individuals living with auditory hallucinations.

YOUTH PROGRAMS



Ending the Silence



NAMI Ending the Silence helps raise awareness and change perceptions around mental health conditions. During this free, 50-minute presentation, a young adult living with a mental illness and a presenter share about mental health challenges, warning signs of mental illness, and recovery.



A mental health awareness presentation given to elementary-aged students. Some of the topics covered include anxiety, depression, how to help a friend, and coping strategies. The presentation is 40–45 minutes with a curriculum follow-up for teachers.



A fun and engaging video made for elementary age kids to start the conversation about mental illness. After watching the video with your children or class, check out our free downloadable worksheets to continue learning about mental illness.



A high school extracurricular club dedicated to increasing mental illness awareness, inspiring advocacy, and promoting acceptance for students living with a mental health condition. These clubs empower students to create an open dialogue about mental health while developing leadership skills.



ON CAMPUS

College extracurricular clubs that are student-led, student-run mental health organizations on college campuses. NAMI on Campus clubs raise mental health awareness, educate the campus, advocate for improved mental health services and policies on campus, and support peers with signature NAMI programs and support groups.

ONLINE RESOURCES



BEING TOGETHER

 **NAMI Wisconsin** State-wide virtual mental illness support groups

Being Together — NAMI Wisconsin is a directory of online support groups and classes for individuals across the state who do not have a local NAMI Affiliate or do not have certain support groups or classes provided by their local affiliate. These support groups and classes are open to anyone in need within Wisconsin. namiwisconsin.org/being-together

NAMI Basics OnDemand is a free online course for parents and caregivers of children and youth with mental health conditions. The course is designed to provide the fundamentals of caring for you, your family, and your child with mental health needs. basics.nami.org

Phone Apps: The Mental Health Index and Navigation Database allows individuals to sort through mental health apps using different criteria to find a credible, helpful app. mindapps.org

The 988 Suicide & Crisis Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in Wisconsin. The 988 Suicide & Crisis Lifeline is for anyone experiencing a suicidal, mental health, and/or substance use crisis. Formally Suicide Prevention Lifeline Chat.



dhs.wisconsin.gov/crisis/988.htm

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CRISIS INTERVENTION TEAM (CIT) TRAINING is a community initiative designed to improve the outcomes of police interactions with people living with mental illnesses. CIT programs are local partnerships between law enforcement, mental health providers, NAMI, and other community stakeholders. They provide 40 hours of intensive training for law enforcement on how to better respond to people experiencing a mental health crisis. However, *CIT is not just a training*. It is a long-lasting interdisciplinary partnership between community law enforcement, mental health professionals, county crisis services, and other stakeholders based on mutual goals.



CRISIS INTERVENTION PARTNERS (CIP) TRAINING is a 16-hour training modeled after the training component of Crisis Intervention Team (CIT) programs. CIP is designed for wide-ranging audiences interested in better understanding and improving interactions with people who experience mental health crises. Participants include correctional officers, 911 dispatchers, emergency personnel, hospital staff, teachers, social workers, and more. Through information and practice, CIP is re-training participants to effectively use attitudes, beliefs, and verbal/nonverbal skills as part of their response to crisis situations.

If you are looking for an upcoming training in your area, please visit namiwisconsin.org/cit-cip/cit-cip-training-calendar.

**FOR MORE
INFORMATION
WATCH THIS
VIDEO:**



“CIT training has helped us to better serve our citizens. Its emphasis on de-escalation, building rapport, and listening has helped us to work toward decriminalization and improved quality of life. CIT trained our officers to dig into underlying problems and challenges, so that they can connect people with a support network, service providers, and better long-term solutions.”

— De Pere Police Captain Jeremy Muraski

Visit namiwisconsin.org/cit-cip to learn more about CIT/CIP training programs and how crisis intervention can benefit your community.

ADVOCATE FOR CHANGE!

Advocacy is “the act of speaking, writing, or acting in support of something or someone.” NAMI Wisconsin advocates on the state level for wide-ranging issues related to mental illness. As a grassroots organization, we ensure our political priorities are timely and relevant to improving the lives of those affected by mental illness.

LEGISLATIVE PRIORITIES: With the assistance of our dedicated members, NAMI Wisconsin chooses new policy priorities for each legislative session. NAMI Wisconsin asserts a conscious effort to reduce stigma and discrimination in many areas of policy including healthcare, employment, housing, and education. View our current legislative priorities at namiwisconsin.org/legislative-priorities.

YOU CAN CONTACT YOUR LEGISLATORS OVER EMAIL, BY MAIL, OR ON THE PHONE. HERE ARE SOME TIPS: Everyone affected by mental illness deserves effective mental health services and support. To make that happen, we must let our elected officials know. Find out who your state legislators are by visiting legis.wisconsin.gov.

Here are some tips for contacting your Senator or Representative:

- Introduce yourself and your connection to mental health.
- Be brief and respectful in your message!
- Include your home address so they can verify that you are a constituent.
- Use your legislator’s official title (“Representative” or “Senator”).
- Thank them for their time and attention!

If you need help drafting a letter/email or making a phone call, please reach out. NAMI Wisconsin also provides NAMI Smarts, a hands-on advocacy training program. See [page 8](#) for more information.

GET INVOLVED: Join our Public Policy and Advocacy Committee, where we identify and learn about policy issues, develop NAMI Wisconsin’s stance on issues, and advocate for NAMI Wisconsin’s policy priorities. Join by emailing nami@namiwisconsin.org. You can also sign up for Action Alerts, which let you know when your advocacy is needed and how you can help. Sign up here: namiwisconsin.org/get-involved/take-action

NAMI was built from grassroots advocacy and continues to thrive because of passionate local voices. You don’t need to be a policy expert, brilliant speaker, or writer to be an advocate. You just need your personal passion and experience! Visit namiwisconsin.org/advocacy to learn more.



COMMUNITY OUTREACH

NAMI Wisconsin hosts a variety of community outreach events to promote public education and understanding of mental illnesses. Spreading information and resources about mental illness reduces stigma and discrimination, which directly affects people with mental illness and their families.

NAMI WISCONSIN ANNUAL CONFERENCE features nationally recognized keynote speakers, 30+ interactive breakout sessions, networking, and more. The statewide conference is held each spring and is open to everyone interested in mental health.

NAMI WISCONSIN ACTION ON THE SQUARE is an advocacy day to spread awareness about mental health, learn about current legislative issues, and tell your elected officials what people affected by mental illness need to thrive.

AWARENESS We believe mental health issues are important to address year-round, but we invite everyone to highlight them during Mental Illness Awareness Week (first full week of October) and Mental Health Awareness Month (May). These dedicated timeframes display the passion and strength of those working to improve the lives of the tens of millions of Americans affected by mental illness.

NAMIWALKS is a mental health awareness walk and fundraiser designed to increase public awareness about mental health, raise funds to support NAMI's free, top-rated programs, and build community to let people know they are not alone. Visit namiwalks.org to see if there is a NAMIWalks near you.

FIND US ON SOCIAL MEDIA Get the latest updates and information and become part of the online NAMI Wisconsin community!



CHAPTER 2: MENTAL ILLNESS OVERVIEW

Mental illnesses or mental health conditions refer to a wide range of disorders that affect one's mood, thinking, and behavior. Many individuals may experience mental health concerns, but a mental illness is characterized by distress and inability to function. The more you understand a mental illness, the better you can cope, respond, find support, seek treatment, and move towards recovery. Education and support can also help loved ones and family as they also navigate this journey. This chapter highlights some of the more common mental illnesses. On each page we include resources specific to each diagnosis to help you find support, treatment options, and more in-depth information.

IN THIS SECTION:

- Mental Health vs Mental Illness
- Anxiety Disorders
- Bipolar Disorder
- Depression
- Eating Disorders
- Neurodevelopmental Disorders
- Obsessive Compulsive and Related Disorders (OCD)
- Personality Disorders
- Posttraumatic Stress Disorder (PTSD)
- Schizophrenia
- Substance Use Disorders

DISCLAIMER: NAMI Wisconsin is providing this information for reference and educational purposes. This should not be used to make or infer a diagnosis of mental illness. Please consult with your provider or a mental health professional if you feel you or your loved one has a mental illness. Mental illnesses can be difficult to diagnose and from onset to diagnosis can take many years. While symptoms of mental illness typically develop during late teens and early 20s, there are many factors that affect your brain throughout your life cycle.

MENTAL HEALTH VS MENTAL ILLNESS

Mental health includes our psychological, emotional, and social well-being. Our mental health can determine how we handle stress and make decisions. Similar to physical health, everyone has mental health. Just as someone may have a physical illness, people can also have a mental illness. Mental illnesses are conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and/or daily functioning. It is important to remember that everyone has mental health, but not everyone may have a mental illness. Mental illness does not discriminate; they can affect anyone. Mental illnesses take many forms; some are mild and only interfere with daily life in limited ways, and others are so severe that a person may need care in a hospital and/or support throughout their life.

WHAT CAUSES MENTAL ILLNESS?

Modern science cannot yet pinpoint the cause of mental illness. However, researchers generally agree that multiple factors play a role, rather than a single cause. Mental illnesses have nothing to do with personal weakness or lack of character. Examples of possible factors contributing to mental health conditions include: early adverse experiences such as trauma or abuse, biological factors or chemical imbalances in the brain, use of alcohol or drugs, experiences related to other chronic medical conditions, chronic stress, and serious loss.

NUMBER OF PEOPLE AFFECTED IN THE U.S.

1 in 5 adults in any given year.

1 in 20 U.S. adults experience serious mental illness each year.

1 in 6 children have a mental, behavioral, or developmental disorder.

To learn more about mental health conditions, please visit nami.org

The statistics presented in Chapter 2: Mental Illness Overview were collected from the following sources: American Psychiatric Association • Anxiety and Depression Association of America • Boston University School of Public Health • Centers for Disease Control and Prevention • Mental Health America • National Alliance on Mental Illness • National Association of Anorexia Nervosa and Associated Disorders • National Center for Drug Abuse Statistics • National Center for Education Statistics • National Institute of Mental Health

ANXIETY DISORDERS

Anxiety disorders are a group of mental illnesses that cause people to feel excessively frightened, distressed, or uneasy during situations in which most other people would not experience these same feelings.

Anxiety disorders affect 42 million adults in the U.S.

Generalized Anxiety Disorder affects 6.8 million adults in the U.S.

Panic Disorder affects 6 million adults in the U.S.

GENERALIZED ANXIETY: Characterized by chronic, exaggerated worrying about everyday life.

SOCIAL ANXIETY: Characterized by intense fear about social interactions, often driven by irrational worries about humiliation.

PANIC DISORDER: Characterized by panic attacks and sudden feelings of terror, causing overwhelming physical symptoms.

COMMON SYMPTOMS:

EMOTIONAL SYMPTOMS:

- Feelings of apprehension or dread
- Feeling tense or jumpy
- Restlessness or irritability
- Anticipating the worst and being watchful for signs of danger

PHYSICAL SYMPTOMS:

- Pounding or racing heart and shortness of breath
- Sweating, tremors, and twitches
- Headaches, fatigue, and insomnia
- Upset stomach, frequent urination, or diarrhea

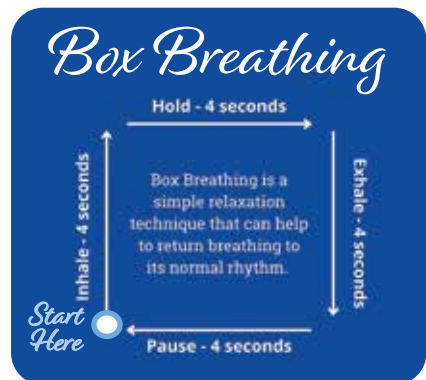
EVIDENCE-BASED TREATMENT OPTIONS

- Psychotherapy
- Medication
- Complementary health approaches (e.g., stress and relaxation techniques)

Learn more about anxiety and treatment options: nami.org/About-Mental-Illness/Mental-Health-Conditions/Anxiety-Disorders

SUPPORT

- Find support groups at your local NAMI affiliate: namiwisconsin.org/find-my-nami
- Find online support groups: namiwisconsin.org/being-together
- Anxiety & Depression Association of America website offers in-depth information on anxiety and depression adaa.org
- The Anxiety Network is an online resource and has therapy materials anxietynetwork.com



BIPOLAR DISORDER

Bipolar disorder affects about 7 million Americans. It is a persistent illness with **recurring episodes of mania and depression** that can last from one day to months. Not everyone's symptoms are the same and the severity of mania and depression can vary. Because of its irregular patterns, bipolar disorder can be hard to diagnose.

BIPOLAR I: Characterized by at least one manic episode in their lifetime. Experiencing a major depressive episode is not a requirement to be diagnosed with bipolar I disorder.

BIPOLAR II: Characterized by at least one episode of major depression and at least one hypomanic episode in their lifetime. Hypomania is a less severe form of mania.

CYCLOTHYMIC DISORDER: Characterized by experiencing at least 2 years of both hypomanic and depressive episodes without meeting full criteria to be diagnosed with mania, hypomania, or major depression.

COMMON SYMPTOMS:

Depression See page 18 for more information on depression.

Mania is the periods of “highs” present in bipolar disorder. During these periods, a person might experience the following symptoms:

- Increased energy, activity, and restlessness
- Excessively high, overly good, euphoric mood
- Extreme irritability
- Racing thoughts and talking very fast, jumping from one idea to another
- Distractibility, inability to concentrate well
- Little sleep needed
- Unrealistic beliefs in one's abilities and powers
- Poor judgment
- Increased risky behavior (e.g., financial, sexual, substance use, etc.)
- Denial that anything is wrong

46 million people around the world have bipolar disorder.

The average age of onset is 25 years old.

4.4% of adults in the U.S. will experience bipolar disorder at some point in their lives.

EVIDENCE-BASED TREATMENT OPTIONS

- Psychotherapy: cognitive behavioral therapy
- Medications: antipsychotics, antidepressants

Learn more about bipolar disorder and treatment options: nami.org/About-Mental-Illness/Mental-Health-Conditions/Bipolar-Disorder

SUPPORT

- Find support groups at your local NAMI affiliate: namiwisconsin.org/find-my-nami
- Find online support groups: namiwisconsin.org/being-together
- Crisis lines by county: preventsuicidewi.org/county-crisis-lines
- If you or a family member is living with bipolar disorder and need support, please call the Depression and Bipolar Support Alliance: (800) 826-3632 • dbsalliance.org
- bphope is an online community for people living with bipolar disorder and their friends and families seeking support: bphope.com
- The Patient and Family Guide on the Management of Bipolar Disorder – A guide for patients and families to understand the different evidence-based treatments available for bipolar disorder canmat.org/2020/03/19/the-patient-and-family-guide-to-the-canmat-and-isbd-guidelines-on-the-management-of-bipolar-disorder

DEPRESSION

Depression affects an estimated 19.4 million Americans each year.

Sadness is a normal human response to a loss, failure, or disappointment. Major depression is different. It is a serious condition that affects one's thoughts, feelings, behavior, mood, and physical health. People experiencing depression often experience periods of wellness that alternate with periods of illness. Depression may require long-term treatment to keep symptoms from returning, as with any other chronic illness.

COMMON SYMPTOMS:

- Depressed mood most of the day, nearly every day
- Feeling sad, empty, or hopeless
- Lack of interest/pleasure in activities a person used to enjoy
- Significant weight loss or weight gain
- Sleep pattern changes
- Psychomotor changes such as feeling more agitated or feeling slowed down
- Fatigue or loss of energy
- Poor concentration/inability to make decisions
- Recurrent thoughts of death or suicidal ideation. If you or a family member is experiencing this, please see [chapter 7](#) for what to do in a crisis.

EVIDENCE-BASED TREATMENT OPTIONS

- Psychotherapy (talk therapy)
- Cognitive Behavioral Therapy: Recognize negative thoughts and teach coping strategies to change negative thinking patterns
- Interpersonal Therapy: Teach individuals to evaluate their interactions and improve how they relate to others
- Psychodynamic Therapy: Recognize and understand negative patterns of behavior and feelings that are rooted in past experiences and work to resolve them
- Psychoeducation and Support Groups
- Medications

Learn more about depression and treatment options:

nami.org/About-Mental-Illness/Mental-Health-Conditions/Depression

SUPPORT

- Find support groups at your local NAMI affiliate: namiwisconsin.org/find-my-nami
- Find online support groups: namiwisconsin.org/being-together
- Crisis lines by county: preventsuicidewi.org/county-crisis-lines
- The Depression and Bipolar Support Alliance provides hope, help, support, and education: (800) 826-3632 • dbsalliance.org
- Anxiety & Depression Association of America website offers in-depth information on anxiety and depression: adaa.org

Depression is highest among individuals aged 18–25.

3.8 million adolescents (12–17) have had at least one major depressive episode.

Depression among adults nearly tripled at the onset of the COVID-19 pandemic and has persisted.

EATING DISORDERS

Eating disorders are a group of related conditions that cause serious emotional and physical problems. Each condition involves extreme food and weight issues; however, each has unique symptoms that separate it from the others.

Anorexia: Characterized by an abnormally low body weight, intense fear of gaining weight, and a distorted perception of weight.

Binge Eating: Characterized by recurrent, uncontrolled episodes of overeating (bingeing), during which a person feels a loss of control and marked distress over their eating behaviors.

Bulimia: Characterized by recurrent episodes of bingeing followed by purging behaviors (vomiting, excessive use of laxatives, etc.) or other behaviors to counteract the episodes of overeating (fasting, excessive exercise, etc.).

28.8 million Americans will have an eating disorder in their lifetime.

In 2020, there was a 66% increase in eating disorder hospital admissions.

Eating disorders are more prevalent in women. 15% of women will experience an eating disorder at some point in their life.

COMMON SYMPTOMS:

- Irritability
- Social withdrawal
- Changes in mood
- Low self-esteem linked to body image
- Feelings of being out of control
- Feelings of shame or guilt
- Physical changes:
 - Changes in weight
 - Damage to teeth
 - Sores in mouth
 - Dehydration

EVIDENCE-BASED TREATMENT OPTIONS

- Psychotherapy
- Wellness and Nutrition Counseling
- Inpatient Treatment

Learn more about eating disorders and treatment options: nami.org/About-Mental-Illness/Mental-Health-Conditions/Eating-Disorders

SUPPORT

- Find support groups at your local NAMI affiliate: namiwisconsin.org/find-my-nami
- Find online support groups: namiwisconsin.org/being-together
- If you or a family member is living with an eating disorder and need support, please call the National Eating Disorder Association: (NEDA) (800) 931-2237 • nationaleatingdisorders.org
- Eating Disorders Anonymous provides online and in-person support groups eatingdisordersanonymous.org
- National Association of Anorexia Nervosa & Associated Disorders (888) 375-7767 • anad.org
- National Alliance for Eating Disorders Helpline: (866) 662-1235
- FEAST (Families Empowered And Supporting Treatment for Eating Disorders): an international non-profit organization of and for parents and caregivers of loved ones affected by eating disorders. Free programs and services offer families much needed support, information, skills, and tools to help them on their journey. feast-ed.org/what-is-feast/

NEURODEVELOPMENTAL DISORDERS

Neurodevelopmental disorders are a group of conditions that start during the developmental period. These conditions typically occur early in development (before grade school) and are characterized by developmental deficits that cause impairments in important areas of life (social, personal, academic, occupational).

AUTISM SPECTRUM DISORDER (ASD): Characterized by persistent deficits in social communication and interaction and the presence of restricted, repetitive patterns of behavior, interest, or activities.

COMMON SYMPTOMS:

- Delay in language development
- Repetitive and routine behaviors
- Difficulty making eye contact
- Problems in expressing emotions
- Lack of social understanding

1 in 44 children have been diagnosed with Autism Spectrum Disorder.

EVIDENCE-BASED TREATMENT OPTIONS: Behavioral treatments, psychotherapy, medication, complementary, and alternative medicine.

Learn more about ASD and treatment options: nami.org/about-mental-illness/common-with-mental-illness/autism/

SUPPORT

- UW–Madison Waisman Center (608) 263-1656 • waisman.wisc.edu
- Autism Society of America (800) 328-8476 ext 2 • autismsociety.org
- Autistic Self Advocacy Network (ASAN) • autisticadvocacy.org

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD):

Characterized by impairing levels of inattention, disorganization, and/or hyperactivity-impulsivity.

COMMON SYMPTOMS:

- **Inattention:** Easily distracted, difficulty focusing, losing things, struggling to follow directions
- **Hyperactivity:** Fidgeting and squirming, non-stop talking, difficulty doing quiet tasks, or activities
- **Impulsivity:** Impatience, interrupting others, difficulty taking turns, or waiting

Approximately 9.4% of children and 8.1% of adults in America will be diagnosed with ADHD in their lifetime.

EVIDENCE-BASED TREATMENT OPTIONS: Medication, behavioral treatment, self-management, education programs, and assistance

Learn more about ADHD and treatment options: nami.org/About-Mental-Illness/Mental-Health-Conditions/ADHD

SUPPORT

- CHADD is an organization that provides information and treatment options (866) 200-8098 • chadd.org

INTELLECTUAL DISABILITY: Characterized by deficits in intellectual functioning (reasoning, planning, abstract thinking, problem-solving, judgement, and learning) and adaptive functioning (communication, independent living).

COMMON SYMPTOMS:

- Learn developmental milestones (walking, talking, sitting up, crawling) later than other children of the same age
- Difficulty understanding social norms
- Problems with memory recall
- Challenges with problem-solving and logical thinking
- Trouble understanding the results of their actions

17% of children have been diagnosed with a developmental disability.

EVIDENCE-BASED TREATMENT OPTIONS: Early intervention (infants and toddlers), special education, family support, case management

Learn more about intellectual disabilities and treatment options: [cdc.gov](https://www.cdc.gov) • [psychiatry.org](https://www.psychiatry.org)

SPECIFIC LEARNING DISORDER: Characterized by a specific deficit in one’s ability to perceive or process information efficiently and accurately. This may include difficulties in learning foundational academic skills in reading, writing, and/or math. These specific learning disorders may also be known as dyslexia, dysgraphia, or dyscalculia.

COMMON SYMPTOMS:

- Difficulty reading and/or understanding what is read
- Difficulty with spelling
- Difficulty with written expression
- Difficulty understanding number concepts, calculation, and mathematic reasoning

7.3 million students in public school received special education services between 2019 and 2020.

EVIDENCE-BASED TREATMENT OPTIONS: Early intervention (childhood), special education, Individualized Education Plan (IEP), assistive technology

Learn more about intellectual disabilities: [cdc.gov](https://www.cdc.gov) | [psychiatry.org/Patients-Families/Intellectual-Disability](https://www.psychiatry.org/Patients-Families/Intellectual-Disability)

Individualized Education Plan (IEP): An IEP is a legal document that lays out in detail the program of special education, services, supports, and accommodations that a student needs to make progress and be successful in school. IEPs are covered by the Individuals with Disabilities Education Act. To learn more about IEPs, please contact your local school system or visit [understood.org](https://www.understood.org).

If you or a loved one is living with a learning disability and need support, please call the National Center for Learning Disabilities: (301) 966-2234

SUPPORT

- Wisconsin Family Assistance Center for Education, Training and Support: (414) 374-4645 or (877) 374-0511 • [wifacets.org](https://www.wifacets.org)
- The Arc Wisconsin: (800) 433-5255 • [arcwi.org](https://www.arcwi.org)

OBSESSIVE COMPULSIVE AND RELATED DISORDERS

Obsessive compulsive disorders affect between 2 and 3 million adults in the United States per year. They are characterized by recurrent thoughts or urges, repetitive or ritualistic behaviors, and/or preoccupation with ideas or things.

1.2% of U.S. adults experience OCD each year.

Half (50.6%) of all adults with OCD experience severe impairment.

Prevalence rates are higher for females (1.8%) than for males (0.5%).

OBSESSIVE COMPULSIVE DISORDER:

Characterized by obsessions, compulsions, or both.

- **Obsessions:** Recurrent and persistent thoughts, urges, or images that are intrusive and unwanted, causing anxiety or distress.
- **Compulsions:** Repetitive behaviors or mental acts (e.g., praying, counting, repeating words silently) that a person may feel driven to perform in response to an obsession. These behaviors are done to prevent or reduce anxiety or distress; however, the behaviors/mental acts are not connected in a realistic way with what they are designed to neutralize or prevent and may be clearly excessive.

BODY DYSMORPHIC DISORDER:

Characterized by preoccupation with one or more perceived defects or flaws in one's physical appearance. These perceived flaws are not observable or may appear slight to others. Repetitive behaviors may include mirror checking, obsessive grooming, reassurance seeking, etc.

HOARDING DISORDER: Characterized by persistent difficulty discarding or parting with possessions regardless of their actual value and distress associated with discarding them.

TRICHOTILLOMANIA: Characterized by recurrent pulling out of one's hair that can result in hair loss.

EXCORIATION: Characterized by recurrent skin picking that can result in skin lesions.

EVIDENCE-BASED TREATMENT OPTIONS

- Medication
- Psychotherapy
 - Exposure and Response Therapy
 - Cognitive Behavioral Therapy

Learn more about obsessive compulsive and related disorders and treatment options: nami.org/About-Mental-Illness/Mental-Health-Conditions/Obsessive-compulsive-Disorder

SUPPORT

- Find support groups at your local NAMI affiliate: namiwisconsin.org/find-my-nami
- Find online support groups: namiwisconsin.org/being-together
- If you or a family member is living with an obsessive-compulsive related disorder and need support, please visit the International OCD Foundation: iocdf.org/ocd-finding-help/supportgroups
- Learn more about OCD supports in Wisconsin at OCD Wisconsin: ocdwisconsin.org | (833) 623-9472

PERSONALITY DISORDERS

Personality includes a person's way of thinking, feeling, and behaving that makes them different from others. Personality disorders are long-term patterns of behavior and inner experiences that deviate from typical expectations and cause distress and problems in functioning. Personality disorders affect the way one thinks about themselves and others, responds emotionally, relates to others, and controls one's behavior. Here are a few examples of common personality disorders (not a full list):

Antisocial Personality Disorder: Characterized by a pattern of disregarding or violating the rights of others (e.g., lying, deceiving, acting impulsively).

Borderline Personality Disorder: Characterized by a pattern of instability in personal relationships, intense emotions, impulsivity, and poor self-image and may include feelings of fear of abandonment and emptiness.

Histrionic Personality Disorder: Characterized by a pattern of excessive attention seeking and may include rapidly shifting or exaggerated emotions.

Narcissistic Personality Disorder: Characterized by a pattern of needing admiration from others while lacking empathy for them. This may include a grandiose sense of self-importance, taking advantage of others, and feeling a sense of entitlement.

9% of adult Americans have at least one personality disorder.

10–13% of people worldwide live with a personality disorder.

Childhood trauma increases the risk of developing a personality disorder.

COMMON SYMPTOMS:

Common Symptoms for Personality Disorders fall into three different clusters:

- **Cluster A:** Odd or eccentric thinking or behavior
- **Cluster B:** Dramatic, overly emotional, or unpredictable thinking or behavior
- **Cluster C:** Anxious or fearful thinking or behavior

EVIDENCE-BASED TREATMENT OPTIONS

- Psychotherapy: Dialectical Behavior Therapy, Cognitive Behavior Therapy
- Medications
- Hospital and Residential Treatment Programs

Learn more about personality disorders and treatment options: [psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders](https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders)

SUPPORT

- Find support groups at your local NAMI affiliate: [namiwisconsin.org/find-my-nami](https://www.namwisconsin.org/find-my-nami)
- Find online support groups: [namiwisconsin.org/being-together](https://www.namwisconsin.org/being-together)
- Crisis lines by county: [preventsuicidewi.org/county-crisis-lines](https://www.preventsuicidewi.org/county-crisis-lines)
- National Education Alliance for BPD provides resources for loved ones and family: borderlinepersonalitydisorder.org
- Borderline Personality Disorder Resource Center (888) 694-2273
- Out of the Fog is a resource for family members and loved ones: outofthefog.website

POSTTRAUMATIC STRESS DISORDER

Posttraumatic stress disorder (PTSD) can develop after exposure to a potentially traumatic event that is beyond a typical stressor. While many people will have short-term responses to life-threatening events, traumatic events—such as an accident, assault, military combat, or natural disaster—can have lasting effects on a person's mental health.

PTSD affects 3.6% of adults in the U.S.

37% of people diagnosed with PTSD experience severe symptoms.

Prevalence of PTSD among adults is higher for females (5.2%) than males (1.8%).

COMMON SYMPTOMS:

- Distressing memories
- Flashbacks
- Intrusive thoughts
- Avoidance of things that are reminders of the traumatic event
- Negative thoughts about oneself
- Trouble with memory
- Feeling numb, guilty, worried, or depressed
- Hypervigilance
- Intensely startled
- Trouble sleeping
- Outbursts of anger

EVIDENCE-BASED TREATMENT OPTIONS

- Psychotherapy: Cognitive processing therapy, exposure therapy
- Medication: antidepressants
- Self-management Strategies: self-soothing, grounding
- Complementary Health Approaches: acupuncture, mindfulness

Learn more about PTSD and treatment options: nami.org/About-Mental-Illness/Mental-Health-Conditions/Posttraumatic-Stress-Disorder

SUPPORT

- Find support groups at your local NAMI affiliate: namiwisconsin.org/find-my-nami
- Find online support groups: namiwisconsin.org/being-together
- Wisconsin Coalition Against Sexual Assault: wcasa.org
- Traumatic Stress Institute is an organization that provides traumatic stress education and advocacy. traumaticstressinstitute.org
- National Center for PTSD help for veterans and families coping with PTSD (802) 296-6300 • ptsd.va.gov
- For more Veterans mental health resources, see [page 108](#)
- National Domestic Violence Hotline (800) 799-7233
- National Child Abuse Hotline (800) 422-4453
- National Sexual Assault Hotline (800) 656-4673
- National Teen Dating Abuse Hotline (800) 331-9474
- For a list of helplines related to trauma, please visit: traumaticstressinstitute.org/hotline-list/



SCHIZOPHRENIA

Affecting 2.4 million Americans, schizophrenia is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others. Like diabetes, schizophrenia is a complex illness that affects everybody differently. The course of the illness is unique for each person.

Schizophrenia affects 20 million people worldwide.

One of the top 15 leading causes of disability worldwide.

The success rate for schizophrenia treatment is higher (60%) than that of heart disease (41-52%).

COMMON SYMPTOMS:

PSYCHOSIS, defined as the loss of contact with reality, is a common symptom that usually involves:

- **Delusions:** the belief in things not real or true
- **Hallucinations:** hearing and/or seeing things that others do not perceive
- Disorganized speech/inability to generate a logical sequence of ideas

OTHER SYMPTOMS MAY INCLUDE:

- Emotional flatness or lack of expressiveness
- Inability to start and follow through with activities
- Lack of pleasure or interest in life
- Trouble with prioritizing tasks, memory, and organizing thoughts

Schizoaffective Disorder

Affecting about 24 million people worldwide, schizoaffective disorder has features that resemble both schizophrenia (psychosis) and also serious mood (affective) symptoms. People who experience more than two weeks of psychotic symptoms in the absence of severe mood disturbances—and then have symptoms of either depression or bipolar disorder—may have schizoaffective disorder.

EVIDENCE-BASED TREATMENT OPTIONS

- Medication
- Psychotherapy
- Psychosocial Treatments
- Complementary Health Approaches

Learn more about schizophrenia and treatment options:

nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizophrenia and [Schizoaffective Disorder nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizoaffective-Disorder](http://nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizoaffective-Disorder)

SUPPORT

- Find support groups at your local NAMI affiliate: namiwisconsin.org/find-my-nami
- Find online support groups: namiwisconsin.org/being-together
- Crisis lines by county: preventsuicidewi.org/county-crisis-lines
- Schizophrenia & Psychosis Action Alliance (S&PAA) (800) 493-2094 sczaction.org
- Schizophrenia.com provides in-depth information and online discussions
- The Hearing Voices Network: hearingvoicesusa.org

SUBSTANCE USE DISORDERS

Substance use disorders are characterized by the repeated misuse of alcohol and/or drugs despite it causing significant problems in an individual's daily life.

53 million Americans (12 years and older) have misused substances within the last year.

70% of people who try an illegal drug before the age of 13 develop a substance abuse disorder within 7 years.

Substance use is highest among people between the ages of 18–25 (39%).

DEFINITIONS

Dual Diagnosis: When someone living with a mental health condition simultaneously lives with a substance use disorder.

Tolerance: Feeling like you need to increase the dosage to achieve desired effect.

Withdrawal: Physical symptoms that occur when the drug leaves the body (e.g., sweating, heart racing, feeling flushed, etc.). This may lead a person to continue using a substance to get rid of these symptoms.

COMMON SYMPTOMS:

- Sudden changes in mood or behavior
- Engaging in risky behaviors
- Developing a high tolerance and withdrawal symptoms
- Feeling like the substance is needed to be able to function
- Craving a substance
- Unsuccessful efforts to cut down on using substance
- Spending a great deal of time obtaining or using substance
- Withdrawal from friends and family
- Failure to fulfill obligations at work, school, or home

EVIDENCE-BASED TREATMENT OPTIONS

- Psychotherapy
- Detoxifications
- Inpatient Rehabilitation
- Supportive Housing
- Self-Help and Support Groups

Learn more about substance use disorders and treatment options: nami.org/About-Mental-Illness/Common-with-Mental-Illness/Substance-Use-Disorders

SUPPORT

- Find support groups at your local NAMI affiliate: namiwisconsin.org/find-my-nami
- Find online support groups: namiwisconsin.org/being-together
- If you or a family member is living with a Substance Use Disorder and need support, please call the Substance Abuse and Mental Health Services Administration: (800) 662-4357
- The Addiction Resource provides resources and treatment finder. 24/7 Free and Confidential treatment hotline: (800) 913-1755 • addictionresource.com
- Dual Recovery Anonymous is an independent twelve-step program for people with a dual diagnosis. draonline.org
- Smart Recovery is a substance use self-help program that provides free, peer-led online support groups for peers and family. smartrecovery.org
- See [page 43](#) for information on dual diagnosis services.
- Fireside Chat hotline for people who use or have used psychedelics. firesideproject.org

CHAPTER 3: MENTAL HEALTH SERVICES OVERVIEW

Mental illnesses are treatable, and recovery is possible but finding the right services and support is key to a positive outcome. More importantly, obtaining the appropriate services early in your recovery journey can minimize the duration, intensity, and long-term effects for yourself and your family.

This section will provide an overview of common mental health services.

IN THIS SECTION:

- Psychological Evaluations
- Therapy
- Developing a Relationship with Your Provider
- Medication
- Assertive Community Treatment (ACT)
- Inpatient Care
- Outpatient Care
- Non-Emergency Medical Transportation
- Housing and Residential Resources
- Peer Support
- Peer-Run Respite
- Peer Recovery Centers
- Dual Diagnosis Services
- Complementary Approaches

“Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending.”

—Carl Bard

PSYCHOLOGICAL EVALUATIONS

Psychological testing and assessment are similar to medical tests. When a patient goes to a doctor with chronic pain, fatigue, or other symptoms, a medical doctor often orders appropriate tests to find out what is happening with the patient physically. Instead of tending to physical needs, a psychological evaluation observes and measures a client's behaviors, thoughts, and emotions to determine a diagnosis and appropriate treatment plan.

A psychological evaluation provides a snapshot of your emotional state and examines your thinking, reasoning, cognitive functioning, mood, behaviors, daily functioning, and social interactions. Mental health issues are often complex, so psychological evaluations use a variety of testing methods.

WHO CAN MAKE A DIAGNOSIS?

- Clinical Psychologist (PhD, PsyD)
- Psychiatrist (MD)
- Psychiatric Mental Health Nurse Practitioner (PMHNP)
- Licensed Professional Counselor (LPC) who meets the requirements for psychometric testing
- Licensed Marriage and Family Therapist (LMFT) who meets the requirements for psychometric testing
- Licensed Clinical Social Worker (LCSW) who meets the requirements for psychometric testing

I CANNOT GET IN FOR A PSYCHOLOGICAL EVALUATION, WHAT DO I DO NEXT?

Sometimes when people need to be seen for a psychological evaluation, they are not able to be seen right away and they are put on a waitlist. With the high demand for psychological services, this may happen. If this happens to you, it may be a good idea to call a few providers and see if they have any appointments at an earlier time. Getting on multiple waitlists can increase your chances of being offered an earlier appointment if one opens up.

TYPES OF TESTS

- Personality Tests: measures one's characteristics and traits.
- Neuropsychological Tests: measures how the health of your brain affects your thinking and behavior.
- Intelligence Tests: measures the ability to think and reason.
- Achievement and Aptitude Tests: measures developed knowledge or skills.
- Direct Observations: notes observable behavior that may be related to mental illness.
- Clinical Interviews: an interview that collects information needed for diagnosis and treatment.
- Self-Report Surveys: A type of questionnaire where you report on your own symptoms, behaviors, thoughts, and attitudes.

THERAPY

Therapy is also called individual therapy, psychotherapy, “talk therapy,” or counseling. The length of your therapy will depend on your personal situation and insurance. Your therapy may be part of a broader treatment plan that includes medication and/or other supports.

WHO PROVIDES THERAPY?

- Psychotherapist (general term)
- Clinical psychologist (PhD, PsyD, EdD, MS)
- Licensed Professional Counselor (LPC)
- Social Worker (DSW, MSW, LCSW, LICSW, CCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Clinical Substance Abuse Counselor (CSAC)
- Advanced Practice Psychiatric Mental Health Nurse Practitioner (APPMNP)

HOW DOES THERAPY HELP?

- Change behaviors that hold you back
- Helps address pain from the past
- Build relationship skills
- Identify your goals and build a plan to reach them
- Cope with symptoms
- Strengthen self-confidence and feel stronger in the face of challenges
- Handle strong emotions like fear, grief, or anger
- Feel more in control of your life
- Enhance problem-solving skills



DEVELOPING A RELATIONSHIP WITH YOUR PROVIDER

CONSIDERATIONS WHEN CHOOSING A PROVIDER:

1) GENDER, AGE, CULTURAL BACKGROUND, SEXUAL ORIENTATION/IDENTITY, ETC.

It is important to find a provider that you are comfortable with. Consider how you may feel receiving treatment from someone who may be similar to or different from you. Do you have a strong preference about these characteristics? The more comfortable you are with a provider, the more likely you are to stay in treatment and see positive treatment outcomes.

2) RESPECT, EMPATHY AND ALLIANCE: A good mental health care provider should make you feel like they are on your side, truly listening to your input, and establishing a good therapeutic alliance. (Therapeutic Alliance means you are working together toward improvement.) If you do not feel supported, especially after several meetings, start a conversation to improve the therapeutic alliance in a respectful way. You deserve to feel heard and respected. It's okay to change therapists if your current one is not a good long-term fit.

3) FAMILY MEMBER INPUT: Involving family members in the treatment process can be beneficial. Does the provider have experience with and see value in meeting with family members? Do they respect your preferences in this regard?

4) TRAINING AND SPECIALIZATION: With what kinds of issues is your provider most experienced? For example, some providers specialize in certain diagnoses (including substance use), behaviors, or age groups.



Tips FOR DEVELOPING AN EFFECTIVE PARTNERSHIP

COMMUNICATE GOALS AND EXPECTATIONS. The therapist will want to understand your perspective of the problems and how you prefer to find solutions. Building a relationship with your therapist takes time and is a process for healing.

DESCRIBE PAST EXPERIENCES.

If you have had an especially positive or negative experience with mental health services, try to describe what did or did not work, what you did or did not like. Don't be afraid to express your preferences! Your provider will not be offended.

BE HONEST AND OPEN. It takes time to be open and honest with a provider. Some people feel comfortable sharing everything right away, others may take multiple meetings. If you want to share but can't, let your provider know. Together, you can explore possible reasons and solutions.

ADDRESS PROBLEMS. If you feel overwhelmed, like you're not making progress or you're dreading meeting with your provider, talk to them about it. An open discussion can build trust and give your provider a better understanding of your needs and preferences.

MEDICATION

DOES EVERYONE WHO LIVES WITH MENTAL ILLNESS HAVE TO BE ON MEDICATION?

- No. In some cases, the right combination of therapy and/or other supports can allow someone to feel strong in their recovery. However, many people who experience mental illnesses very likely need medication during their recovery.
- If you have strong hesitations about medication or other mental health services, it may help to talk with a peer: another person who lives with mental illness. Check out [page 40](#).
- If you have a loved one who does not feel they need treatment and does not want to learn about peer support, seek support from other family members and check out [pages 53-61](#).

WHO CAN PRESCRIBE MEDICATION?

- Psychiatrists (MD)
- Physicians (medical doctors, MD)
- Advanced Practice Nurse Practitioner (APNP)
- Physician's Assistant (PA)
- Doctor of Osteopathic Medicine (DO)

ARE MEDICATIONS ADDICTIVE?

All psychiatric drugs have the potential to cause “withdrawal” reactions. You should never stop taking your medicine or change the dosage without talking to your doctor. Side effects of sudden changes can range from unpleasant to very dangerous. However, following your doctor's instructions about dose reduction or discontinuation will reduce or eliminate the risk of withdrawal reactions.

For information about medication and people with dual diagnoses (someone diagnosed with both a mental illness and a substance use disorder), please see [pages 43-44](#).

DO I HAVE TO BE ON MEDICATION FOREVER?

Many people who live with serious mental illnesses find medication essential throughout their lives. Others do not. In many cases, the type and/or dosage may change (increase or decrease) over time. There is no “one-size-fits all” approach to medication.

CAN MEDICATION “CURE” MENTAL ILLNESS?

No. Psychiatric medications do not make illnesses disappear. However, they can help to make symptoms extremely manageable. Medication should be accompanied by other supports that address non-medical elements in the recovery process: self-esteem, social support, a sense of belonging, and opportunities for meaningful involvement in the community.

I FEEL BETTER. CAN I STOP TAKING MY MEDICATION?

First, speak with your provider. This is common with medication prescribed for mental illness and can lead to a negative cycle of events. If you stop taking your medication, your symptoms may return. Many psychiatric medications can be dangerous to stop without consulting a provider.

WHERE CAN I LEARN MORE ABOUT SPECIFIC MEDICATIONS?

You can visit NAMI's website:
nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications

You can also visit medlineplus.gov, a website of the National Institute of Health.

WHERE CAN I KEEP UPDATED ON THE LATEST (NON-PHARMA FUNDED) PHARMACOLOGICAL RESEARCH?

You can visit the National Institute on Mental Health (NIMH) website for extensive reports on current research:
nimh.nih.gov

You can also visit the U.S. Food and Drug Administration website: fda.gov/drugs



Tips FOR MEDICATION MANAGEMENT

ASK QUESTIONS BEFORE YOU START TAKING A MEDICATION!

- What does this medication do and how will it help me?
- What should I do if I miss a dose?
- How will it interact with other medications? Make sure the doctor knows all medication you take (prescribed and otherwise).
- What are the side effects and how can I manage them?
- When should I expect a positive change?
- Are there other ways to take this medication, such as a long-acting injection?
- What is a possible next step if this medication is not effective?

DISCOUNT DRUG WEBSITES

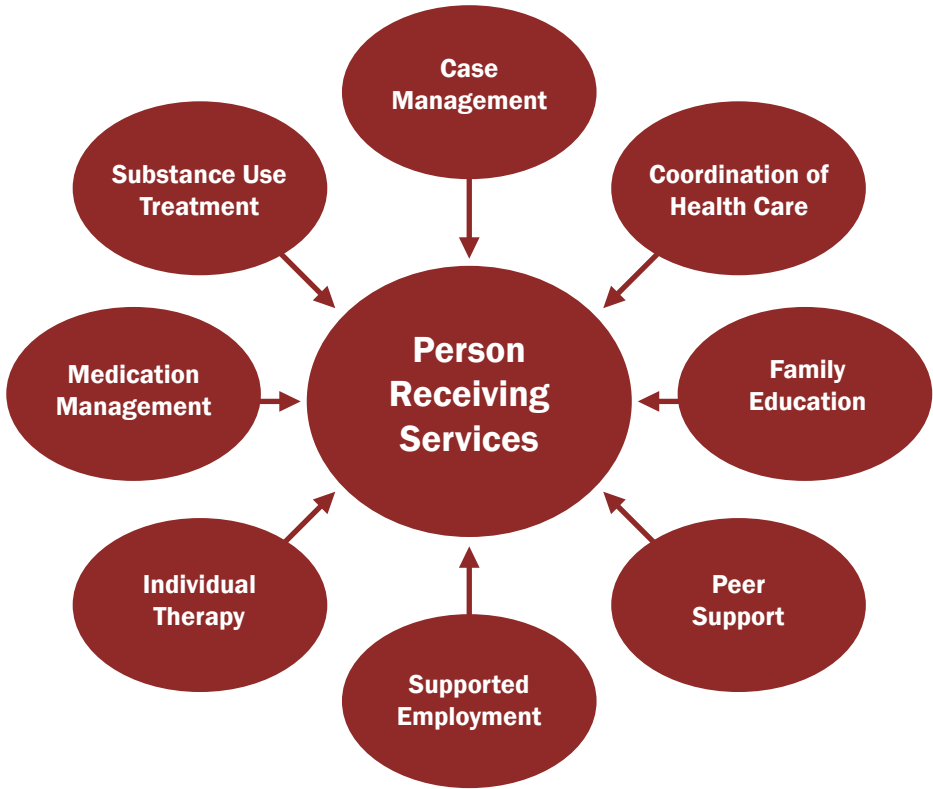
NAMI Wisconsin does not promote or endorse any of these websites. These are resources that can be used to help with the cost of prescription medications.

- Birdirx.com
- Blinkhealth.com
- Costplusdrugs.com
- Discountdrugnetwork.com
- Express-scripts.com
- Goodrx.com
- Pharmacy.amazon.com (Amazon Pharmacy)
- Rxoutreach.org
- Rxsaver.com
- Singlecare.com
- Wellrx.com

ASSERTIVE COMMUNITY TREATMENT

Assertive Community Treatment (ACT) is a model of intensive, community-based care for people living with serious mental illness. It was designed to provide the level of intensive care that someone might get in an inpatient (hospital) setting, but instead in the community.

As many of us know, mental health services are often fragmented. For example, a person may receive medication from one place, therapy from another, and substance use counseling from another. In the ACT model, all of these providers (and others) work together on the same team to meet each person's specific needs. ACT teams typically include: psychiatrists, nurses, social workers, vocational and substance abuse specialists, and peer specialists (see graphic below).



NOTE: Some people may receive all, some, or more services than the example shown above. It depends on the person's individual needs and preferences.

WHAT DOES “COMMUNITY-BASED” MEAN AND WHY IS IT IMPORTANT?

Community-based means that the person is not in a hospital or inpatient setting. Instead, they receive care from a mobile treatment team in or near the place they live, with access to daily choices and new experiences — things that allow us to maintain our identities, grow as people, and lead fulfilling lives. When people receive care without these essential elements, their opportunities for recovery are unfairly limited.

IS ACT AVAILABLE IN WISCONSIN?

In Wisconsin, ACT services for adults are delivered by Community Support Programs (CSPs). You can learn more about CSPs in your county at dhs.wisconsin.gov/csp/index.htm.

ARE COMMUNITY SUPPORT PROGRAMS (CSPS) THE SAME AS ACT TEAMS?

ACT is an “evidence-based practice.” This means that scientific research has proven it to be an effective model for keeping people with serious mental illness out of inpatient (hospital) settings and promoting recovery. ACT is effective because it allows an integrated team of providers to work

together on all aspects of a person’s needs. Most Wisconsin CSPs use this overall approach, but not all are full-service ACT programs.

WHAT IF MY COMMUNITY DOESN’T HAVE A CSP?

It’s very possible that Comprehensive Community Services (CCS) may be another very good option. CCS programs serve people across their lifespan and provide a wide array of recovery-oriented services. Contact your county mental health department about CCS (contact info on [pages 111-119](#)). You can also learn more at dhs.wisconsin.gov/ccs/expansion/consumers.htm

WHO IS ELIGIBLE FOR CSP AND CCS SERVICES?

CSPs serve people with serious mental illnesses who have intensive care needs. CCS services use a similar model, but serve people who need less intensive services. Typically, people who receive CSP and CCS services have Medicaid coverage. However, eligibility criteria are complex and you should contact your county human services department directly (see [pages 111-119](#)).



INPATIENT CARE

Inpatient treatment is when an individual receives care at a general or specialty hospital with 24-hour care from mental health professionals. This is different from outpatient treatment, which means that the person is receiving care in their community without staying overnight in an inpatient setting. See [pages 121-122](#) for inpatient hospitals.

WHEN IS HOSPITALIZATION NECESSARY?

There are many circumstances that may require an inpatient stay. Here are a few examples:

- The person is in crisis and needs to be hospitalized in order to ensure their physical safety or the safety of others
- The person is in crisis and needs an environment that allows them to focus solely on achieving wellness, with 24-hour access to mental health professionals
- The person is making a major medication change and needs 24-hour access to mental health professionals to ensure a healthy transition
- The person arranges periodic inpatient stays as a form of wellness maintenance

HOW DO I GET INPATIENT CARE?

If you are voluntarily seeking inpatient care, first find out if your insurance covers inpatient care. You can find this information by calling your health plan. Next, identify hospitals in your area that provide mental health and/or substance use services. Call the hospital and ask to speak with the intake worker. Ask them if the hospital accepts your insurance.

IF I CHOOSE TO BE HOSPITALIZED, CAN THE HOSPITAL CHOOSE NOT TO RELEASE ME?

If the treating provider believes that the person meets the criteria for an emergency detention, they can decide to detain the person until they no longer meet the criteria. This relatively rare process is referred to as a “Treatment Director’s Hold.” See [page 84](#) for more details.

WHAT IS A DISCHARGE PLAN?

Discharge planning is a process meant to ensure a smooth transition from one level of care to another (in this case, from inpatient to outpatient). The process includes a meeting with providers and a physical document called the discharge plan. This process must include assistance with the following:

- Securing appropriate housing
- Applying for benefits (if needed)
- Assistance obtaining outpatient community services

At your request, family members or other supporters can attend the meeting to ask questions and review the discharge plan with you.

OUTPATIENT TREATMENT

Unlike inpatient treatment, with an outpatient treatment program, you will stay in your own home and visit your treatment professionals over a series of weeks or months.

It can include services like counseling, group therapy, medical consultations, or psychiatry, during regularly scheduled sessions. The intensity or frequency of services varies depending on the person's needs.

Outpatient treatment is a great choice for individuals who don't need 24/7 care or detoxification. Outpatient programs are less restrictive than inpatient programs while still offering comprehensive mental health care. This treatment option is for people who don't require an extended stay at a treatment facility.

HOW DO I GET STARTED WITH OUTPATIENT TREATMENT?

A good place to start is to schedule an appointment with your primary care provider to help narrow down what services might be a good fit for you and to learn what services are in network with your insurance plan. You can find more about taking the first steps to access treatment on [page 49](#).





Tips FOR READJUSTMENT POST-HOSPITALIZATION

Everyone experiences the transition from inpatient to outpatient treatment differently. Each person has unique needs. Here are a few tips to make the transition a little smoother for everyone.

STRUCTURING TIME. After spending time in a highly structured environment, it can be jarring to return home to unstructured time (especially if unemployed or on leave from work/school). Supporters should be aware of this and ask the person what type of support they need (if any) with managing time.

TIME ALONE. Some people may need plenty of solitude to process their experiences. Solitude is different from social withdrawal and can be healthy. Others may want constant company. Others may want more limited but reliable social interactions (e.g., weekly movie night, lunch on weekdays, etc.). Ask the person's preference!

TAKING IT SLOW. There is no standard for when you "should" be back to work, school, or other regular activities. Taking steps forward is important but the pace and stride are up to you!

HELPING CHILDREN UNDERSTAND. If there are children in your family, especially young children, this can be a very stressful and confusing experience. Talk with a trusted mental health professional about the best ways to help children understand the situation.

GIVING GUIDANCE TO FAMILY AND FRIENDS. When someone is hospitalized, people who love them feel intense fear, confusion, and a strong urge to "fix it." These emotions can make family members seem overbearing and irritating, leading to tension and arguments. To reduce the tension, tell family and friends what you need from them and what makes you feel worse. Try to remember that what your family and friends really want is to support, protect, and help you heal. You can help them go about that in the right way by clearly stating your needs.



NON-EMERGENCY MEDICAL TRANSPORTATION

Medicaid programs must ensure members receive transportation to and from Medicaid-covered services when they have no other means to get to appointments and services. Gas mileage reimbursement may also be available. MTM (previously called Veyo) is the state of Wisconsin's non-emergency medical transportation (NEMT) manager. MTM provides rides to Wisconsin Medicaid and BadgerCare Plus covered health care appointments if you have no other way to get there. The goal of these programs is to provide safe and reliable transportation services.

mtm-inc.net/wisconsin

RIDES CAN INCLUDE:

- Public buses
- Specialized medical vehicles
- Other types of vehicles depending on medical or transportation needs

TYPES OF RIDES COVERED:

- Routing rides
- Regularly scheduled rides
- Urgent rides
- Common carrier transportation
- Specialized medical vehicle transportation
- Non-emergency ambulance transportation

MEMBERS ENROLLED IN THE FOLLOWING PROGRAMS ARE ELIGIBLE FOR RIDES:

- Wisconsin Medicaid (including IRIS)
- BadgerCare Plus
- BadgerCare Plus Express Enrollment for children and pregnant people
- Tuberculosis-Related Services-Only Benefit
- Family Planning Only Services

**To find out if you are eligible for rides through MTM,
please call (866) 907-1493.**

**For more information on Non-emergency Medical Transportation,
please visit mtm-inc.net/wisconsin**

HOUSING AND RESIDENTIAL RESOURCES

When a person has safe and affordable housing that meets their needs, they have the opportunity to become part of the community. Lack of safe and affordable housing is one of the most significant barriers to recovery for people living with mental illness. Residential care/housing resources may include:

HOUSING FOR LOW/MODERATE INCOME INDIVIDUALS To learn about/apply for low-income housing (public housing) or low-income housing assistance (section 8 vouchers), contact your local Housing Authority: (414) 297-3214.

The WI Division of Housing also offers many other helpful programs for people with low to moderate incomes: energyandhousing.wi.gov/Pages/Housing.aspx or call (608) 266-7531.

ADULT FAMILY HOMES are small (1–4 residents) homes where residents receive care, service, and/or treatment above the level of room and board.

ASSISTANCE WITH DAILY LIVING SKILLS Wisconsin's Independent Living Centers (non-profits run by and for people with all types of disabilities) provide peer support, information, referrals, advocacy, and independent living skills training (more on [page 123](#)).

COMMUNITY-BASED RESIDENTIAL FACILITIES (CBRF) offer care, services, and/or treatment above the level of room and board for five or more people. CBRFs are typically more intensively staffed than Adult Family Homes.

SUPPORTIVE HOUSING aims to help people get and keep an independent living situation. It is intended for people who, without the service, could not otherwise maintain independent housing. Case management programs, including through CSP and CCS, can connect clients to Supportive Housing (see [pages 33-34](#)).

HOUSING DISCRIMINATION If you feel that you have experienced housing discrimination, contact the Fair Housing Council's statewide hotline: (877) 647-FAIR (3247) or Disability Rights Wisconsin (800) 928-8778. You can also file a complaint with the Wisconsin Equal Rights Division: (608) 266-6860 • dwd.wisconsin.gov/er.

IF YOU ARE AT RISK OF HOMELESSNESS: Call your local crisis line, 211, or the Department of Housing and Urban Development at (414) 297-3214.

IF YOU WANT MORE INFO ON ADULT FAMILY HOMES, CBRF, AND PUBLIC HOUSING: Visit findmyadrc.org to find the phone number for your local Aging and Disability Resource Center.

TO VIEW A COUNTY-BASED DIRECTORY OF AVAILABLE RESIDENTIAL SERVICES: visit dhs.wisconsin.gov/guide/seek.htm

PEER SUPPORT

Peer support refers to support given by someone who has personal lived experience with mental illness.

A peer is someone who lives with a mental health condition or substance use disorder.

HOW ARE PEER SPECIALISTS TRAINED? In Wisconsin, peer specialists go through a training and certification process and complete continuing education hours. You can learn more about this process, upcoming trainings, and peer specialist employment opportunities at wicps.org.

HOW DO I ACCESS PEER SPECIALIST SERVICES? The availability of peer specialist services varies by county. You might receive peer specialist services through a Comprehensive Community Services program ([page 34](#)), an Independent Living Center ([page 123](#)), the Dept. of Workforce Development ([page 67](#)), the Community Recovery Services program (dhs.wisconsin.gov/crs/index.htm), a peer-run respite ([page 41](#)), or another organization in your community. You can speak to a certified peer specialist at one of the seven peer run respites listed on [page 41](#).

HOW CAN I RECEIVE PEER SUPPORT THROUGH NAMI?

- Peer-to-Peer, an 8-week program run by and for people with lived experience
- Connection and Peer Support Group run by and for people with lived experience
- Some local NAMI affiliates have peer and/or family advocates on staff
- Family-to-Family, an 8-week course run by and for families
- Family Support Groups run by and for families
- NAMI can also recommend other sources of peer support!

If you or a loved one are in need of support, please contact NAMI Wisconsin at (608) 268-6000 or visit namiwisconsin.org.

Also see [page 8](#) for a list of our programs offered for support.

PEER-RUN RESPITE

Peer-run respites are non-medical, voluntary, crisis alternatives for people experiencing emotional distress who need and want peer support to navigate or avoid a crisis related to mental health and/or substance use challenges. Respites are small, homelike environments in neighborhoods that can accommodate 3 to 5 guests at a time. They are run by people who have lived experience with mental health and/or substance use challenges who are trained to provide trauma-informed, recovery-oriented peer support based on their own recovery and wellness experiences. These homes help people use crisis as an opportunity for growth and change. Peer-run respites offer a variety of optional activities that support wellness but do not provide any medical or clinical services.

PEER-RUN RESPITE BACKGROUND

In the 2013–2015 state budget, the Wisconsin legislature approved funding for three peer-run respite centers located in Madison, Appleton, and Menomonie, serving people across the state with mental health and/or substance use concerns. Since then, several other peer respite centers have opened in Wisconsin. Each center can accommodate 3 to 5 guests and is designed to provide free, short-term respite during times of emotional distress.



PEER RUN RESPITE CONTACT INFORMATION

Peer-run respite centers are for adults (18+) experiencing increased stress or symptoms related to mental health and substance use concerns who want support and encouragement from people who have experienced similar challenges. This support and encouragement is available through an overnight stay and by phone.

Hope Haven (Superior)

(715) 665-HOPE (4673) *Soft opening Winter 2024

Iris Place (Appleton)

(920) 815-3217 • namifoxvalley.org/iris-place

La Crosse Lighthouse (La Crosse)

(608) 519-1489 • lacrosselighthouse.org

Monarch House (Menomonie)

(715) 505-5641 • milkweedalliance.org/monarch-house

Parachute House (Milwaukee)

(414) 877-5918 • ourspaceinc.org/parachute-house

R&R House for Veterans (Pewaukee)

(262) 336-9540 • mhawisconsin.org/veteran-peer-services

Solstice House (Madison)

(608) 244-5077 • soarcms.org/programs/solstice-house

Visit the state's peer-run respite website to learn more and access all up-to-date contact information at dhs.wisconsin.gov/peer-run-respite/index.htm.

PEER RECOVERY CENTERS

Peer recovery centers are located throughout Wisconsin and serve as a resource for adults in the community who are living in recovery from mental health and substance use challenges. These centers provide a safe, comforting, and judgment free space for one-on-one connections and group activities that focus on education, information sharing, skill-building, and socialization. To learn more about Peer Recovery Centers, please visit dhs.wisconsin.gov/peer-services/peer-recovery-centers.htm



PEER RECOVERY CENTERS THAT FOCUS ON MENTAL HEALTH

Cornucopia (Madison)

(608) 467-6646 • copiarts.org/index.html

The Friendship Connection (Adams)

(608) 339-6810 • friendship_connection@yahoo.com

The Gathering Place (Green Bay)

(920) 430-9187 • thegatheringplaceinc.org

HopeChats Community (Green Bay)

(920) 217-9625 • facebook.com/hopechatscommunity

Kaleidoscope Center (Menomonie)

(715) 231-3055 • milkweedalliance.org/kaleidoscope-center

NAMI Welcome Center (West Bend)

(262) 339-1235 • namiwashingtonwi.org

Our Space (Milwaukee)

(414) 383-8921 • ourspaceinc.org

Rave Recovery Avenue (La Crosse)

(608) 785-9615 • advocacy@ilresources.org

The Wellness Shack (Eau Claire)

(715) 855-7705 • wellnessshack.org

PEER RECOVERY CENTERS THAT FOCUS ON SUBSTANCE USE

Coulee Recovery Center (La Crosse)

(608) 784-4177 • couleerecovery.org

Lighthouse Recovery Community Center (Manitowoc)

(920) 374-4433 • lighthouserecoverycommunitycenter.org

Wauhara SHINES (Wautoma)

(920) 787-9095 • unityrecoveryservices.org/wauhara-shines

DUAL DIAGNOSIS SERVICES

Dual diagnosis or co-occurring disorder are terms used to describe individuals who have at least one mental illness as well as a substance use disorder.

WHAT IS THE RELATIONSHIP BETWEEN MENTAL ILLNESS AND SUBSTANCE USE?

These disorders may interact differently for different people (e.g., an episode of depression may trigger alcohol abuse, or cocaine use may exacerbate or trigger the onset of symptoms of schizophrenia). Co-occurring disorders may vary among individuals and in the same individual over time. Although substance use and mental illness are closely linked, one does not directly cause the other. Many people seek treatment for one condition and later receive support for the other.

WHAT IS THE MOST EFFECTIVE WAY TO HELP PEOPLE WITH CO-OCCURRING DISORDERS IN THEIR RECOVERY?

Ideally, people with co-occurring disorders receive services and support that integrate care for both their mental health and substance use concerns, providing care in one setting, at the same time. Services and support from providers who work together on both issues at the same time is key to successful outcomes.

WHAT IS THE DIFFERENCE BETWEEN INTEGRATED AND NON-INTEGRATED SERVICES?

Integrated services means that the person receives support from both substance use and mental health care providers or dually-certified providers. These providers work together (have regular meetings, share information) to coordinate care for substance use and mental health issues at the same time.

Non-integrated services generally refers to the following scenarios:

- A person receives services and support for both substance use and mental health issues, but their providers do not coordinate care (e.g., a person receives medication from a psychiatrist and therapy from a substance use counselor; the providers do not communicate).
- A person works on one issue (mental health or substance use) with the expectation that, after some progress, they will then work on the other issue.

For a more in-depth understanding of integrated services,
visit [samhsa.gov](https://www.samhsa.gov)

HOW DO I ACCESS INTEGRATED SERVICES?

Step 1: Double check to find out if you are already receiving integrated services. Ask your current providers if they are dually-certified to address both your mental health and substance use issues.

Step 2: Identify clinicians and/or mental health agencies that are “dually-certified” (licensed to treat both substance use and mental health conditions) in your community. If you receive public mental health services, call your county human services department (see pages 111-119). If you have private health coverage, call your health plan and ask for a list of “dually-certified” mental health/substance use providers in your insurance network.

During this process, keep in mind that the following models typically provide integrated care for mental health and substance use issues:

- Comprehensive Community Services (CCS)
- Community Support Programs (CSP)
- Integrated Dual Diagnosis Treatment (IDDT)
- Targeted case management
- Health homes

IF INTEGRATED SERVICES ARE NOT AVAILABLE IN MY COMMUNITY, HOW CAN I MAKE THE SERVICES THAT ARE AVAILABLE TO ME MORE INTEGRATED?

If you don't receive integrated care, it is *important to ask your current providers to communicate*. Many people assume that their providers automatically share information, but this is not the case. Unless you legally authorize your

providers to communicate about your care, they are generally unable to share information. Simply tell your providers that you would like them to be able to talk to each other and they will help you take the next steps.

PEER SUPPORT FOR DUAL DIAGNOSES

- **Alcoholics Anonymous (A.A.)** is a fellowship of people who come together to solve their drinking problem. • aa.org
- **Al-Anon** is a support program for people who have been affected by someone else's drinking. • al-anon.org
- **Dual Recovery Anonymous** is free, peer-led, 12 Step, self-help membership organization for people with a dual diagnosis. • draonline.org
- **Smart Recovery** offers secular (non-religious) addiction recovery support offering meetings and online support communities. • smartrecovery.org
- **Wisconsin Council on Problem Gambling** offers support and education on gambling disorders. • wi-problemgamblers.org

COMPLEMENTARY APPROACHES

Complementary or “holistic” medicine refers to a wide range of non-medical model healing methods. Some examples include the following:

DROP-IN CENTERS AND CLUBHOUSES provide peer-to-peer support and interaction for people on the road to recovery. They help to combat the loneliness and isolation that many people living with mental illness experience. Each is a little different in what they offer but activities include game nights, communal meals, meditation, yoga, and more. Social interaction is an important aspect of recovery that is often overlooked in treatment. Visit [page 120](#) in the back of this guide to find one near you.

YOGA is a great way to unite your mind and body through different poses and controlled breathing. Practicing yoga for just five or 10 minutes a day can help you relax and feel more at peace with yourself. Make sure to start slow and be in control of your body to avoid injury. Yoga is not about being perfect, but respecting what your body tells you. **Yoga Studios Near You:** yogafinder.com • **Free yoga videos:** do yogawithme.com

MEDITATION is a mindfulness practice that allows you to “let go” and be present in the moment. In the fast-paced world that we live in, we often do not take the time to clear our heads and be truly present in our surroundings. This can be especially true if you live with mental illness because peers often experience high levels of anxiety or constantly racing thoughts. **Meditation tips:** how-to-meditate.org

MUSIC THERAPY is making, singing, moving, or listening to music to accomplish therapeutic goals while working with a credentialed music therapist. To learn more and find a music therapist near you, visit musictherapywisconsin.org.

ART THERAPY is the process of personal creation or experiencing other people’s artwork and talents, which can be very cathartic. For many people, creating or experiencing art is also a way to foster self-awareness and personal growth. Learn more at arttherapy.org.

EXERCISE Aerobic exercises including jogging, swimming, cycling, walking, gardening, and dancing have been proven to reduce anxiety and depression. Regular physical activity may also keep depression and anxiety from coming back once you’re feeling better.

In addition to reducing anxiety and depression, studies have found exercise to also reduce symptoms of ADHD, PTSD, and trauma. Exercise is a great form of self-care that can help to alleviate stress and make you feel well overall. It can also improve memory and thinking, increase self-esteem, increase energy, and help with sleep problems. Learn more about exercise and mental health here: helpguide.org/articles/healthy-living/the-mental-health-benefits-of-exercise.htm.

Learn more about our Hearts + Minds program on [page 8](#).

WORK-LIFE BALANCE Feeling burned out or overwhelmed at your job can lead to increased stress and anxiety, poor sleep quality, fatigue, and poor health overall. Make sure you are taking breaks, setting manageable goals, and communicating with your colleagues and leaders. Feeling burnt out can also happen when you are at home. Some suggestions to combat burnout at home include taking a break from technology, not over-committing yourself to activities outside of work, making sure you are getting enough support and interaction with loved ones, and treating your body right by eating healthy foods, exercising, and getting adequate rest. If you are feeling stressed and overwhelmed from burnout, it may be time to seek help from a mental health professional. For more tips on combatting burnout, visit mhanational.org/4mind4body-work-life-balance.

ROUTINE Routines allow us to organize our days in such a way that taking care of tasks and ourselves becomes a reoccurring pattern. This makes it easier to get things done without having to think too hard about them. Routines are an essential part of daily life that help us cope with change, alleviate anxiety, create healthy habits, improve interpersonal relationships, and reduce stress. Try out the following tips if you are having trouble with creating a solid routine.

- Get at least 8 hours of sleep every night. Try to go to bed and wake up around the same time when possible.
- Eat a balanced diet full of nutritious foods.
- Get active! Try to move your body each day by doing an exercise, workout or going for a walk outside with a loved one.
- Individuals with mental illness may find it difficult to take care of their hygiene needs. Even if you are having a tough day, there are still things you can do to take care of your hygiene and feel a little bit better: brush your hair, wash your face, change your clothes, brush your teeth, etc.
- Self-care activities can be good to implement in your routine to make sure you are taking time to focus on yourself. Self-care can also help with symptoms of mental illnesses and coping with stress. Activities include writing in a journal, listening to your favorite song, sitting in the sunlight, completing breathing exercises, and spending time with a pet.
- Limit habits from your routine that might not be beneficial. Such habits may be watching too much television or spending too much time on the internet.



CHAPTER 4: TAKING THE FIRST STEP

It can be hard to know where to start when you are seeking mental health services. Extensive research proves the earlier you receive proper mental health care, the better the outcome and the shorter the path to recovery. Based on the type of health coverage you have (or do not have), this section will describe the very first steps to take if you notice emotions or behaviors in yourself or a loved one that concern you.

IN THIS SECTION:

- Noticing a Change
- Establishing Care
 - Public/Free
 - If You Have Insurance
 - If You Don't Have Insurance
- Finding Support in the Meantime
- Things to Consider about the Provider
- Tips for Getting Treatment
- Financial Resources

“Don't be afraid to ask questions. Don't be afraid to ask for help when you need it. I do that every day. Asking for help isn't a sign of weakness, it's a sign of strength. It shows you have the courage to admit when you don't know something, and to learn something new.”

—Barack Obama

NOTICING A CHANGE

Taking the first step to getting mental health treatment starts with noticing that you or a loved one is experiencing changes in your emotions and behaviors. It can be difficult for us to notice these changes in ourselves, and sometimes it is much easier to see in others. If we can do a self-scan of ourselves, along with listening to loved one's concerns, we can identify when and how to start our treatment journey.

SELF-SCAN CYCLE

Is this emotion or behavior new/different?



How long have I been feeling/acting this way?



Have these emotions/behaviors been impacting my ability to be myself?



Have these emotions/behaviors been impacting others in my life?



Do I want help in addressing these emotions or behaviors?



Have others brought to my attention new emotions or behaviors?



ESTABLISHING CARE

Taking the first step towards getting mental health treatment can be challenging. This chapter provides an overview of how you can navigate insurance and make an appointment for mental health care services. If you aren't sure what types of services would be a good fit for you, making an appointment with a primary care provider can be a good place to start. You can share your concerns and they can refer you to the appropriate services. If you are seeking help for a mental health crisis, please find resources available in [Chapter 7](#).

IF THE SITUATION IS NOT URGENT AND YOU ARE SEEKING FIRST STEPS IN GETTING HELP

PUBLIC/FREE:

If you or a loved one is a student in k-12 or a college/university you may have access to free treatment, depending on the resources the school or institution has access to. It is important to remember that services may be limited, but if you or a loved one are enrolled, they should be able to access these supports. There also may be public service providers that offer free or reduced services in your local community.

IF YOU HAVE INSURANCE:

MAKE AN APPOINTMENT with your primary care doctor and describe your concerns. Your primary care doctor is a good starting point but they may not specialize in mental health issues, so be sure to ask them how to connect with mental health professionals and specifically ask for a referral from them.

Primary care doctor: doctors who provide routine medical care, sometimes called a general practitioner (GP) or family doctor. [Page 78](#) in this Resource Guide has an appointment prep sheet that you can cut out of this book, fill out with your questions and concerns, to bring with you to your next appointment.

CALL YOUR INSURANCE PLAN to find providers (therapist and psychiatrist). You can find contact information for your insurance plan on your monthly bill, insurance card, or by searching for the name of your insurance online.

Therapist: A therapist can be a counselor, psychologist, or other professional licensed to provide mental health care. "Therapist" is an umbrella term for professionals who are educated, trained, and licensed to provide talk therapy or psychotherapy. During therapy, they can assess, diagnose, and treat mental health conditions.

Psychiatrist: A psychiatrist has a medical degree that allows them to not only diagnose medical conditions but also prescribe medication. A psychiatrist focuses on diagnosing, treating, and preventing mental health disorders. Most psychiatrists only manage patients' prescriptions and other medical treatments and do not offer talk therapy.

Start by calling your insurer's information number. Ask for phone numbers of professionals in your area who accept your insurance. Try to get at least three names and numbers, just in case. This is also a good time to ask for clarification of your insurance benefits. Here are some questions you might ask:

- Can I make a direct appointment with a psychiatrist, or do I need to see a primary care doctor first for a referral?
- Does my plan cover visits to therapists? Therapy coverage can vary greatly between insurance plans.
- If you need help with a specific condition such as addiction or an eating disorder, ask for doctors with the specialty you need.

IF YOU DO NOT HAVE INSURANCE:

APPLY FOR INSURANCE

- You may be able to get very affordable insurance through the [Affordable Care Act](#). Most will qualify for lower costs on health coverage and everyone can get free one-on-one help with the application process. Visit [healthcare.gov](#) or call (800) 318-2596 for more info and/or to apply.
- Check your eligibility for BadgerCare Plus and/or other Medicaid programs (public insurance for people considered low-income or people with disabilities in Wisconsin). Visit [dhs.wisconsin.gov/forwardhealth](#) or call (800) 362-3002 for more info.
- Covering Wisconsin is a nonprofit outreach project based at the University of Wisconsin–Madison. Its focus is to educate people about the importance of health insurance and help them understand and sign up for publicly available health insurance. Visit [coveringwi.org](#) or call (608) 261-1455 or (414) 400-9489.

FIND SUPPORT IN THE MEANTIME

- Dial 211. A statewide social service information and referral line and ask about sliding-scale, reduced cost, or free mental health services that your community may offer. [211wisconsin.communityos.org](#)
- Call your local NAMI! We may be able to help you locate or better understand mental health services available to you and have free support groups you can attend (contact info by county on [pages 111–119](#)).
- Call one of our warmlines to speak with a peer specialist ([page 41](#)).
- Find free clinics through the Wisconsin Association of Free and Charitable Clinics: [wafclinics.org/find-a-clinic.html](#)
- Federally Qualified Health Centers (FQHC) take clients on a sliding fee scale. Most have a behavioral health specialist on site. Find a center near you: [dhs.wisconsin.gov/forwardhealth/fqhc.pdf](#)

THINGS TO CONSIDER ABOUT THE PROVIDER:

It is important to know that you or your loved one should have a strong relationship with the person providing services. To be able to build trust, feel comfortable, and confident in sharing what you are experiencing with the provider, you or your loved one has to like them. If the provider is not a good fit for you or your loved one, there can be unexpected harm done not the healing journey. Refer to [page 30](#) to learn more about what you or a loved one should be considering around the fit of therapist.



Tips FOR GETTING TREATMENT

- If you think you might be experiencing mental health symptoms but aren't sure how to describe them or what sort of diagnosis you might have, [Chapter 2](#) of this guide provides an overview of common mental health diagnoses. You can also look at this self-screening tool, which has brief questionnaires for different diagnoses: screening.mhanational.org/screening-tools/

Note: This is not a formal diagnostic tool. Only a mental health provider can give you an official diagnosis.

- Make a list of providers covered in your insurance network and call them to see if they are accepting new clients.
- If you find you're reluctant to call, ask a friend or family member to sit with you while you call to make an appointment. If it's your first time seeking a diagnosis, tell the person on the phone so that they can block out enough time for a good conversation.
- If you're told that new patients have to wait many months for an appointment, it would be wise to make an appointment anyway. Then call the other numbers on your list. You can always cancel your first appointment if you find someone who can help you sooner.
- Another way to get an appointment sooner is to join the waiting list for cancellations. If another patient cancels at the last minute, you may get an appointment earlier than you expected. Make sure you let the person know when you call that you would like to be added to the waitlist.
- If you feel you can't wait weeks or months for help, see your primary care doctor as soon as possible to get treatments and support until you can see a mental health professional. Your primary care provider may be able to help with prescribing medication.
- If you're experiencing a mental health crisis, please call 988 to speak to a trained counselor. If you are in immediate physical danger, please call 911 and ask for a CIT or mental health trained officer or to be connected with county crisis services.

FINANCIAL RESOURCES

If you are having difficulty with affording treatment or medication, there are nationwide resources that can assist in offsetting the cost of medical bills and prescription costs. Please see the following financial resources that have been vetted by NAMI National.

FindHelp.org by Aunt Bertha: Online service that connects users to free and reduced cost local resources nationwide such as medical care, food, housing, transportation, and more. Website also offered in Spanish.

findhelp.org

HelpWhenYouNeedit: An online service that connects users to over 350,000 listings nationwide of private and public resources for food pantries, stores that accept food stamps, assisted living facilities, domestic violence and homeless shelters, mental health and substance use treatment, free clinics, legal and financial assistance.

helpwhenyouneedit.org

The Assistance Fund: (855) 845-3663

For those who qualify for financial support, service provides patient advocates to assist in securing financial assistance for co-payments, prescriptions, deductibles, premiums, medical expenses. Spanish-language translation service also available.

tafcares.org

Rise Above the Disorder: Connects people with resources for finding a therapist, answering mental health questions, and applying for grants to cover the cost of therapy.

youarerad.org

RX Assist: Provides up-to-date directory of free and low-cost medicine programs and other ways to manage medication costs.

rxassist.org

RX Hope: A free patient assistance program to assist people in need obtain critical medications.

rxhope.com

USARX: Provides coupons online for downloading/printing and can be brought to the pharmacy to see if it will give consumers a lower price or beat their copay.

usarx.com

Blinkhealth Prescription Assistance: (844) 366-2211

Individuals (with or without insurance) pay up front for medication online and then take a voucher to their pharmacy. Accepts calls 8 a.m.–10 p.m. M–F, 9 a.m.–7 p.m. weekends (ET); Spanish language option on patient assistance line.

blinkhealth.com

CHAPTER 5: GUIDANCE FOR FAMILY MEMBERS

Maintaining healthy relationships within the family is one of the most important ways to support recovery. However, it can also be one of the biggest challenges.

This section will provide some guidance on creating and maintaining the healthy relationships needed for a strong support system that fosters recovery.

IN THIS SECTION:

- Guidance for Family Members During a Crisis
- Healing Relationships After Crises
- Ideas for Family Members
- Disagreement about Treatment Needs
- Self-Care Tips for Families
- Resources for Families with Children
- Supported Decision-Making Agreements

DISCLAIMER: The information and examples in this section are meant to be used only as a guide. They may not apply to every situation. When you are not sure how to navigate certain situations, your best resource is a healthcare professional (ideally, a therapist, physician, or parent peer advocate) that knows your family's situation.

If you feel your loved one may be a danger to themselves or others, please review pages 69-79 of this guide.

GUIDANCE FOR FAMILY MEMBERS DURING A CRISIS

In crisis situations, family members are often the people who are forced to take actions—such as calling the police or initiating a 3-party petition—that harm their relationship with their loved one. Here are the few tips to foster healing within the family during this incredibly difficult time.



Tips FOR HEALING DURING CRISIS SITUATIONS

DO NOT AVOID VISITS TO THE HOSPITAL. Your loved one may feel angry, betrayed, and abandoned. Respect those feelings. Even though a positive conversation may not happen right away, it is important not to avoid contact.

RESPECT AND PROCESS YOUR OWN EXPERIENCE. As a family member, it is important to recognize that a loved one's crisis and/or mental illness affects you as well. Take time to process this. This can include seeking therapy, meditation, and other means of self-care.

AFTER VISITING, DO YOUR BEST NOT TO FEEL GUILTY. Be with friends. Take your mind off of the situation. There is not shame in taking a break.

ATTEND A NAMI FAMILY SUPPORT GROUP MEETING OR CLASS. Participate in a NAMI Family-to-Family Course, a NAMI Family Support Group or if your loved one is under 18, a [Nami Basics OnDemand class](#).

STAY ACTIVE AND IN TOUCH WITH CARE PROVIDERS during and after the crisis.

“I’d like to understand the next steps so that my loved one’s road to recovery will be as smooth as possible. How can we work together?”

KEEP A RECORD OF YOUR COMMUNICATION WITH CARE PROVIDERS including the time and day of your communication, who you talked to, and what you learned.

YOU CAN ALWAYS SHARE INFORMATION WITH YOUR LOVED ONE’S PROVIDER. HIPAA protects the privacy of a patient and may prevent a provider from sharing medical information about your loved one. However, it does not prevent you from sharing information with the provider about your loved one that you feel is important for their care. Please see [page 61](#) for information on Supported Decision Making or visit hhs.gov/hipaa/for-individuals/index.html

HEALING RELATIONSHIPS AFTER CRISES



Tips FOR HEALING AFTER CRISIS SITUATIONS

DO: **ACKNOWLEDGE** your loved one's feelings.

EMPATHIZE, normalize feelings, and use "I" statements.

For example:

Loved one: *"If you loved me, you never would have allowed me to be put in the hospital."*

Family member: *"I understand and I would feel the same way. But I was scared and wanted to keep you safe because I love you."*

PUT YOURSELF IN YOUR LOVED ONE'S SHOES. If you did not feel you were in crisis and were forced to seek hospitalization/treatment, you may be upset, scared, angry and confused. When you say something during this highly stressful time, imagine being on the receiving end of your own words.

DON'T: **EXPECT INSTANT FORGIVENESS;** it will take time.

BLAME your loved one or yourself for what happened.

BE MISLEADING about what you would do in the future (e.g., *"I will never call the police again."*)

SPEAK IN ABSOLUTE TRUTHS: *"I had to do this. I had no choice."* Instead, try: *"I felt I had no choice. I felt it was necessary."* There is a subtle, but important difference.

ASK FOR AGREEMENT. Ask your loved one to understand your perspective.

EXPECT INSTANT SUCCESS in one conversation. It will take time and many discussions.

NOTE: These pages include ideas adapted from Xavier Amador's *I'm Not Sick; I Don't Need Help!*

IDEAS FOR FAMILY MEMBERS

If someone you love is clearly unwell but chooses not to seek or consistently engage with mental health services, they may be experiencing anosognosia – a symptom of some mental illnesses characterized by someone’s lack of insight or awareness of their condition, which can make treatment difficult. Here are some strategies that may help.



Tips TO IMPROVE DISAGREEMENTS ABOUT TREATMENT

HELP YOUR LOVED ONE CONNECT WITH PEER SUPPORT. This may be from a peer specialist, support group, drop-in center, or a trusted person who is living well with mental illness. Peers have often experienced serious crises and have in-depth knowledge about coming out of crises and into treatment and recovery. Peers can often relate and communicate with your loved one in a very different and compelling way. Contact your local NAMI or NAMI Wisconsin for more information. See [pages 111–119](#).

LISTEN WITH EMPATHY AND WITHOUT GIVING INPUT. Challenge yourself to have a conversation where you do not give any advice or input, no matter how obvious the solution seems to you. It will be more difficult than you think! Simply ask questions to broaden your understanding of your loved one’s experiences. Do not try to “fix.” Just ask questions and listen.

VALIDATE YOUR LOVED ONE. This does not mean you have to agree with them. Validation means finding something understandable in the person’s experience and letting them know you empathize with a statement like “that must be really hard.”

DO NOT FIXATE ON GETTING YOUR LOVED ONE TO ADMIT THEY ARE SICK. The ultimate goal is for your loved one to be well, not to admit that they are sick. Even though it seems counterintuitive, a person can be fully engaged with mental health services *without* agreeing that they have a particular diagnosis.

DEMONSTRATE COMFORT WITH BEING WRONG. If you get into an argument with your loved one, take time afterward to reflect on how you communicated. If you feel like you said things you didn’t mean or didn’t approach the issue in the best way, acknowledge those mistakes. Apologize to your loved one and explain your point of view. This will help to normalize making mistakes, which results in a healthier relationship.

If you feel your loved one may be a danger to themselves or others, please review [pages 68-79](#) of this guide.

DISAGREEMENT ABOUT TREATMENT NEEDS

IDENTIFY COMMON GOALS. Perhaps your loved one wants to stay out of the hospital, attend work or school, or have better relationships with family members. Whatever the goals may be, make this the focus of the conversation, not persuading or convincing them to get or stay in treatment. Together, explore strategies for working toward the goal.

AVOID THE “TAKE YOUR MEDS OR ELSE” APPROACH. In exploring strategies for achieving goals, be flexible. Treatment may only be one of several strategies. Keep in mind that the terms *treatment* and *mental health services* refer to many options, not just medication. It is also important to remember that your loved one probably knows how you feel about medication. Constantly reminding them may do more harm than good.



AVOID THE “FOR LIFE” APPROACH. Coming to terms with having a mental illness can be really hard. There can be a frightening sense of finality and permanence. Avoid trying to convince your loved one that they’ll need a certain treatment forever. Instead, frame therapy, medication, and other treatments as one of many helpful recovery tools that may be worth exploring.

The bottom line: you want to be on your loved one’s team. For the time being, set aside the goal of convincing your loved one they need treatment. Instead, identify common goals and build trust. See [pages 8-9](#) for information on helpful NAMI programs for family members.

MORE RESOURCES

- NAMI Family Support Groups, NAMI Family-to-Family, NAMI Basics OnDemand
- *I’m Not Sick; I Don’t Need Help* by Xavier Amador, leapinstitute.org

SELF-CARE TIPS FOR FAMILIES

GUIDANCE FOR FAMILY MEMBERS

Develop a support system that “gets it,” that has been through what you’re going through. This can be friends, family, or fellow NAMI members.

Avoid blame. Your loved one is not to blame and neither are you.

Ask for help for yourself. You shouldn’t do this alone. Navigating challenging relationships or family dynamics is a common and legitimate reason to seek therapy.

Take time for yourself. This is necessary. You can’t effectively support your loved one if you don’t take care of yourself.

Use humor to relieve stress whenever possible.



Forgive yourself for mistakes. Learn from them and move on.

It is OK to get angry. It is not selfish. Anger is a normal response to a stressful situation. Give yourself permission to feel angry but be mindful of how you respond to the situation.

You are a supporter, not a magician. Accept that there are things you cannot change.

Celebrate small victories. For example, even though you were exhausted, you still ate three meals today or went for a walk.

EDUCATION IS KEY TO SELF-CARE

Educating yourself about your loved one’s mental illness is an important part of self-care. Education programs such as NAMI Family-to-Family, NAMI Basics OnDemand, and NAMI Family & Friends can help you better understand why your loved one acts and feels the way they do, how to navigate the complex mental health system, how to have healthier relationships, and how to reduce stress. By educating yourself, you are making an important contribution to your loved one’s recovery! Refer to pages 8-9 for more educational program information.

RESOURCES FOR FAMILIES WITH CHILDREN

WHEN TO GET HELP

Parents are usually the first ones to be concerned about their child's behavior or emotions. Sometimes it is hard to know when to act on your concerns, or whether the behavior is just part of typical development. But when the challenges are causing disruption for your child and family over time and are getting in the way of age-appropriate activity, it may be time to seek help.

WHERE TO START

- **TALK TO YOUR CHILD'S DOCTOR** – For most families, the first step is to make an appointment with your child's primary care doctor and talk about your concerns. Your child's doctor can help recognize behavior that is outside the typical range and can make referrals for further diagnosis or evaluation. You may want to write down your thoughts and keep track of when you first noticed the concerning behavior, how often you see it, and what seems to trigger that behavior. It is important that you contact your insurance company or health plan to find out which providers and evaluation services are covered under your plan.
- **TALK TO YOUR CHILD'S SCHOOL** – Most schools have a school counselor, social worker, or school psychologist who can help you find resources and services. You can discuss services available during the school day and whether your child may qualify for special education services. To learn more about special education, visit the DPI website at dpi.wi.gov and click “An Introduction to Special Education” or “Special Education in Plain Language.”
- **REGISTER FOR NAMI BASICS OnDEMAND** – NAMI Basics OnDemand is a free, online, self-directed education program for parents and family caregivers of children and youth who are experiencing symptoms of a mental health condition or who have already been diagnosed. Family members can sign up for NAMI Basics at basics.nami.org.



GETTING A PROFESSIONAL EVALUATION

Your child's doctor or school staff may suggest having your child evaluated by a mental health professional. As a parent or caregiver, you can also request an assessment or evaluation. A mental health provider will complete the evaluation which may include an interview with your child and other family members, review of information from school or other providers, and additional testing. To learn more, visit the American Academy of Child and Adolescent Psychiatry at aacap.org.

AFTER THE DIAGNOSIS

Sometimes the “not knowing” is worse than actually having a name for the condition. Many families feel less helpless at first but become more hopeful once they have a diagnosis and can start to learn more about their child's condition. Below is an online resource to help you get started learning about the condition.

- **Finding Your Way** – A Navigation Guide for Wisconsin Families who Have a Child with Special Health Care Needs and Disabilities – dhs.wisconsin.gov/cyshcn

NEXT STEPS

Your child's doctor or treatment team can partner with you to find the right treatment and services for your child and family. This may include medication, therapy, community programs, and/or school-based supports and services. Informal supports (e.g., social skills classes or support groups) may also benefit your family. To learn about paying for services, treatment options, and waiting for services and long-term supports, visit the Family Voices of Wisconsin website familyvoiceswi.org/resource-library and click “Print Fact Sheets.”

Remember that while your journey of having a child with special needs may not be easy, there are many organizations and individuals who can help make the path easier! Connecting with family support organizations can be a critically important part of helping families on their journey.

If you have questions or need help finding services, contact the following organizations:

Resource Centers for Children and Youth with Special Health Care Needs:

A network of five centers dedicated to supporting families who have children with special needs: dhs.wisconsin.gov/cyshcn/regionalcenters

Well Badger Resource Center: Health information, referral resources, and hotline: (800) 642-7837 • wellbadger.org

Wisconsin Family Ties: Support and assistance to families who have children with mental health or behavioral health challenges: (608) 267-6800 • wifamilyties.org

*Families and Children Pages Information Developed by
Family Voices of WI – familyvoiceswi.org – in partnership with the
Office of Children's Mental Health – children.wi.gov*

SUPPORTED DECISION-MAKING AGREEMENTS

Supported decision-making is a way for people with disabilities to get help from trusted family members, friends, and professionals to help them understand the situations and choices they face so they can make their own decisions. Supported decision-making enables people with disabilities to ask for support where and when they need it. Supported decision-making is NOT a form of guardianship or a power of attorney.

Chapter 52 is a bill passed in 2018 (docs.legis.wisconsin.gov/statutes/statutes/52) which authorizes the use and execution of supported decision-making. The supported decision-making agreement makes it possible for persons to choose trusted people (called supporters) to help them gather and understand information, compare options, and communicate their decisions to others. Supported decision-making agreements DO NOT restrict the person's rights to make decisions; the person makes all their own decisions.

For more information and to find the form needed for supported decision-making, visit namiwisconsin.org/resources/supported-decision-making-agreement.

FIND MORE INFORMATION ON SUPPORTED DECISION-MAKING

- The Wisconsin Board for People with Developmental Disabilities: wi-bpdd.org/index.php/SupportedDecision-Making/
- Disability Rights Wisconsin: disabilityrightswi.org/resource-center/supported-decision-making
- The Arc Wisconsin: arcwi.org/2018/04/13/supported-decision-making
- American Bar Association: americanbar.org/groups/law_aging/resources/guardianship_law_practice
- The National Resource Center for Supported Decision-Making has resources, publications, and a state-by-state guide to information on supported decision-making: supporteddecisionmaking.org

LEARN ABOUT ALTERNATIVES TO GUARDIANSHIP

Wisconsin Guardianship Support Center has information on alternatives to guardianship including supported decision-making, powers of attorney, and other guardianship support options: gwaar.org/guardianship-resources

CHAPTER 6: RECOVERY AND SELF-ADVOCACY

Recovery is possible for those living with mental illness. Individuals who are affected by mental illness can live and maintain functional and fulfilling lives. The journey of recovery varies and looks different from person to person. This section will cover the many tools that can improve the experience on the journey of recovery and also cover self-advocacy in the workplace, highlighting laws that protect those living with a mental illness, and services available to you to find and/or maintain employment.

IN THIS SECTION:

- Recovery Is Possible
- Tools for Recovery
- Self-Advocacy
- Advocating at Work
- Workplace Accommodations
- Experiencing Discrimination
- Employment Resources

“What we don’t need in the midst of struggle is shame for being human.”

—Brené Brown

RECOVERY IS POSSIBLE

There are many tools that can improve the experience of one's journey on recovery. These tools can include medication, counseling (therapy), social support, and education. This journey starts with an individualized recovery plan.

FOUR MAJOR DIMENSIONS THAT SUPPORT RECOVERY:

HEALTH

Overcoming or managing one's mental illness and making informed, healthy choices that support physical and emotional well-being.

COMMUNITY

Having relationships and social networks that provide support, friendship, love, and hope.



HOME

Having a stable and safe place to live.

PURPOSE

Conducting meaningful daily activities and having the independence, income, and resources to participate in society.

The recovery journey may be different for everyone, but there are some basic strategies that can help anyone on their journey.

- Maintain hope despite the challenges you may face.
- Practice self-determination and actively pursue your recovery goals.
- Start now; progress is made with a series of small steps.
- Find caring, trusting, and supportive practitioners.
- Gather information on community factors that might impact care.
- Develop coping strategies to manage experiences of stigma from yourself and others.
- Engage with people who may be living with a similar condition.
- For more information on recovery strategies, please visit nami.org/Blogs/NAMI-Blog/August-2021/Serious-Mental-Illness-Recovery-The-Basics

TOOLS FOR RECOVERY

With treatment, you can develop a well-rounded and integrated recovery plan and a strategy that works for you. **Wellness Recovery Action Plans (WRAP)** are designed to identify what helps you stay well, triggers, and early crisis warning signs. WRAPs also help provide guidance for supporters on how best to help (or what not to do). For a list of sample action plans and tools, please visit wellnessrecoveryactionplan.com.

CONSIDERATIONS WHEN CREATING YOUR RECOVERY PLAN:

EDUCATION

Learn about your diagnosis

UNDERSTANDING YOUR HEALTH CARE OPTIONS

Insurance and medication



SUPPORT

Professionals, peers, groups

INVOLVE YOUR FAMILY & FRIENDS

in your treatment

EDUCATIONAL RESOURCES

PERSON-CENTERED CARE

builds on the person's strengths, honors personal goals, and provides meaningful options based on individual preferences. Services are based on shared decision-making with the person receiving services treated as an equal partner. dhs.wisconsin.gov/pcp/index.htm.

EMOTIONAL CPR (eCPR) is an educational program designed to teach people to assist others through an emotional crisis by three simple steps: C=Connecting, P=emPowering, and R=Revitalizing. emotional-cpr.org

CONNECT WITH A PEER

SPECIALIST who has their own lived experience of mental health and/or substance use challenges and has completed formal training and certification in the peer specialist model of mental health and substance use-oriented peer support to support individuals with similar lived experience (see [page 40](#) for more information).

MENTAL HEALTH FIRST AID is a course that teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders. mentalhealthfirstaid.org

SELF-ADVOCACY

Self-advocacy means being aware of your own needs and how to articulate those needs to others. It is a crucial part of recovery, as you take control of your own needs across different areas in your life including work, housing, with your medical team, and communication with family and friends. NAMI has recommended practices for each layer of advocacy:

PERSONAL

- Be assertive, but respectful
- Practice self-care
- Know your therapy, treatment, and medication options (see [page 78](#)) for an appointment prep sheet).
- Ensure your safety

COMMUNITY

- Build up your team of those who support you
- Maintain a good work/life balance
- Have supports in place
- Work with advocacy groups

GOVERNMENT

- Vote for candidates who take your concerns seriously and understand the importance of mental health
- Inform your representatives

FOR MORE INFORMATION ON SELF-ADVOCACY, PLEASE VISIT:

nami.org/Blogs/NAMI-Blog/October-2016/Do-You-Know-the-Layers-of-Self-Advocacy

ADVOCATING AT WORK

Self-advocacy in the workplace is important for people who live with mental illness. Strong awareness of rights and resources can help you find and/or maintain fulfilling employment. Any person with a disability is protected under the Americans with Disabilities Act (ADA) and the Wisconsin Fair Employment Act. These laws cover any “physical or mental impairment that substantially limits a major life activity” including major depression, bipolar disorder, post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), and/or schizophrenia.

FREQUENTLY ASKED QUESTIONS:

DO I HAVE TO TELL MY EMPLOYER ABOUT MY MENTAL ILLNESS? No, you are not required to disclose your mental illness before being hired or upon starting the job.

IF I AM RECEIVING TREATMENT AND FEEL WELL, AM I STILL PROTECTED BY THE LAW? Yes. The law looks at what things were like before treatment or how they would be if treatment stopped.

WHAT IF I NEED TO REQUEST AN EXTENDED LEAVE OF ABSENCE DUE TO MENTAL ILLNESS?

The Family Medical Leave Act (FMLA) is a law that allowed employees to take up to 12 weeks of unpaid leave in the event of an illness or to help care for a family member who is sick. To qualify, you must work for at least 12 months for the same employer. This applies only to employers with more than 50 employees. To learn more, contact the Department of Labor. dol.gov/general/topic/benefits-leave/fmla

WORKPLACE ACCOMMODATIONS

WHO CAN REQUEST ACCOMMODATIONS? Employers are only required to provide accommodations for employees experiencing workplace difficulties due to a disability. Employers have the right to request documentation of your disability to ensure that you are protected under the Americans with Disabilities Act. Therefore, employees experiencing mental illness must have a formal diagnosis from a doctor to qualify for workplace accommodations.

WHAT ACCOMMODATIONS CAN I REQUEST AT WORK? While you must be able to perform the essential tasks of your job, you are entitled to reasonable accommodations (changes made to company procedures/rules) that will help increase and maintain your job performance. Examples of accommodations include:

- Flexible work schedules or start times
- Reduced distractions or noise in the work area
- Working from home or telecommuting
- Written directions and task lists
- Use of a job coach and more.

HOW DO I REQUEST ACCOMMODATIONS?

If you need an accommodation, the first step is to ask. It's up to you to request an accommodation. Once you have submitted a request, an employer is required to sit down and talk with you about possible accommodations. Before you get started:

- Ask your employer's human resources (HR) personnel how to request accommodation. A request process may already be in place.
- Decide what types of accommodations you need. Be ready to explain the specific accommodation and how the accommodation will help you to perform your job.
- Put your request in writing.
- Talk with your treatment provider and ask if they can provide documentation. Your doctor can write a note, usually in the form of a letter, stating that you have mental illness and need accommodation.
- Take detailed notes and keep a written record of any conversations you have with the employer. Keep copies of any emails you send and any forms you complete.
- Negotiate. Be flexible and ready to discuss your options.

ACCOMMODATION RESOURCES

- Succeeding at Work: nami.org/Your-Journey/Individuals-with-Mental-Illness/Succeeding-at-Work
- ADA Information Line: (800) 514-0301
- Job Accommodation Network: (800) 526-7234 • askjan.org
- Disability Rights Wisconsin: (800) 928-8778 • disabilityrightswi.org

EXPERIENCING DISCRIMINATION

If you feel like you have been discriminated against because you live with mental illness, there are a variety of legal options:

- Filing a complaint with the Equal Employment Opportunity Commission (EEOC). The EEOC is the federal government agency that enforces the ADA. If the employer is covered by the ADA, you can file a complaint with EEOC. [eeoc.gov/how-file-charge-employment-discrimination](https://www.eeoc.gov/how-file-charge-employment-discrimination)
- Federal Government Agency: Filing a Complaint with the Equal Employment Opportunity Office (EEO). If the employer was a federal government agency, you must file a complaint with the agency's EEO Office. [eeoc.gov/federal-sector/overview-federal-sector-eeo-complaint-process](https://www.eeoc.gov/federal-sector/overview-federal-sector-eeo-complaint-process)
- Filing a complaint with a State Fair Employment Practice Agency. Many states have laws that are similar to the ADA or the Rehab Act. These laws are enforced by the state's Fair Employment Practice Agency (FEPA). If your state has one of these laws, you should file a complaint at your local FEPA. [eeoc.gov/fair-employment-practices-agencies-fepas-and-dual-filing](https://www.eeoc.gov/fair-employment-practices-agencies-fepas-and-dual-filing)

IF YOU NEED ASSISTANCE AND SUPPORT WITH FINDING EMPLOYMENT, PLEASE CONTACT THE FOLLOWING:

THE WISCONSIN DEPARTMENT OF WORKFORCE DEVELOPMENT offers vocational rehabilitation (support for people with disabilities in preparing for and getting jobs). Call (800) 442-3477 to reach your county's Division of Vocational Rehabilitation (DVR).

YOUR COUNTY MAY OFFER A PROGRAM CALLED INDIVIDUAL PLACEMENT AND SUPPORT (IPS).

As an integrated part of mental health treatment, IPS programs support people in finding and maintaining competitive employment. Contact your county human services department for more information ([pages 111–119](#)).

VISIT A JOB CENTER IN YOUR AREA

These agencies help people find jobs and enhance their employment skills. To locate a job center near you, visit [wisconsinjobcenter.org](https://www.wisconsinjobcenter.org).

CONNECT WITH THE JOB ACCOMMODATION NETWORK

(JAN) JAN provides free, expert, and confidential guidance on workplace accommodations and disability employment issues. JAN is a service of the U.S. Department of Labor that provides ideas for reasonable accommodations, templates for accommodation request letters, free consultation regarding individual cases, and free consultation regarding disclosing your illness to an employer. Help is available online at askjan.org or over the phone. (800) 526-7234

CHAPTER 7: MENTAL HEALTH CRISIS OVERVIEW

A mental health crisis can be a confusing, stressful journey to navigate, whether it is experienced by yourself or a loved one. However, crises can be made safer and more manageable, and soon may become preventable. This section will give an overview of how to navigate a crisis, provide a person-specific plan to prepare for a crisis, and give you the tools to better help you understand when somebody is going through a crisis.

IN THIS SECTION:

- What Is a Crisis?
- Navigating a Crisis as a Family Member
- 988 Crisis Response
- Safe Police Interactions
- Navigating a Crisis as a Peer
- Self-Harm and Suicidality
- Sample Crisis Plan
- Appointment Prep Sheet
- Tools for Crisis Prevention

“The struggle you are in today is developing the strength you need tomorrow.”

—Robert Tew

WHAT IS A CRISIS?

Generally, a crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others, prevents a person from being able to care for themselves, and/or stops them from functioning effectively in the community.

- Common crisis emotions include feeling frightened, overwhelmed by negative emotions, and out of control
- Generally, the person or their loved ones are unable to resolve the crisis without the help of trained professionals

WHAT CAN CAUSE A CRISIS TO OCCUR?

EXTERNAL FACTORS: increased stress, loss of someone close or a companion animal, traumatic events, major life changes

INTERNAL TRIGGERS: intense depression, hopelessness, anxiety, anger, panic

WHAT ARE SIGNS THAT ACTION MUST BE TAKEN?

Extreme changes in behavior may include the following:

- Attempts or making plans to harm or kill oneself
- Threats to hurt others
- Verbal or physical abuse
- Excessive isolation
- Not sleeping or eating for several days
- Acute psychotic symptoms causing distress (delusions, hallucinations, paranoia)

IMPORTANT REMINDERS

- Crisis does NOT happen because someone is weak, has “cracked,” or should have worked harder to get well.
- Crisis is NOT an inevitable or unavoidable part of living with mental illness.
- Crisis often signals problems with services and/or support, not with the person's ability to get well.
- Crisis looks and feels differently for each person.
- Someone in a self-defined crisis should never be turned away from services.

NAVIGATING A CRISIS AS A FAMILY MEMBER

1. REDUCE THE INTENSITY AS MUCH AS POSSIBLE:

Speak calmly, softly, and slowly. Relax your body and voice.

Be genuine. Do not talk to the person like a child.

Be non-judgmental. Try to truly understand the person's experience, rather than assess, judge, or push solutions.

Ask simple, respectful questions about what happened and your loved one's thoughts/feelings. Do not try to talk the person out of delusions or hallucinations. This will only create mistrust.

Offer options for ways you can make your loved one feel safe. These can be options of things you have done for them in the past. Giving them a few choices may be easier than them having to come up with ideas on their own.

2. IF THE PERSON IS WILLING TO SEEK CARE, ESTABLISH A PLAN:

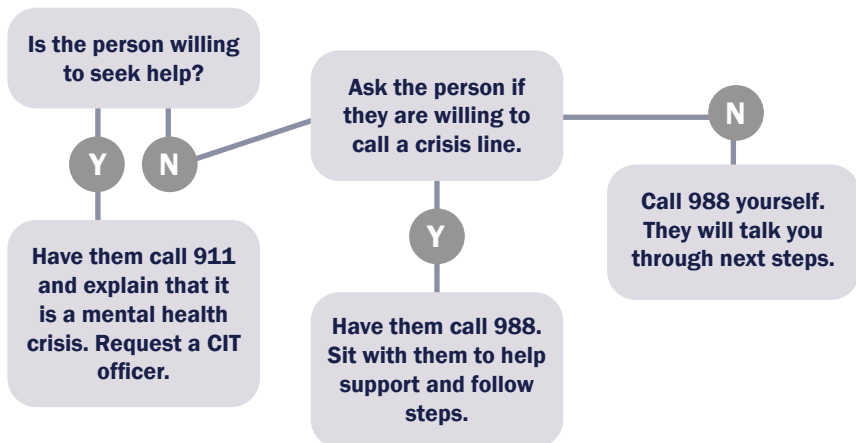
Is there a therapist, doctor, or other care provider we could call? If the person already works with health care providers, contact them for advice.

What has helped when you've had similar feelings in the past?

The person may have a written plan of action for mental health crises or other ideas about what works for them.

Ask the person what their preferences are. Is there a certain hospital or clinic you prefer? Would you prefer non-medical support? (See [page 41](#) for info about peer-run respite.) Do you want to bring anything with you? Is there anyone else you would like to call? When we get there, do you want me to stay with you or drop you off?

INVOLVE PROFESSIONALS: IS THE PERSON IN IMMEDIATE PHYSICAL DANGER TO SELF OR OTHERS?



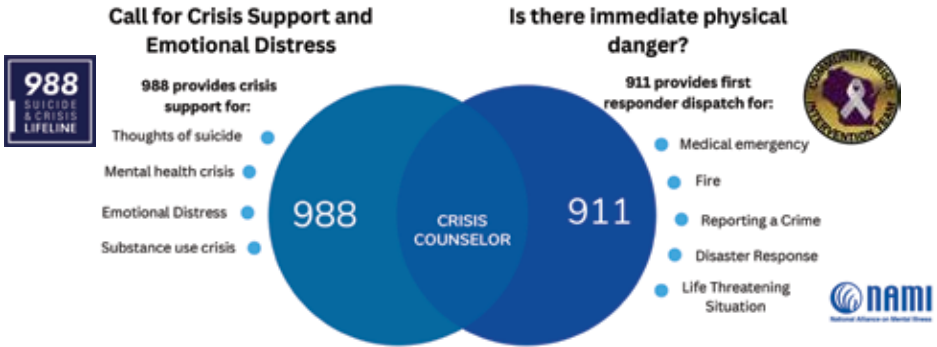
988 CRISIS RESPONSE



What is 988? 988 is the three-digit dialing code for the National Suicide Prevention Lifeline, now known as the 988 Suicide & Crisis Lifeline. The Lifeline provides free and confidential support for people in distress 24/7. If you or a loved one is in a mental health crisis, call 988.

988 was created to divert crisis response away from law enforcement. The Department of Health Services (DHS) notes that 98% of the 988 calls made in Wisconsin will not involve law enforcement response at all. Police will only be contacted if it is believed that someone is in immediate danger.

988 VS 911



HOW CAN I CONTACT THE 988 SUICIDE & CRISIS LIFELINE?

- Dial 9-8-8
- Text 9-8-8
- Chat with a trained counselor at 988lifeline.org

WHAT ARE CRISIS CENTERS AND HOW ARE THEY INVOLVED?

Crisis centers are resources for individuals experiencing a mental health crisis. They provide services and support for their communities. The 988 Suicide & Crisis Lifeline is made up of over 200 crisis centers across the United States. Counselors at these crisis centers answer calls, texts, and chats for the Lifeline from people in distress. Calls to the Lifeline are routed to their closest crisis center based on their area code so they can be connected with counselors who are able to provide referrals to local services and support.

WHAT HAPPENS WHEN YOU CALL 988?

1. When you call 988, you will first hear an automated message with additional options while your call is routed to your local Lifeline crisis center.
 - Press 1 for Veterans
 - Press 2 for Español
 - Press 3 for LGBTQI+
2. Next, you will hear some music while the Lifeline connects you with a trained crisis worker.
3. Then, a trained crisis worker will answer the phone.
4. The trained crisis worker will listen to you, provide support, and connect you with resources to get you the help you need.

SAFE POLICE INTERACTIONS

WHAT TO SAY IF YOU NEED TO CALL THE POLICE DURING A MENTAL HEALTH CRISIS

1. State that the situation is a mental health crisis to both the 911 dispatcher and the responding officer.
“I am calling because my loved one is having a mental health crisis. My goal is for them to get help, not to be arrested or harmed.”
2. Request that a Crisis Intervention Team (CIT) officer (officer with special mental health training) respond to the situation. They may or may not be available.
“If possible, I’d like an officer with CIT training to respond.”
3. Be calm and cooperative with the 911 dispatcher and law enforcement officers. Answer all questions completely and honestly. Give a written statement if requested.

IF APPLICABLE

Tell the officer if you know that your loved one has access to weapons, particularly firearms.

“My loved one has access to _____ weapons.”

Tell the officer if your loved one has made direct threats.

“My loved one has made direct threats of violence.”

IF THERE IS TIME

Briefly point out triggers that you believe could escalate the situation (e.g. speaking loudly, standing over your loved one, getting too close, etc.)

“I want to make you aware of triggers that I believe will escalate this situation.”

Briefly point out things that may prevent escalation: speaking softly, addressing concerns directly, having a trusted person nearby, etc.

“I want to make you aware of a few ideas for preventing escalation.”

NAVIGATING A CRISIS AS A PEER

People who live with a mental illness are more likely to experience a mental health crisis. The following are important tips if you experience a crisis:

WARNING SIGNS THAT MAY INDICATE A CRISIS IS ABOUT TO OCCUR:

- Inability to cope with daily tasks
- Rapid mood swings
- Increase in agitation
- Displays of abusive behavior
- Loss of touch with reality (Psychosis)
- Isolation from school, work, family, friends
- Unexplainable physical symptoms

TIPS TO DIVERT A CRISIS

You may be able to de-escalate or prevent a crisis by identifying any early changes in behavior, such as an unusual reaction to daily tasks or an increase in stress level. It may be useful to keep a journal or calendar documenting what preceded the behaviors that are of concern.

Please work with a mental health professional or doctor to identify any triggers that may lead to a crisis and coping skills that can be utilized if a crisis is experienced.

See the crisis plan instructions and sample on [page 77](#). Having a crisis plan filled out and ready is an important step to having a positive outcome if a mental health crisis occurs.

If you or a loved one is experiencing a mental health crisis

CALL 988

to be connected with a trained counselor.

If you or a loved one is in immediate physical danger

CALL 911

and request a CIT or mental health officer.

NAMI Wisconsin is not equipped to handle crisis calls.

QUESTIONS POLICE OR A CRISIS WORKER MAY ASK:

- Your name
- The address where the crisis is occurring
- A phone number to call in case you are disconnected
- The nature of the problem
- If safety is a concern
- If you feel you are going to harm yourself
- If you have a current mental health care provider
- Mental health and hospitalization history
- Emergency contact if needed

SELF-HARM AND SUICIDALITY

Trigger Warning: The following pages (74–76) talk about self-harm and suicidality. If you or a loved one is engaging in self-harm behaviors or having suicidal thoughts, please call 988 to connect with a trained counselor who can help.

SELF-HARM

Self-harm or self-injury means purposely hurting oneself. Some individuals who experience high emotions and distress may turn to self-harm, looking for a release or distraction from their pain. Hurting yourself—or thinking about hurting yourself—is a sign of emotional distress. These uncomfortable emotions may grow more intense if a person continues to use self-harm as a coping mechanism. Self-harm is not a mental illness, but a behavior that indicates a need for better coping skills. Learning other ways, coping skills, to tolerate the mental pain will make you stronger in the long term. If you or a loved one is engaging in self-harm behaviors and/or having suicidal thoughts, please **call 988**.

WAYS TO PROCESS AND COPE WITH EMOTIONS:

If you are dealing with painful emotions, it can be beneficial to talk to someone about how you are feeling. **Call 9-8-8 or text NAMI to 741741** to connect with someone that can help you strategize coping mechanisms to manage your emotions. You can also visit [crisistextline.org](https://www.crisistextline.org).

• Utilize Healthy Coping Skills

- Exercise, even if it is just going for a walk
- Meditation or mindfulness activities
- Journaling or writing down how you are feeling
- Listen to music
- Breathing exercises

• Substitution Behaviors can be used to stop self-harm even if there are still urges present.

- To release anger: hit a pillow, stomp the ground, rip paper, flatten cans, hit a punching bag.
- To release tension: run, do yoga, meditate, stretch a rubber band and let it go.
- To ease sadness: chat with a friend, listen to a favorite song, eat some comfort food, write out your feelings, do something that makes you feel supported, reach out to a trusted friend or family member.
- To feel less numb: create a sharp physical feeling, like putting your hand in ice water, snapping a rubber band on your wrist, or clapping your hands hard.
- To feel in control: play a game where you can control a character's experiences, write stories, set physical activity goals for yourself and beat your record.

• Talk to a professional. Self-Harm is serious and can be dangerous. Talking to a professional can help you determine the emotions you are feeling and identify alternative, healthy coping mechanisms. If you need to locate a provider, please review [chapter 3](#) or contact your insurance company for a list of providers covered by your insurance.

RESOURCES FOR INDIVIDUALS WHO SELF-HARM:

- For more information and alternative coping mechanisms, substitution behaviors, and self-harm recovery, please visit selfinjury.bctr.cornell.edu/resources.html for Cornell University Research Program Self-Injury and Recovery Resources.
- **NAMI Self-Harm Webpage:** nami.org/About-Mental-Illness/Common-with-Mental-Illness/Self-harm
- **Self-Harm Hotline:** (800) DON'T-CUT (1-800-366-8288)
- **Self-Injury Foundation 24/7 National Crisis Line:** (800) 334-HELP (800) 334-4357

SUICIDALITY

Suicide is a leading cause of death in the United States, and the number of people who think about or attempt suicide is even higher. Suicide doesn't just affect individuals living with mental illness but can affect anyone. It is important to understand and talk about suicide so you can be best equipped to seek help if you or a loved one experience suicidal thoughts or actions.

What is Suicide?

- **Suicidal Ideation:** Thoughts about taking one's own life.
- **Suicide:** Death caused by injuring oneself with the intent to die.
- **Suicide Attempt:** Harming oneself with the intent to die, but they do not die.
- **Suicide Attempt Survivor:** A person who has survived a prior suicide attempt.
- **Suicide Loss Survivor:** Family members and/or friends who have lost a loved one to suicide.

A Note on Language Avoid using terms such as “committing suicide,” “successful suicide,” or “failed suicide,” when referring to suicide and suicide attempts. These terms often carry negative meanings and contribute to stigma. It is important to understand the terms related to suicide so you can use them appropriately and avoid further stigmatization.

Risk Factors

- Mental health conditions
- Alcohol and other substance use disorders
- History of trauma or abuse
- Major physical illness
- Job or financial loss
- Loss of relationships

Warning Signs

- Talking about wanting to die
- Talking about feeling hopeless or having no reason to live
- Increasing the use of alcohol or drugs
- Withdrawing or isolating themselves
- Extreme mood swings
- Giving away possessions

HOW TO TALK TO SOMEONE ABOUT SUICIDE:

- Be direct. Asking direct questions is the quickest way to know if they have an intent to die. You could ask:
 - Have you had any thoughts about killing yourself?
 - Are you thinking about no longer being alive?
 - Do you have a plan to hurt yourself?
 - Have you done anything in preparation to end your life?
- Ask them if they are willing to seek help and stay with them while they call their therapist, doctor, or a crisis line.
- Remember, by talking about suicide openly and with care, we open communication and let those who may be suffering in silence know it is okay to talk about their feelings and allows for the time needed to connect someone with a mental health professional for further support.

If you or a loved one is experiencing a mental health crisis

CALL 988

to be connected with a trained counselor.

If you or a loved one is in immediate physical danger

CALL 911

and request a CIT or mental health officer.

NAMI Wisconsin is not equipped to handle crisis calls.

SUPPORT AND RESOURCES

• 988 Lifeline

- Call 988 or visit 988lifeline.org

• Prevent Suicide Wisconsin

- **Attempt Survivor Support:** preventsuicidewi.org/attempt-survivor-support
- **Suicide Loss Support:** preventsuicidewi.org/suicide-loss-support

• County Crisis Services

- For a list of County Crisis Lines, please see the County Directory starting on [page 111](#).

• Grief Support for those who have Lost a Loved one to Suicide

- **American Foundation for Suicide Prevention:** Provides a “Find a Support” group locator for in-person support group and online support groups and mental health professionals for those having thoughts of suicide, those who have lost someone to suicide and those who have attempted suicide; offers resources on loss; suicide prevention information. (888) 333-2377 • afsp.org
- **Parents of Suicides (POS) and Friends and Families of Suicides (FFOS)** offering links to online grief support communities. pos-ffos.com
- **The Dinner Party** is for 21-45 year olds who have experienced the loss of suicide. Online grief support groups (tables) and other grief resources. thedinnerparty.org

SAMPLE CRISIS PLAN

This template can help guide you through the process of creating a crisis plan to share with your providers, family members, and friends so they know how best to support you in a mental health crisis.

COUNTY CRISIS LINE phone number: _____

FAMILY members you want involved:

NAME	PHONE
_____	_____
_____	_____

FRIENDS or other supporters you want involved:

NAME	PHONE
_____	_____
_____	_____

PROVIDERS you want involved — provider, therapist, case manager, etc.

NAME	PHONE
_____	_____
_____	_____

WARNING SIGNS: how can family and friends tell when a crisis is developing/could develop?

HELPFUL THINGS PEOPLE CAN SAY

THINGS PEOPLE SHOULD NOT BRING UP

HOW PROVIDERS CAN HELP (Explain things clearly, talk slowly, observe personal space, etc.)

MEDICAL INFORMATION: other health problems, current medications, allergies



APPOINTMENT PREP SHEET

#1 ISSUE OR QUESTION

NOTES ON PROVIDER'S RESPONSE

#2 ISSUE OR QUESTION

NOTES ON PROVIDER'S RESPONSE

#3 ISSUE OR QUESTION

NOTES ON PROVIDER'S RESPONSE

QUESTIONS FOR NEXT TIME



TOOLS FOR CRISIS PREVENTION

With good planning and support, many people living with mental illness can avoid crises and/or experience less harmful crises. Often, certain crisis interventions (such as police involvement) are traumatic experiences. While these interventions may maintain the person's physical safety, they may be harmful to the person's mental health and recovery.

WHAT SHOULD THE PLAN INCLUDE AND WHO SHOULD HAVE A COPY?

At a minimum, the plan should include the info in the sample crisis plan on [page 77](#). However, good plans are more detailed and focus on prevention, using models such as Wellness Recovery Action Plans. The plan should only be shared with people chosen by the plan's owner.

MAKING A CRISIS PLAN

Although it is always a good idea for family members to have basic emergency information accessible, truly effective crisis plans will be created by the person experiencing mental illness—*when they are feeling well*. The plan doesn't need to be created in one sitting; instead, it can be developed over time.

TOOLS AND TEMPLATES

- **WELLNESS RECOVERY ACTION PLANS** include a crisis planning section: wellnessrecoveryactionplan.com. No computer access? Call NAMI Wisconsin and we can mail one to you.
- **NAVIGATING A MENTAL HEALTH CRISIS:** A NAMI Resource Guide for those experiencing a mental health emergency (crisis guide) provides important, potentially life-saving information for people experiencing mental health crises and their loved ones. This guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis, available resources, and much more. More info at namiwisconsin.org/resources/mental-health-crisis-overview and nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis
- **NAMI FAMILY-TO-FAMILY** is a free educational program for families, partners, and friends of individuals with mental illness. Family-to-Family helps you develop a better understanding of mental illness and increases coping skills, including during crises. More information at namiwisconsin.org/support-and-education/mental-health-education/nami-family-to-family/

CHAPTER 8: INTRO TO CIVIL COMMITMENTS

Persons living with mental illness have rights just like anyone else. However, there are legal processes wherein certain rights can be suspended for a set period of time to require involuntary mental health treatment if a person is found to be a danger to themselves or others due to symptoms of their mental illness. This legal process is called civil commitment or court-ordered treatment.

Often in these situations, the person does not understand that their thoughts or actions are dangerous. When someone is unaware of their own mental illness or cannot perceive their symptoms accurately, this is called anosognosia.

Civil commitments can be confusing or upsetting to navigate, both for the person living with mental illness and for their loved ones. This chapter aims to explain the basics of this complex legal process.

IN THIS SECTION:

- Intro to Civil Commitments
- Common Terms in the Commitment Process
- Why Do Commitments Occur?
- How Does a Commitment Begin?
- Probable Cause Hearing Outcomes
- What Are My Rights?

“Anything that is human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting and less scary.”

—Fred Rogers

INTRO TO CIVIL COMMITMENTS

An involuntary civil commitment is a legal process where a judge orders that a person receive psychiatric treatment, which may include taking medication, participating in outpatient treatment, or inpatient hospitalization. There are a wide range of beliefs about court-ordered mental health treatment. Involuntary civil commitment is a legal intervention for someone displaying symptoms of a serious mental illness who meets certain criteria (page 83). Under a civil commitment, the person is either hospitalized or receives supervised treatment in the community for a set period of time. In Wisconsin, the initial stage of the civil commitment process, where the person is involuntarily hospitalized for several days, is called an Emergency Detention (ED). The process differs slightly between counties in Wisconsin, so it is important to contact the county crisis services where the person is under a civil commitment if you have any questions. Civil commitments and involuntary treatment can be complex to navigate and are often misunderstood, and this chapter aims to better help readers understand the process.

COMMON MISCONCEPTIONS ABOUT INVOLUNTARY TREATMENT

MYTH: If the person receives involuntary treatment, they are guaranteed to get well.

FACT: As discussed elsewhere in this guide, there is no single “cure” for mental illness. Taking medication alone does not typically facilitate meaningful recovery. Involuntary treatment is not always effective. Voluntary treatment has been shown to be more effective and is preferable to involuntary treatment when possible.

MYTH: If family members are involved in a commitment process, it means they cannot see the person’s strengths or have hope for recovery.

FACT: Family members involved in the commitment process do not want to hurt their loved one or foster distrust. They may be afraid for the safety of their loved one or others and feel they have no other choice.

MYTH: Involuntary treatment is an easy or straightforward experience.

FACT: Commitment can be a traumatic, frightening, confusing process. It can be an emotionally intense experience for all involved and should not be taken lightly.

MYTH: If someone receives treatment involuntarily, all alternative options have been explored.

FACT: Before involuntary treatment, the person may not have had access to high-quality, community-based mental health services that are a good fit for their needs.

“Underneath pain, there is always a whole person. A person is never broken and thus does not need to be fixed. People must be supported, not ‘fixed.’”
— Anonymous

COMMON TERMS IN THE COMMITMENT PROCESS

14 days: The maximum time someone can be held involuntarily in the hospital before the commitment hearing (final hearing).

72-hour hold: A person cannot be involuntarily held in the hospital for more than 72 hours (excluding weekends and holidays) without a court hearing. This can be extended up to 7 days at the request of the person or their attorney.

Commitment Hearing (Final Hearing): A commitment hearing must take place within 14 days of the emergency detention. The court must appoint two mental health professionals to assess the individual and provide a written report to the court. The court may either dismiss the petition for commitment and release the individual or order them to be committed to the care of the county.

Continuing Commitment: The initial commitment period is six months. If the case manager believes that the person continues to be at risk after the first six months or believes that the person will likely stop treatment as soon as the commitment expires, they can recommend an extension of the commitment. A continued commitment hearing would take place, and the commitment can be extended for up to 12 more months. The commitment can be extended as many times as the case manager and court find is appropriate.

Corporation Counsel: The county attorney's office that represents the interests of the county, its elected officials, agencies, boards, and commissions in all legal matters. The corporation counsel's office represents the county in any litigation or legal matter involving the county's interests.

Probable Cause Hearing: The first hearing after an emergency detention is called a "probable cause" hearing. The purpose of this hearing is to determine if there is evidence to support the request for emergency detention. If the court finds no probable cause, the case is dismissed, and the individual is released. If the court finds probable cause, a commitment hearing will be scheduled unless the individual voluntarily agrees to receive treatment.

Settlement Agreement: A settlement agreement is an alternative to commitment. It is NOT a commitment. It is legally considered a contract for voluntary treatment. However, the person must follow the terms of the settlement, which usually lasts for 90 days. A settlement agreement is a one-time contract and cannot be extended like a commitment can be.

Stipulation to Order of Commitment: A stipulation is when a person decides to waive their right to a final hearing and stipulate or agree to the determined order.

Supported Decision-Making: A process of supporting and accommodating an adult with a functional impairment to enable the adult to make life decisions (services, medical care, housing, employment, etc.) without impeding the self-determination of the adult.

Voluntary Commitment: Voluntary commitment is the act or practice of choosing to admit oneself to a psychiatric hospital, or other mental health facility.

Wisconsin State Statute Chapter 51: refers to the Wisconsin legal statute that provides mental health and substance abuse policy, law, and procedures for both voluntary and involuntary mental health services. "Chapter 51" is a term often used as shorthand when referring to a civil commitment (example: "He is under a Chapter 51").

Wisconsin State Statute Chapter 52: refers to the Wisconsin legal statute that provides policy, law, and procedures for supported decision-making (see [page 60](#)).

Wisconsin State Statute Chapter 55: refers to the Wisconsin legal statutes that provides protective services and protective placement, including emergency protective placement, for persons with degenerative brain disorders, severe and persistent mental illness, developmental disabilities, and other like incapacities.

WHY DO COMMITMENTS OCCUR?

According to Wisconsin state law (Statute 51.20), a person must meet three criteria to receive involuntary treatment (same criteria for outpatient and inpatient):

1. THE PERSON HAS A MENTAL ILLNESS, DRUG DEPENDENCY, OR DEVELOPMENTAL DISABILITY that causes significant distress or weakness in important areas in brain function.

2. THE PERSON'S ILLNESS IS A PROPER SUBJECT FOR TREATMENT which means the person's symptoms could be improved or controlled.

3. THE PERSON MEETS ONE OF THE FOLLOWING FIVE STANDARDS OF DANGEROUSNESS:

- a) Recent acts, attempts, or threats of suicide, or serious bodily harm to self.
- b) Recent acts, attempts, or threats of serious bodily harm to others, or violent behavior which places others in reasonable fear of serious physical harm.
- c) A pattern of recent acts or omissions which evidences impaired judgment causing the individual to be an inadvertent danger to self or others.
- d) Mental illness causes the individual to be so gravely disabled that they are unable to satisfy basic needs for nourishment, medical care, shelter, or safety.
- e) The individual's psychiatric treatment history, coupled with their present mental deterioration due to an incompetent decision to refuse psychotropic medication, causes likelihood that the individual will lose ability to function independently in the community (this is often defined differently across counties).



HOW DOES A COMMITMENT BEGIN?

CIVIL COMMITMENTS BEGIN IN 1 OF 3 WAYS

1. EMERGENCY DETENTION (ED) BY LAW ENFORCEMENT: This is a type of emergency detention initiated by police. It is the most common way for the civil commitment process to be initiated. If law enforcement officers assess that a person has a mental illness, is dangerous, and is believed to be unable or unwilling to undergo voluntary treatment, they can transport that person to a hospital or mental health facility. The person can be detained for no more than 72 hours before the initial court hearing also known as the probable cause hearing. Once at a facility, the person is evaluated by a mental health professional.

2. EMERGENCY DETENTION (ED) BY TREATMENT DIRECTOR: This only happens when a person is already in a psychiatric treatment facility/unit. At the time of discharge, the treatment director decides that an emergency detention is necessary and detains the person at that facility.

3. THREE-PARTY PETITION: This is when three adults ask a court to initiate a civil commitment. All three people must be 18 or older, but only one person must have personal knowledge of the individual's recent potentially harmful behavior.

Basic Steps of a Three-Party Petition:

- Call the county corporation counsel (the county's chief legal advisor). You can find this number by calling your local NAMI or searching on the internet: “[your county] corporation counsel.”
- If corporation counsel believes the person needs to be committed due to violent/threatening actions that the petitioners have witnessed within a certain time frame, they will draft and file a petition with the court.
- If the corporation counsel does not believe a commitment is necessary, they are still required to file the petition. However, the corporation counsel will inform the court that they do not support the petition. The court's decision on whether or not to detain the individual is strongly influenced by the corporation counsel's opinion. A private attorney and/or an unrepresented person is prohibited from filing a petition on their own.
- Once the petition is filed and the court decides the person should be detained, a law enforcement officer will transport the individual to a mental health facility. This begins the commitment process.

*Disclaimer: Each county interprets this chapter of the state laws differently. For more information, contact your county's corporation counsel.

PROBABLE CAUSE HEARING OUTCOMES

POTENTIAL NEXT STEPS:

1. A PROBABLE CAUSE HEARING is held, where a judge, after hearing testimony from witnesses, decides if there is “probable cause” to believe the person meets all three criteria discussed on [page 83](#).

2. A WAIVER OF PROBABLE CAUSE HEARING is when the person decides, along with his/her attorney, not to contest a finding of probable cause (i.e., they forgo the probable cause hearing) and consents to obtain treatment under a settlement agreement.

- **IF THE PERSON DOES NOT WAIVE THEIR RIGHT TO A PROBABLE CAUSE HEARING, THESE ARE THE POSSIBLE OUTCOMES:**
 - **A SETTLEMENT AGREEMENT** may be offered by corporation counsel, accepted by the person, and approved by the court. A settlement agreement resolves mental commitment proceedings with an agreement between the individual and the court and is an alternative to commitment. It is NOT a commitment. It is legally considered a contract for short-term, voluntary treatment. The person must follow the terms of the settlement, usually for 90 days. In this situation, a final hearing does not typically take place. The commitment process will resume if the person does not agree to the settlement agreement and is still believed to be a danger to themselves or others. If a person adheres to the conditions of the settlement agreement, no further law enforcement or court contact is needed.
 - **FINAL HEARING TAKES PLACE:** The court schedules a final hearing. The court may order continued detention until the final hearing (within 14 days from initial detention) or may order outpatient care with treatment conditions until the final hearing (within 30 days of probable cause hearing). Possible outcomes are listed below:
 - **CASE DISMISSED** due to insufficient evidence.
 - **ORDER OF CIVIL COMMITMENT** for treatment in the care and custody of the county for inpatient and/or outpatient treatment for up to 6 months.
 - **CONVERSION TO GUARDIANSHIP** for protective placement or services. This may be ordered if the person is found not to have a treatable mental illness, but rather a developmental disability, cognitive disability, and/or degenerative brain disorder.

WHAT ARE MY RIGHTS?

CAN MY FAMILY MEMBERS VISIT AND/OR CALL DURING THE 72-HOUR DETENTION PERIOD? If you agree to the visit/call and you are not in locked seclusion or otherwise unavailable (i.e., in therapy), your family members can visit or call.

WILL I BE ASSESSED BY MENTAL HEALTH PROFESSIONALS BEFORE THE FINAL HEARING? Yes. A psychologist and/or psychiatrist must make an assessment and prepare a confidential report for the court used to inform the judge's decision. These "expert witnesses" must be present at the final hearing (or participate by phone if the court allows).

DO PROVIDERS HAVE TO EXPLAIN WHY THEY ARE GIVING ME CERTAIN TREATMENT? Yes. You have the right to have your treatment thoroughly explained to you. You have the right to be informed of the benefits and risks, expected results, and possible side effects of your treatment—during the commitment process and during any treatment you are ordered to have.

DOES MY PUBLIC DEFENDER HAVE TO MEET WITH ME AND/OR MY FAMILY MEMBERS BEFORE THE HEARING? No, but you can request a meeting and you can mail, email, or telephone them to give information. Develop a clearly written list of bullet points. Ask them directly: "*What is the most convenient way to share information with you?*" Public defenders do not have to communicate with family members at all. But, family members can share information with them. Again, a clearly written list of bullet points is the best approach.

WHAT IF I FEEL OVERLY MEDICATED/ UNABLE TO CLEARLY COMMUNICATE DURING A HEARING? Anytime before a hearing begins, you can ask your attorney to make a verbal or written request to postpone the hearing for up to a week, for any reason (or for no stated reason). However, the judge has the discretion to grant or deny the request for postponement.

WHAT IF I FEEL MY PUBLIC DEFENDER IS NOT ACCURATELY REPRESENTING MY CASE? You can say in court that you don't feel accurately represented/heard and request that the hearing be postponed to the last hearing of the day so that you have more time to prepare. There is no guarantee this request will be granted, but it does not hurt to ask.

An individual also has the right to ask the court to allow them to represent themselves. Courts may grant the request if they believe the person is competent to do so.

IS THERE ANY WAY I CAN GET A DIFFERENT ATTORNEY? You have the right to request a different public defender, but this does not guarantee that a different attorney will be provided to you. Ask your current attorney about how to submit your request.

IS THE DECISION MADE BY A JUDGE OR A JURY? You have the right to a trial by jury and you can request one. Very few people choose to do this because the process takes much longer. Most of these cases are decided by a judge instead of a jury.

CAN MY FAMILY MEMBERS ATTEND AND/OR SPEAK DURING MY COMMITMENT HEARINGS?

If you are under 18 years old, your parents have a right to attend, participate, testify, and have an attorney represent them. Family members who aren't parents are excluded unless you ask them to be present.

If you are an adult (18 years or older), the hearings are open to the public (anyone, family or not, can attend). If you request a closed hearing (a verbal request at the start of the hearing from you or your attorney), the court may or may not grant the request. In closed hearings, only witnesses can attend. Usually, family members can speak only when testifying to facts of recent dangerous behavior. The court will disregard any comments from family members about what outcome they believe the hearing should have.

CAN MY FAMILY MEMBERS BE PRESENT AT MEETINGS WITH PROVIDERS DURING THE COMMITMENT PROCESS?

Family members can be present if a release of information has been signed. You can request a release of information from any provider.

WHO DO I CONTACT IF MY RIGHTS HAVE BEEN VIOLATED?

Reach out to Disability Rights Wisconsin (DRW). DRW is Wisconsin's patient protection and advocacy agency. DRW advocates for people with any type of disability, including mental illness. (800) 928-8778 • disabilityrightswi.org



DISCLAIMER: The information contained in this section of the guide is meant to give readers a basic understanding of the processes and legal terms involved in the civil commitment process to better equip families to advocate for their loved ones and individuals to better advocate for themselves. It does not constitute legal advice. Generalizations in this guide may not accurately reflect the procedures as they play out in a particular case.

As legal advice must be tailored to the specific circumstances of each case and laws can change, nothing provided herein should be used as a substitute for the advice of competent legal counsel.

CHAPTER 9: LEGAL RESOURCES

This section will provide some insight to you and your loved one about obtaining affordable legal assistance. It also provides information on treatment alternatives and diversion programs that you or your loved one may be able to participate in if given the option. The final pages in this section provide tips to advocate for your loved one, how to advocate for effective release planning, and limitations of the current system.

IN THIS SECTION:

- Legal Resources
- Financial Planning and Power of Attorney
- Criminal Justice Alternative Programs
- Criminal Justice Resources for Family Members

“The bottom line? People in crisis do not belong in jail... Ultimately, a punitive system cannot be the answer to a national mental health crisis. The jail cell cannot be the response to things we don’t understand.”

—Olachi Tiffany Etoh

LEGAL RESOURCES

Legal assistance can be expensive and/or hard to find.

The following agencies may be able to provide affordable legal assistance.

FINDING A LAWYER Call the WI State Bar Association's Lawyer Referral and Information Service (LRIS) for a referral to an attorney in your area for your type of legal situation. The call is free, and attorneys referred through LRIS agree to charge no more than \$20 for the first 30 minutes of the consultation. If your situation requires work beyond the first half-hour, you will be charged the lawyer's regular fees. You may also access LRIS's online search service for a \$30 fee. (800) 362-9082 • service@wisbar.org wisbar.org

DISCRIMINATION/PATIENT RIGHTS: DISABILITY RIGHTS WISCONSIN (DRW) Disability Rights Wisconsin is a nonprofit organization that provides legal advocacy and rights protection for adults and children with disabilities. Staff attorneys, advocates, and investigators address civil rights violations, abuse and neglect, institutionalization, inability to access to needed services and education, crime victimization, and discrimination. (800) 928-8778 • info@drwi.org disabilityrightswi.org

TREATMENT ADVOCACY CENTER The Treatment Advocacy Center has documented the laws and standards in each state. State data also includes psychiatric bed availability and the number of people with severe mental illness in jails and prisons in each state. This resource is for families and loved ones, advocates, and policy makers. treatmentadvocacycenter.org/browse-by-state/wisconsin

FREE AND REDUCED COST LEGAL RESOURCES

WISCONSIN FREE LEGAL ANSWERS

Brief legal advice for eligible, low-income residents of Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Polk, Rusk, Sawyer, St. Croix, and Washburn counties: wi.freelegalanswers.org

JUDICARE INC. Free for eligible residents of northern counties and tribes: judicare.org • (715) 842-1681

LEGAL ACTION OF WISCONSIN Free for eligible residents of southern counties: legalaction.org • (855) 947-2529

LEGAL AID SOCIETY OF MILWAUKEE Free for eligible Milwaukee residents: legalaidsoc.com • (414) 727-5300

COMMUNITY JUSTICE INC. Community Justice, Incorporated (CJI) is a nonprofit law firm that provides people in South Central WI with access to justice by offering affordable legal services from qualified and dedicated attorneys. CJI works with low-income families and individuals to secure fair representation in court, protecting the legal rights of those who would otherwise face the system alone. communityjusticeinc.org • (608) 204-9642

MODEST MEANS PROGRAM OF THE STATE BAR OF WISCONSIN The Modest Means Program of the State Bar of Wisconsin is designed to assist people whose income is too high to qualify for free legal services, but too low to pay a lawyer's standard rate. wisbar.org/forpublic/inneedalawyer/pages/modest-means.aspx • service@wisbar.org • (800) 728-7788
Browse additional options by county: wilawlibrary.gov/topics/county:ph

FINANCIAL PLANNING AND POWER OF ATTORNEY

Many people who live with mental illness receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) or are enrolled in Medicaid, which is health insurance for people who are low-income and/or disabled. These programs have complex eligibility requirements, especially related to the individual's income and assets (such as a savings account).

If someone enrolled in these programs has any changes to their financial situation, it's important that they and their loved ones first look into how this might impact their benefits. One example is if their employment situation or income is going to change. Another example is if someone receives an inheritance after a relative passes away, that inheritance might make them ineligible for the benefits they rely on for their medical care, mental health treatment, and even their housing. However, there are tools that can help individuals save money or receive inheritances without it jeopardizing their benefits. Below are some of the tools and resources that can help people living with mental illness with financial and estate planning.

A POWER OF ATTORNEY (POA) is a legal document that allows you to choose someone to make decisions for you in case you are unable to make decisions for yourself. There are two types: POA for Health Care and POA for Finances. It is important to complete both forms and save copies of them to clarify who you choose to make your medical and financial decisions if you become unable to make decisions for yourself. For more information about Powers of Attorney, see The Guardianship Support Center: gwaar.org/guardianship-resources

RESOURCES

AGING AND DISABILITY RESOURCE CENTERS (ADRC) exist in every county in the state and assist with applying for and navigating benefits. You can find your local ADRC here: dhs.wisconsin.gov/adrc/index.htm

ABLE ACCOUNTS are special savings accounts which allow individuals with disabilities to save money above their benefits' asset limits. You can learn more about ABLE accounts at ablenrc.org/what-is-able/what-are-able-accounts and arcwi.org/2018/10/03/is-an-able-account-right-for-you/

ESTATE PLANNING often involves working with lawyers. The legal resources on [page 89](#) can be useful for this.

FIND POWER OF ATTORNEY FORMS for free here: dhs.wisconsin.gov/forms/advdirectives/adformspoa.htm

FIND MORE INFORMATION ABOUT SUPPORTED DECISION-MAKING on [page 60](#).

CRIMINAL JUSTICE ALTERNATIVE PROGRAMS

TREATMENT ALTERNATIVES AND DIVERSION PROGRAMS (TAD)

TAD programs provide district attorneys or judges with options to offer offenders the opportunity to enter into voluntary substance use treatment, case management, and other risk reduction services as a safe alternative to jail or prison confinement.

Diverting those convicted of non-violent crimes into substance use treatment keeps them out of jail and correctional facilities as well as treating the underlying addiction that may have influenced the commission of a crime or may contribute to future criminal behavior. To successfully graduate from a TAD program, an offender must be abstinent from substances. Learn more here: doj.state.wi.us/dci/heroin-awareness/treatment-alternatives-and-diversion-program

For other jail diversion programs, please contact your county sheriff's department for more information.

MENTAL HEALTH COURTS

Mental health courts are a form of collaborative court that provides specific services and treatment to defendants living with mental illness. Mental health courts provide an alternative to the traditional court system by emphasizing a problem-solving model and connecting defendants to a variety of rehabilitative services and support networks.

Adult mental health courts are available in Wisconsin in Brown, Eau Claire, Marinette, Milwaukee and Outagamie Counties. Learn more here: cjcc.doj.wi.gov/county/outagamie-county/mental-health-court



CRIMINAL JUSTICE RESOURCES FOR FAMILY MEMBERS

In many ways, jails and prisons have become substitute facilities for people with mental illness. If your loved one is currently in a correctional institution, the following information may improve their care and/or transition back into the community.



Tips FOR ADVOCATING IN THE CRIMINAL JUSTICE SYSTEM

LOCATE YOUR LOVED ONE.

To locate a loved one in a WI prison, call the WI Department of Corrections Central Records Office at (608) 240-3750 or go to appsdoc.wi.gov/lop. You will need the person's full name and date of birth. To confirm that a loved one is in jail, call your county sheriff's department. You can find a sheriff's office directory at wdsda.org • (414) 488-3906.

IDENTIFY YOUR LOVED ONE'S PROVIDERS.

Ask your loved one for the name of the mental health and medical providers they are assigned to. With this information, you will know that your loved one knows who to contact for help. This will also prevent the stress of trying to identify these key people in a crisis.

SHARE IMPORTANT INFORMATION

with the mental health and medical staff at the facility AS SOON AS POSSIBLE. Do not wait until your loved one is in a crisis to share important mental health information. Do not assume staff are aware of any outside mental health records. For example, you might say:

"I know you cannot share information with me due to privacy laws but I would like to share important information with you. My loved one lives with a mental illness called [diagnosis] and they take [medications, dosage and frequency if possible]. You can reach their community doctor at [phone number]. They have a history of suicide attempts [if applicable]. Could you please ask them to sign a release so you can speak to me about their mental health care? Would it be possible to follow up with you on these issues? If so, when is a good time? Thank you very much for your time."

SECURE AN INFORMATION

RELEASE. Due to medical privacy laws, mental health staff cannot share information with family members unless your loved one signs a form authorizing them to speak with you. Even if staff want to share information with you, they cannot due to federal laws outside of their control. To avoid this problem, request that mental health staff offer your loved one an information release so you can speak freely with their providers. Encourage your loved one to request an information release.

ADVOCATE FOR EFFECTIVE RELEASE PLANNING

Identify a pre-release social worker and be aware of timing. Around six months before release, inmates of WI prisons are assigned to a pre-release social worker. Ask your loved one to give you the name of their pre-release social worker. This person probably does not work in the psychological services unit (“PSU”) but rather in social services. Follow up again around three months before release to discuss the release plan.

Request that important services and supports be part of the pre-release planning conversation: medications, case management services, therapy, housing, health insurance, etc.

Identify resources for successful re-entry into the community:

FAIR SHAKE REENTRY RESOURCE CENTER (statewide) (608) 634-6363 • fairshake.net

INDEPENDENT LIVING CENTERS (statewide), contact information on [page 123](#).

WISCONSIN DEPARTMENT OF CORRECTIONS:

doc.wi.gov/Pages/OffenderInformation/default.aspx

OPENING AVENUES TO REENTRY SUCCESS (OARS) supports the prison to community transition of those who are incarcerated that live with a serious and persistent mental illness who are medium-to-high-risk of reoffending. The program is a collaborative effort of the Department of Corrections and the Department of Health Services. dhs.wisconsin.gov/oars/index.htm

IF YOU HAVE CONCERNS ABOUT ABUSE, NEGLECT, OR OTHER CIVIL RIGHTS VIOLATIONS, contact Disability Rights Wisconsin: (800) 928-8778 • disabilityrightswi.org

BE AWARE OF THE SYSTEM'S CURRENT LIMITATIONS. The Wisconsin Department of Corrections' mental health system is built upon a classification system where those who are incarcerated that live with mental health conditions are given the following codes:

MH-0: people with no or very minimal mental health treatment history, not seen routinely by mental health staff

MH-1: people with a current mental health diagnosis or substantial mental health history, seen once every 6 months at a minimum

MH-2: people diagnosed with serious mental illnesses, seen once every 3 months at a minimum

Those incarcerated in any category can send a written request for additional visits with mental health staff or to be seen for a mental health crisis. They also have very little choice in providers due to staff shortages within the criminal justice system. Encourage your loved one to work with their assigned provider. With a release of information, you can talk with the provider to better support your loved one's therapeutic relationship with their assigned provider.

CHAPTER 10: SPECIFIC POPULATIONS

Mental health conditions do not discriminate based on race, color, gender, or identity. Anyone can experience the challenges of mental illness regardless of their background. However, a person's culture and identity can make access to mental health treatment much more difficult. This chapter will cover resources for people who belong to communities that may face additional barriers in accessing mental health care. NAMI Wisconsin is providing resources for some specific populations common in Wisconsin. However, we recognize there are many more populations that may require specific resources. If you have questions or need any of these resources, please feel free to reach out to NAMI Wisconsin at (608) 268-6000.

IN THIS SECTION:

- BIPOC
 - Asian Americans and Pacific Islanders
 - Black/African American Communities
 - Español
 - Latino/a/x
 - Indigenous and American Indian Communities
- Farmers and Rural Communities
- First Responders
- LGBTQ+
- Maternal Mental Health
- Older Adults
- Veterans
- Youth

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

—Rev. Dr. Martin Luther King Jr.

BIPOC

What is BIPOC? BIPOC stands for Black, Indigenous, and People of Color. These groups often experience a higher rate of mental health struggles due to the compounding impacts of racial trauma, socioeconomic gaps, and a lack of representation and access to care in the mental health industry. This section further defines BIPOC, explains some barriers this community faces in accessing care, and provides resources for those who identify as part of the BIPOC community.

“Black” generally describes a person of African or Caribbean descent. Many people in the United States use the term “African American,” but this isn’t always accurate. Some Black people may not be American, while others may not trace their ancestry to Africa. Some may prefer to identify themselves by the country their family came from—Kenyan American or Jamaican American, for example.

“Indigenous” (as used in the United States) describes the native inhabitants of North America. Indigenous is a broad term encompassing all tribes of the original residents of the continent. More specific terms might include:

- American Indians or Native Americans
- Native Alaskans or Alaska Natives
- First Nations

“People of Color” is a blanket term that describes people who are not white. The following list has a few examples of this:

- Black or African American
- East Asian
- Latino/a/x
- South Asian
- Hawaiian and other Pacific Islander

BARRIERS TO MENTAL HEALTH CARE

When a person is experiencing challenges with their mental health, it is essential for them to receive quality, culturally appropriate care as soon as the symptoms are recognized. However, the BIPOC community often faces additional barriers in accessing care:

- **Socioeconomic Disparities.** Socioeconomic factors can reduce access to treatment options. BIPOC communities are more likely to experience socioeconomic disparities such as exclusion from health, educational, social, and economic resources. These disparities may contribute to worse mental health outcomes.
- **Stigma.** Although beliefs and attitudes vary, research shows that people who are BIPOC—especially older adults—often view mental health conditions as personal weakness. As a result, people may experience shame about having a mental illness.
- **Language Barriers.** Many communities lack providers fluent in languages other than English. Even if someone is comfortable communicating in English as their second language, it is often more comfortable and effective to receive services in one’s native language.
- **Provider Bias and Inequality of Care.** Provider bias, both conscious and unconscious, and a lack of cultural competency can result in misdiagnosis and inadequate treatment. This ultimately can lead to ineffective treatment and mistrust of mental health professionals

Pages 96-101 will provide resources specific to different groups within the BIPOC community.

ASIAN AMERICANS & PACIFIC ISLANDERS

Asian Americans are least likely to receive mental health treatment compared to those of other racial/ethnic backgrounds. There are many systemic barriers to accessing mental health care and quality treatment for Asian Americans, which are exacerbated by stigma and a lack of culturally relevant and integrated care. These disparities can lead to worsened symptoms and poorer quality of life if treatment is unavailable or delayed.

RESOURCES

Anxiety and Depression Association of America (ADAA) is an international nonprofit organization dedicated to the prevention, treatment, and cure of anxiety, depression, OCD, PTSD, and co-occurring disorders through education, practice, and research. It has a dedicated webpage on AAPI resources and research information. adaa.org/find-help/by-demographics/asian-pacific-islanders.org

Asian American Psychological Association is a website that offers information on Asian American psychology and offers various resources. aapaonline.org

Asian Mental Health Collective has the mission to normalize and de-stigmatize mental health within the Asian community. The website helps in finding a therapist who is part of the Asian community. The website also provides resources. asianmhc.org

Asian & Pacific Islander American Health Forum influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans and Native Hawaiians/Pacific Islanders. It focuses on health care access, quality, and equity for Asian and Pacific Islander Americans. apiahf.org

Asian Pride Project celebrates the journeys, triumphs, and struggles of LGBTQ individuals and our Asian and Pacific Islander (API) families and communities. They seek to capture these stories by using the arts—film, video, photography, and the written word—as a medium for social justice and advocacy in the LGBTQ realm. asianprideproject.org

Mental Health Association for Chinese Communities (MHACC) is a nonprofit organization with a mission of raising awareness of mental health within the Chinese community through advocacy, education, research, and support. mhacc-usa.org

National Alliance on Mental Illness (NAMI) offers a section of its website with resources specifically for Asian Americans and Pacific Islanders. nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Asian-American-and-Pacific-Islander

National Asian American Pacific Islander Mental Health Association (NAAPIMHA) has the mission to promote the mental health and well-being of the Asian American, Native Hawaiian, and Pacific Islander communities. naapimha.org

BLACK/AFRICAN AMERICAN COMMUNITIES

Black adults in the U.S. are more likely than white adults to report persistent symptoms of emotional distress, reports the Health and Human Services Office of Minority Health. However, according to the American Psychiatric Association, only one in three Black adults living with a mental illness receives treatment. The resources below hope to aid in reducing these disparities.

RESOURCES

Black Emotional and Mental Health Collective (BEAM): Their mission is to remove the barriers that Black people experience getting access to or staying connected with emotional health care and healing through education, training, advocacy, and the creative arts. beam.community/about

Black Space is a community organization that provides free group therapeutic experiences for Black and Brown communities (Based out of Milwaukee, WI). blackspacehq.com/group-experiences

Call BlackLine provides a space for peer support, counseling, reporting of mistreatment, witnessing and affirming the lived experiences for folks who are most impacted by systematic oppression with an LGBTQ+ Black Femme Lens. Call BlackLine prioritizes BIPOC (Black, Indigenous, and People of Color). callblackline.com

Live Another Day Their website includes a list of mental health and substance use resources for Black college students. liveanotherday.org/bipoc/black-college-students

Melanin and Mental Health connects individuals with culturally competent clinicians committed to serving the mental health needs of Black and Latinx communities. Promotes the growth and healing of diverse communities through its website, online directory, and events. melaninandmentalhealth.com

NAMI National: What happens at the intersection of mental health and one's experience as a member of the Black community? While the experience of being Black in America varies tremendously, there are shared cultural factors that play a role in helping define mental health and supporting well-being, resiliency and healing. nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American

We All Rise: African American Resource Center Inc. is a non-profit organization in Green Bay, Wisconsin that is a culturally specific, holistic healing agency that exists to serve the most marginalized population in Wisconsin, the African American community. weallriseaarc.org/services

ESPAÑOL

988 Lifeline ofrece servicios gratuitos en español las 24 horas del día, los 7 días de la semana. No tiene que hablar inglés para recibir ayuda. Para acceder al apoyo en español, marque 988 y presione 2. 988lifeline.org/es/home

Sin salud mental no podemos estar sanos. Cualquier parte del cuerpo, incluso el cerebro, puede enfermarse. Todos pasamos por eventos que nos causan altibajos emocionales de vez en cuando. Las condiciones de salud mental van más allá de estas reacciones emocionales que tenemos frente a situaciones específicas. Se tratan de condiciones médicas que causan cambios en nuestra forma de pensar y en nuestro estado de ánimo. Estos cambios pueden alterar tu vida, ya que dificultan tus relaciones con los demás y afectan tu desempeño. Sin el tratamiento adecuado, las condiciones de salud mental pueden empeorar y hacer más difícil tu vida diaria.

¿Cómo afectan a la comunidad latina las condiciones de salud mental?

A pesar de que la comunidad latina muestra una predisposición similar a las condiciones de salud mental en comparación con el resto de la población, lamentablemente hay disparidades en su acceso al tratamiento y en la calidad de tratamiento que reciben. Esta desigualdad expone a los latinos a un riesgo más alto de tener una condición de salud mental o un episodio de crisis.

No permitas que el miedo a lo que los demás puedan pensar, de ti o de un ser querido, impida tu camino hacia la recuperación. Una de cada cuatro personas es afectada por una condición de salud mental. Esto significa que, aunque no hablemos sobre las condiciones de salud mental, es bien probable que tengamos alguna condición o que conozcamos a alguien que la tenga.

Las barreras del idioma

Si tu o un ser querido necesita ayuda, pero no hablas inglés o no dominas bien el idioma, tú tienes el derecho al servicio de acceso a otro idioma, ofrecido en las instituciones que reciben financiamiento por el gobierno federal. Tienes el derecho a solicitar un intérprete capacitado y a recibir los formularios e información en español.

Falta de seguro médico

Si las finanzas te impiden que busques ayuda, comunícate con una clínica local de salud o de salud mental o con tu gobierno local para ver para qué servicios calificas. Puedes encontrar información de contacto en línea en findtreatment.samhsa.gov o llamando a la Línea Nacional de Ayuda (también conocida como el Servicio de Remisión a Tratamiento) al (800) 662-HELP (4357).

Si no tienes documentación legal, busca clínicas y recursos que atiendan a todos los miembros de la comunidad. Las organizaciones que sirven a la comunidad latina a menudo brindan servicios independientemente de tu estatus legal.

NAMI (National Alliance on Mental Illness):

nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx

211: Un número de tres dígitos sencillo de recordar al que las familias y los individuos pueden llamar para obtener información gratuita y confidencial sobre la salud y los servicios humanos. 211

Alcohólicos Anónimos: una comunidad internacional de hombres y mujeres que han tenido un problema con la bebida. Puede hacerse miembro cualquier persona que desee hacer algo para solucionar su problema con la bebida. aa.org

Alianza de Apoyo a Personas con Depresión y Trastorno Bipolar: la organización principal del país orientada al paciente y enfocada en las enfermedades mentales más comunes. (800) 826-3632

American Society of Hispanic Psychiatry: fomenta colaboraciones multidisciplinarias en el tratamiento de la salud mental con un enfoque particular en las poblaciones latinas. americansocietyhispanicpsychiatry.com

Latinx Therapy: tiene recursos para ayudarte a encontrar a proveedores de salud mental latinx y brinda información sobre libros, podcasts y videos que se tratan de la salud mental. Su misión es superar el estigma de la salud mental relacionado con la comunidad latinx. latinxtherapy.com

MedLine Plus: Un servicio de la Biblioteca Nacional de Medicina que brinda una amplia información sobre la salud y el bienestar. medlineplus.gov/spanish/mentalhealthandbehavior.html

Mental Health America: información y materiales en español sobre la salud mental. mhanational.org/latinxhispanic-communities-informacion-y-materiales-de-salud-mental-en-espanol

National Alliance for Hispanic Health: la principal organización basada en la ciencia y la comunidad que se enfoca en mejorar la salud y el bienestar. healthyamericas.org • (866) SU FAMILIA (783-2645)

National Latino Behavioral Health Association: voz nacional unificada para las poblaciones latinas en el ámbito de la salud del comportamiento. nlbha.org

Psychology Today: tiene recursos para ayudarte a encontrar a un terapeuta hispano/latino. psychologytoday.com/us/therapists/hispanic-and-latino

¿Te encuentras en crisis?

Envía un mensaje de texto con la palabra AYUDA al 741741 para comunicarte de manera gratuita con un Consejero de Crisis. Apoyo gratuito las 24 horas del día, los 7 días de la semana, al alcance de tu mano.

crisistextline.org/es

LATINO/A/X

Latino/a/x refers to a person of Latin American origin or descent. Latinx is a gender inclusive alternative to Latino or Latina. The Latino community in the U.S. faces barriers in accessing care, with Latino individuals with mental illness receiving care at a 10% lower rate than the U.S. average. Below you will find further information and resources to support the Latinx community in accessing mental health care.

RESOURCES

American Society of Hispanic Psychiatry promotes the research, education, advocacy and support for those in the Hispanic community. Offers a “Find a Physician” feature on their website. americansocietyhispanicpsychiatry.com/find-a-physician

Clinica Latina is led by Spanish-speaking therapists that recognize and respect the beliefs, perspectives, and values of individuals from the Latinx community. journeymhc.org/services/single-page-services/clinica-latina

Latinx Therapy is a database for Latinx individuals seeking a diversity of mental health and wellness resources, courses and workshops. The website also offers a national directory to help find a therapist and navigate the patient/client-mental health provider journey. latinxtherapy.com

Melanin and Mental Health connects individuals with culturally competent clinicians committed to serving the mental health needs of Black and Latinx communities. Promotes the growth and healing of diverse communities through its website, online directory, and events. melaninandmentalhealth.com

The Mental Health Toolkit from the National Latino Behavioral Health Association, available in both English and Spanish, includes a range of mental health resources curated for the Latinx community. nlbha.org/resources/mental-health-toolkit/

NAMI Compartiendo Esperanza helps introduce discussions on mental health and wellness through a three-part community conversation series grounded in sacred storytelling and guided dialogue on mental wellness and support. nami.org/Support-Education/Mental-Health-Education/NAMI-Compartiendo-Esperanza-Mental-Wellness-in-Hispanic-Latin-American-Community

NAMI National has a page explaining some of the barriers the Latinx community faces in accessing mental health care and provides resources relating to seeking culturally appropriate care for members of this community. nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx

Therapy for Latinx is a database of therapists who either identify as Latinx or has worked closely with and understands the unique needs of the Latinx community. The website is also offered in Spanish. therapyforlatinx.com

INDIGENOUS & AMERICAN INDIAN COMMUNITIES

Wisconsin is home to 11 federally recognized American Indian tribes. Below you will find some tribe-specific resources, as well as resources for the Indigenous community more broadly.

WISCONSIN TRIBAL RESOURCES

Resources for the Oneida Tribe: Creating a positive balance between mind, body, and spirit. oneida-nsn.gov/resources/wellness

Resources for the Ho-Chunk Nation: The Division of Behavioral Health (DBH) offer alcohol/drug and mental health outpatient services to Ho-Chunk Nation (HCN) tribal members and other federally recognized tribes in the following offices: Black River Falls, Tomah, La Crosse, Wittenberg, Nekoosa and Baraboo. health.ho-chunk.com/BH.html

The Menominee Indian Community Addiction Assistance Program (MITCAAP) is an initiative of the Drug Addiction Intervention Team (DAIT) to provide side-by-side assistance and resources to those who are looking for or are going through addiction recovery. menominee-nsn.gov.

The Forest County Potawatomi Health & Wellness Center (HWC) is located in the Northwoods of Wisconsin. We promote quality healthcare in a professional and traditional way for Native Americans, their families, and surrounding community in a trusting, respectful, and confidential manner, for the wellness and future of the community. health.fcpotawatomi.com

NATIONAL RESOURCES

Indian Health Service (IHS) provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to 574 federally recognized tribes. ihs.gov

Native American Therapist Directory- Psychology Today: Find a mental health professional in your area. psychologytoday.com/us/therapists/native-american

WeRNative: a comprehensive health resource for Native youth by Native youth, promoting holistic health and positive growth in local communities and nation at large. wernative.org

StrongHearts Native Helpline is a 24/7 safe, confidential and anonymous domestic and sexual violence helpline for Native Americans and Alaska Natives, offering culturally-appropriate support and advocacy. 1-844-7NATIVE (762-8483) strongheartshelpline.org

NAMI National: Due to this history and continued discrimination and lack of opportunity, there are thousands of Native people suffering from multi-generational trauma. There are resources linked for Indigenous people on their website. nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Indigenous

One Sky Center is a National Resource Center for American Indian and Alaska Native Health, Education and Research. It is dedicated to quality health care across Indian Country. oneskycenter.org

FARMERS & RURAL COMMUNITIES

Farm families frequently face a diverse assortment of threats to their physical and mental well-being, including dangerous weather, strained finances, workplace hazards, social isolation, and more. If you are a farmer or live in a rural community and are struggling, please use the resources below.

24/7 Farmer Wellness Helpline Whether you are exhibiting symptoms of depression or anxiety, having suicidal thoughts, or just need a welcoming ear to talk to, the 24/7 Farmer Wellness Helpline is available to provide free, confidential, and immediate support any day, any time. Through this helpline, farmers can also get free, confidential, and unlimited counseling sessions from a licensed mental health professional online or by phone. (888) 901-2558 • datcp.wi.gov/Pages/AgDevelopment/FarmerMentalHealthWellness.aspx

Counseling Vouchers Farmers and farm families can obtain counseling services from participating mental health providers in their local area at no cost. Vouchers can be requested by contacting the 24/7 Farmer Wellness Helpline or Wisconsin Farm Center Helpline: (800) 942-2474

Farmer Angel Network The Farmer Angel Network seeks to support rural agriculture communities in and around Sauk City by providing education, resources, and fellowship with a focus on mental health and suicide prevention. farmerangelnetwork.com

Resilient Farms & Families: Responding to Stress This UW Extension program helps farmers, families, businesses, and communities remain resilient by learning how to manage stress, use planning tools to make sound decisions, and create a roadmap for the future. fyi.extension.wisc.edu/farmstress

Rural Realities Podcast provides expert advice that can help farmers reduce stress, improve finances, implement effective farm family communication skills, and more. datcp.buzzsprout.com/1160120

Virtual Farmer and Farm Couples Support Group Open to any farmer or farm couple located in Wisconsin. A licensed mental health provider with extensive experience in serving farmers will be on-hand at each session to offer support as needed. datcp.wi.gov/Pages/AgDevelopment/FarmerMentalHealthWellness.aspx

WeCOPE for Farmers and Ag Professionals WeCOPE is a UW Extension program that focuses on helping farmers and agricultural professionals improve their mental health, well-being, and physical health. WeCOPE is a activity and practice-based program that consists of seven sessions involving an array of practical activities meant to promote better health and well-being. agsafety.wisc.edu/programs/wecope-for-farmers-and-ag-professionals

Wisconsin Farm Center Experiencing a challenge on the farm? Contact the Wisconsin Farm Center. The team offers an array of free and confidential services including financial consulting, transition planning, conflict mediation, veterinary analysis, and more. (800) 942-2474 • farmcenter@wisconsin.gov • farmcenter.wi.gov

FIRST RESPONDERS

First responders often respond to stressful and traumatic events. These individuals include law enforcement, emergency medical providers, emergency communicators, and firefighters. The Substance Abuse and Mental Health Services Administration estimates that 30% of first responders develop behavioral health conditions compared to 20% of the general population. These mental illnesses may include depression, posttraumatic stress disorder (PTSD), and suicidal ideation. In the 2022 Wisconsin Fire and EMS mental health survey, 93% of respondents experienced a critical incident on the job and fire and EMS workers are 2-4 times more likely to screen positive for depression than the general population. There are strategies, tools, and resources that first responders and their families can use to help create resiliency.

Coping Mechanisms: Try the following strategies to help reduce stress.

1. Ground yourself—try deep breathing, relaxation, or prayer
2. Go for a walk or practice yoga
3. Connect with family and friends
4. Exercise regularly
5. Write in a journal
6. Avoid using caffeine, alcohol, and other drugs to cope
7. Taking time off is not selfish—it will lessen the risk of burnout and increase empathy

Caring for Your Own: A good strategy for first responders is to pick a trusted person you can easily contact that also works in first response. Keep an eye on and constantly check in. Listen to their feelings, acknowledge tough situations, and recognize accomplishments. Remember: (1) You are not a burden. (2) Your buddy wants to listen to you and support you, so don't hold in your feelings. (3) Ensure your buddy feels safe in speaking their mind as well.

FIRST RESPONDER RESOURCES

NAMI Frontline Wellness for Public Safety Professionals: Information and resources specifically for public safety professionals, including simple tips to build your resiliency, wellness strategies, as well as resources for your loved ones.

[nami.org/Your-Journey/Frontline-Professionals/Public-Safety-Professionals](https://www.nami.org/Your-Journey/Frontline-Professionals/Public-Safety-Professionals)

CordicoShield App: An app that provides wellness tools, coping mechanisms, and self-assessments to first responders. [cordico.com/shield](https://www.cordico.com/shield)

For The Frontlines. A free crisis counseling for essential workers and healthcare professionals dealing with anxiety, stress, fear, and isolation. First responders can text FRONTLINE to 741741 for free crisis counseling.

Disaster Responder Assets Network (DRAN): Provides access to free peer support group meetings via Zoom and additional resources such as podcasts, fact sheets, and tips for managing stress during COVID-19. disasterassets.org/crisis-support-resources-for-emergency-responders

Rock & Green County First Responder Peer Support & Resilience Team: A 24/7 hotline to obtain support from a Rock and Green County First Responder at (608) 289-2110

LAW ENFORCEMENT RESOURCES

The International Association of Chiefs of Police: Resource that provides an abundance of mental health resources for officer mental health and resiliency.

theiacp.org/topics/officer-safety-wellness

Copline: An International Law Enforcement Officers' Hotline run by and answered by compassionate retired officers to engage with callers on the daily stressors for officers and their family members experience. copline.org

LGBTQ+

The LGBTQ+ community is diverse and made up of different experiences, identities, and challenges. However, members of the community are disproportionately at-risk for suicide and other mental health struggles. This section has information and resources those who identify as a member of the LGBTQ+ community.

NATIONAL RESOURCES

The Jim Collins Foundation: Helps transgender people in need of funding for their gender-confirming surgeries. jimcollinsfoundation.org

Depression Looks Like Me: A website that features personal experiences about individuals in the LGBTQ+ community who live with depression. The website was created to bring awareness to the diverse experiences of depression, includes healthcare directories that make it easy to find a provider near you, including the closest LGBTQ+-friendly healthcare professional or community center, and to let people know that you are not alone. depressionlookslikeme.com

The LGBT National Help Center offers confidential peer support connections for LGBT youth, adults, and seniors, including phone, text and online chat. lgbthotline.org

Society for Sexual, Affective, Intersex, and Gender Expansive Identities (SAIGE) provides educational and support resources for LGBTQ individuals, as well as promotes competency on LGBTQ issues for counseling professionals. saigecounseling.org

Trans Lifeline Hotline is a peer support phone service run by trans people for trans and questioning peers. Call if you need someone trans to talk to, even if you're not in crisis or if you're not sure you're trans. As of January 1st, 2024, Trans Lifeline's hotline operating hours are Monday through Friday: 10 AM – 6 PM Pacific, 11 AM – 7 PM Mountain, 12 PM – 8 PM Central, 1 PM – 9 PM Eastern (877) 565-8860 (Oprima 2 para hablar con unx operador en español) translifeline.org

The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning) young people. Connect to a crisis counselor 24/7, 365 days a year, by call, text, or chat. It's 100% confidential and 100% free. Text "START" to 678-678 • (866) 488-7386 • thetrevorproject.org

WISCONSIN RESOURCES

The PRISM Program is a mental wellness resource for LGBTQ+ youth in Wisconsin. Warmline is staffed from 10am-10pm seven days a week and is fully confidential. Operators cannot provide callbacks or take voicemails. If you don't get an answer, please call back until an operator is available! Online support groups. mhawisconsin.org/prism • (414) 336-7974

REGIONAL RESOURCES

Diverse & Resilient's mission is to achieve health equity and improve the safety and well-being of LGBTQ people and communities in Wisconsin. [Appleton & Milwaukee DiverseandResilient.org](http://Appleton&MilwaukeeDiverseandResilient.org)

The Milwaukee LGBT Community Center delivers educational, health promotion, and community-building services that meet the needs of LGBTQ+ youth, adults, and their allies in the Greater Milwaukee area. [Milwaukee mkelgblt.org](http://MilwaukeeMkelgblt.org)

OutReach LGBTQ+ Community Center offers many programs for lesbian, gay, bisexual, and transgender people. These include resource identification and referral, social and support groups, events, health programs, and more. [Madison outreachmadisonlgbt.org](http://MadisonOutreachMadisonLGBT.org)

The LGBT Center of SE Wisconsin is an open affirming environment for people of all sexual orientations and gender identity expressions. [Racine lgbtsewi.org](http://RacineLGBTsewi.org)

The 7 Rivers LGBTQ Connection creates spaces for connection, community, education, and advocacy for LGBTQ+ people, allies, and neighbors. [La Crosse/Winona 7riverslgbt.org](http://LaCrosseWinona7RiversLGBT.org)

MATERNAL MENTAL HEALTH

Reproductive health and mental health go hand in hand. New and expecting parents may see the return of mental health symptoms they experienced in the past, or they may experience new mental health symptoms after pregnancy, birth, or pregnancy loss. It's also common for existing mental health challenges to become more severe because of reproductive health challenges like difficulty getting pregnant, pregnancy complications, and reproductive system disorders like polycystic ovary syndrome (PCOS) and chronic pelvic pain (CPP). Furthermore, individuals who take medication for their mental health condition and become pregnant may need to change or reduce their medication, with the guidance of their treating physician, to ensure the safety and well-being of themselves and the child. Such changes can make the individual vulnerable to mental health symptoms that were well-managed with their previous medication regimen.

If you're experiencing reproductive-related mental health challenges, please know that help is available. We encourage you to communicate openly with your healthcare providers and to connect with others experiencing similar challenges with their mental health. Check out the resources below to find helpful information and resources for your reproductive-related mental health concerns.

RESOURCES

NAMI National Resources

helplinefaqs.nami.org/article/446-my-mental-health-has-been-affected-by-pregnancy-reproductive-challenges-pregnancy-loss-what-can-i-do

National Maternal Mental Health Hotline offers 24/7 free and confidential support before, during, and after pregnancy. Their hotline offers culturally sensitive support and can refer you to telehealth providers and support groups. Their service is available in English and Spanish with interpreters for 60 languages. Call or text 1-833-852-6262 mchb.hrsa.gov/national-maternal-mental-health-hotline

Postpartum Support International: Wisconsin Chapter works to promote awareness, prevention, and treatment of mental health issues relating to childbearing worldwide. They offer free 90-minute support groups. Call or text 1-800-944-4773 for English or text 971-203-7773 for Spanish psychapters.com/wi

Maternal Mental Health Leadership Alliance is a nonprofit organization dedicated to improving the mental health of all childbearing people in the United States with a focus on national policy and health equity. Their Resource Hub holds many different resources and hotlines for childbearing people and families of all identities. mmhla.org/resource-hub

Moms' Mental Health Matters is an initiative by the National Child and Maternal Health Education Program that is designed to educate consumers and health care providers about who is at risk for depression and anxiety during and after pregnancy, the signs of these problems, and how to get help.

nichd.nih.gov/ncmhhep/initiatives/moms-mental-health-matters/moms

USDHHS Office on Women's Health Reproductive Health and Mental Health

webpage provides answers to common questions related to reproductive mental health like, "How does my mental health condition affect my menstrual cycle?" and "Can I continue to take my medication if I'm trying to get pregnant?"

womenshealth.gov/mental-health/living-mental-health-condition/reproductive-health-and-mental-health

Moms Mental Health Initiative is a Wisconsin based organization that connects childbearing people struggling with their mental health with whatever help they may need. This includes connecting them with therapists, support groups, prescribers, or educational resources. momsmentalhealthinitiative.org

The Periscope Project is a free Wisconsin based teleconsultation for health care providers taking care of pregnant and postpartum women struggling with mental health to receive opinions from other health care providers. Perinatal psychiatrists are available between 8 a.m.-4 p.m. Monday through Friday. the-periscope-project.org



Thank you to Sage Therapeutics for their financial support of the NAMI Wisconsin Resource Guide.

OLDER ADULTS

Those 65 and older experience higher rates of depression, anxiety, and substance use disorder than the general population. Approximately 20% of adults 65 and older will experience mental health needs, and 4.8% will live with a Serious Mental Illness (SMI). Mental illness is not a normal part of aging; people of any age experiencing mental illness deserve quality, accessible care.

The lack of comfort with technology in an increasingly technology-focused world, lack of resources, an increase in isolation or lack of social interaction, and decrease of overall wellbeing can all play a role in the mental health of older adults. Suicide rates are highest in older adults, especially in males. The suicide rate for those over age 75 is three times higher than the average, and among white men over 80, the suicide rate is six times higher than average.

By 2030, the Baby Boomer Generation (people born 1946-1965) will be over age 65. It is projected that one in every five residents will be over 65 years old in 2030.

The increasing size of the 65+ population paired with their greater risk for experiencing mental illness has significant implications for the mental health system. The needs and growth of the older population with a Serious Mental Illness will far exceed the number of behavioral health providers that are trained in geriatric care. Further, the workforce that cares for those 65 and older are not routinely trained in how to recognize or effectively treat SMI, especially as symptoms of SMI may be mistaken for dementia. As the population continues to age, resources and services targeted at older adults will be increasingly important.

RESOURCES FOR THOSE 65 AND OLDER:

Aging and Disability Resources (ADRC) for older adults with disabilities and their caregivers • dhs.wisconsin.gov/adrc/index.htm

National Council on Aging behavioral health resources • ncoa.org/professionals/health/behavioral-health

Mental Health America Wisconsin resources for older adults • mhawisconsin.org/older_adults.aspx

Greater Wisconsin Agency on Aging Resources (GWAAR) provides training, technical assistance and advocacy for the changing needs of older adults in Wisconsin. (608) 243-5670 • gwaar.org

AARP Wisconsin is an organization that is leading positive social change for Wisconsinites over 50 and has many resources on wellness and health. (866) 448-3611 • aarp.org/wisconsin

Respite Care Association of Wisconsin (RCAW) provides resources for caregivers, trainings, information, and provider information. (608) 222-2023 • respitecarewi.org

Wisconsin Geriatric Psychiatry Initiative (WGPI) has a wealth of resources for those living with a mental illness. • wgpi.wisc.edu

VETERANS



NAMI Homefront is a free, six session educational program for families, caregivers, and friends of Military Service Members, and Veterans with mental health conditions.

Additionally, NAMI has a free online suite of resources for caregivers, family members, Military Service Members, and Veterans designed to increase understanding, communication, wellness, and advocacy skills.

nami.org/support-education/mental-health-education/NAMI-Homefront

VETERANS CRISIS LINES

If you or a loved one who is a Veteran is experiencing a mental health crisis, free, confidential support is available 24/7:

- Call the Veterans Crisis Line at 988 and Press 1
- Send a text message to 838255
- Chat at veteranscrisisline.net/get-help/chat

Wisconsin Veterans Warmline Any Wisconsin resident who served, or is currently serving, in any branch of the United States Armed Forces and their family members may call the warmline for non-crisis support and referrals. Callers will leave a message with their name, county, military connection, and a call back number. Calls will be promptly returned by Veteran Peer Support Specialists.

(262) 336-9540

Gun Shop Safety and Storage Program: A program where a gun shop/range would provide voluntary, temporary, safe storage of a firearm for a Veteran or individual who is in a temporary crisis. To learn more, please visit betherewis.com/gun-shop-safety-and-storage-program-materials

The Wisconsin Veterans Network (VetsNet) is a nonprofit organization that identifies and connects at-risk Veterans and Veterans in need to the benefits and programs they earned through their service to our country.

(414) 257-3624 • [wisvetsnet.org](https://www.wisvetsnet.org)

DryHootch is an organization formed by Veterans to provide peer support, outreach, legal help, help for families, mobile tools, support groups, and more. Locations in Milwaukee and Madison.

(414) 763-5473 • hq@dryhootch.org • [dryhootch.org](https://www.dryhootch.org)

R&R House for Veterans Located in Pewaukee.

(262) 336-9540 • [mhawisconsin.org/veteran-peer-services](https://www.mhawisconsin.org/veteran-peer-services)

The Veteran Housing and Recovery Program (VHRP) provides temporary housing and helps homeless veterans receive the job training, education, counseling and rehabilitative services needed to obtain steady employment, affordable housing and skills to sustain a productive lifestyle.

<https://dva.wi.gov/Pages/benefitsClaims/VHRP.aspx>

Veteran Housing Needs

Chippewa Falls (715) 726-2541 • Green Bay (920) 391-4370 • Union Grove (262) 878-9151

YOUTH (AGES 14–24)

Why is it important to address the issues of mental health and youth?

- Fifty percent of all lifetime cases of mental illness begin by age 14 and 75 percent by age 24.
- About fifty percent of students ages 14+ with a mental health condition will drop out of school.
- Seventy percent of youth in state and local juvenile justice systems have a mental health condition.
- Suicide is the third leading cause of death for 10–24-year-olds.
- Mental health awareness is often overlooked in school curriculums.
- Learning how to recognize symptoms early can aid in successful recovery and prevent unnecessary suffering.

NATIONAL RESOURCES

NAMI Teen and Young Adult Helpline, Mon–Fri, 9 am–9 pm CST. Text “Friend” to 62640 • (800) 950-NAMI (6264)

NAMI Youth Resources: Compilation of essential information and resources intended to help young people get the mental health support they need. nami.org/your-journey/kids-teens-and-young-adults/youth-and-young-adult-resources

NAMI Teen and Young Adult Resource Directory: Compilation of essential information and resources intended to help young people get the mental health support they need. nami.org/NAMI/media/NAMI-Media/Images/FactSheets/NAMI-Teen-and-Young-Adult-HelpLine-Resource-Directory.pdf

Charlie Health provides mental health treatment for young adults and teens via telehealth (online). Call (866) 219-5070 to talk to the admissions team to get started. charliehealth.com

Society for Adolescent Mental Health and Medicine: There is a page on their website dedicated to mental health resources for young adults and adolescents. adolescenthealth.org/resources

Teen Mental Health: This website provides learning tools on a variety of mental illnesses, videos, and resources for friends. mentalhealthliteracy.org

WISCONSIN-BASED AND LOCAL RESOURCES

Find a NAMI affiliate near you. See NAMI Wisconsin Youth Programs that may be available in your area. ([page 9](#))

Kids Forward: The mission of Kids Forward is to make Wisconsin a place where every child thrives by advocating for effective, long-lasting solutions that break down barriers to success for children and families. kidsforward.org

Wisconsin Family Ties (WFT): Organization run by and for families that include children and adolescents with social, emotional, or behavioral challenges. WFT helps parents/caregivers navigate their children’s care and staffs parent peer specialists. (608) 267-6800

Wisconsin Wayfinder Children’s Resource Network
dhs.wisconsin.gov/wiscway

CHAPTER 11

RESOURCE DIRECTORY

In the next few pages, you will find an alphabetical, county-based directory of the following key services: crisis services, human services department, and local NAMI affiliate if applicable. To access our virtual directory, visit namiwisconsin.org/find-my-nami

In Wisconsin, county human service departments are typically the first point of contact for public mental health services.

IN THIS SECTION:

- County Directory
- Other Statewide Resources
- Inpatient Hospitals
- Statewide Advocacy Organizations
- Wisconsin Independent Living Centers

“Just remember, you are not alone, in fact you are in a very common place with millions of others. We need to help each other and keep striving to reach our goal.”

—Mike Morenon

COUNTY DIRECTORY

ADAMS

CRISIS SERVICES

(888) 552-6642

HEALTH AND HUMAN SERVICES

108 E. North St.
Friendship, WI 53934
(608) 339-4505

ASHLAND

CRISIS SERVICES

(866) 317-9362

HEALTH AND HUMAN SERVICES

630 Sanborn Ave.
Ashland, WI 54806
(715) 682-7004

NAMI LAKE SUPERIOR SOUTH SHORE

(920) 452-5152
namidouglascountywi@gmail.com

HOPE HAVEN PEER WARMLINE

(715) 665-4673

BARRON

CRISIS SERVICES

(888) 552-6642
(715) 537-5691, press 4
For info or services, call Access:
(715) 537-5691

HEALTH AND HUMAN SERVICES

335 E. Monroe Ave.
Room 338
Barron, WI 54812
(715) 537-5691

BAYFIELD

CRISIS SERVICES

(866) 317-9362

HUMAN SERVICES

117 E. 5th St.
Washburn, WI 54891
(715) 373-6144

NAMI LAKE SUPERIOR SOUTH SHORE

(920) 452-5152
namidouglascountywi@gmail.com

HOPE HAVEN PEER WARMLINE

(715) 665-4673

BROWN

CRISIS SERVICES

(920) 436-8888

HUMAN SERVICES

111 N. Jefferson St.
Green Bay, WI 54301
(920) 448-6000

NAMI BROWN COUNTY

1234 Main St., Ste. 11
Green Bay, WI 54302
(920) 371-0961
info@namibrowncounty.org

BUFFALO

CRISIS SERVICES

(888) 552-6642

HEALTH AND HUMAN SERVICES

407 S. 2nd St.
Alma, WI 54610
(608) 685-4412

BURNETT

CRISIS SERVICES

(888) 552-6642

HEALTH AND HUMAN SERVICES

7410 County Road K
#280
Siren, WI 54872
(715) 349-7600

CALUMET

CRISIS SERVICES

Chilton: (920) 849-9317
Appleton: (920) 832-4646

HEALTH AND HUMAN SERVICES

206 Court St.
Chilton, WI 53014
(920) 849-1400

NAMI FOX VALLEY

211 E. Franklin St.
Appleton, WI 54911
(920) 954-1550
info@namifoxvalley.org

CHIPPEWA

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

711 N. Bridge St.
Chippewa Falls, WI 54729
(715) 726-7788

NAMI CHIPPEWA VALLEY

800 Wisconsin St.
Mailbox 88
Building #2D, Ste. 420 F
Eau Claire, WI 54703-3612
(715) 450-6484
info@namicv.org

CLARK

CRISIS SERVICES

(715) 743-3400
(800) 863-3560

COMMUNITY SERVICES

517 Court St., Room 503
Neillsville, WI 54456
(715) 743-5208

COLUMBIA

CRISIS SERVICES

(888) 552-6642

HEALTH AND HUMAN SERVICES

111 E. Mullett St.
Portage, WI 53901
(608) 742-9227

CRAWFORD

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

225 N. Beaumont Rd.
Ste. 326
Prairie du Chien, WI
53821
(608) 326-0248

DANE

CRISIS SERVICES

(608) 280-2600

JOURNEY MENTAL HEALTH SERVICES

49 Kessel Ct.
Madison, WI 53711
(608) 280-2700

HUMAN SERVICES

1202 Northport Dr.
Madison, WI 53704
(608) 242-6200

NAMI DANE COUNTY

6400 Gisholt Dr.
Ste. 203
Monona, WI 53713
(608) 249-7188
[outreach@
namidanecounty.org](mailto:outreach@namidanecounty.org)

NAMI UW-MADISON

nami.wisco@gmail.com

DODGE

CRISIS SERVICES

Business Hours:
(920) 386-4094
After Hours:
(888) 552-6642

HEALTH AND HUMAN SERVICES

199 County Rd. DF
3rd Floor
Juneau, WI 53039
(920) 386-4094

NAMI DODGE COUNTY

(920) 212-1341
info@namidodge.org

DOOR

CRISIS SERVICES

(920) 746-2588

HEALTH AND HUMAN SERVICES

421 Nebraska St.
Sturgeon Bay, WI 54235
(920) 746-7155

JAK'S PLACE/ LAKESHORE CAP

1623 Rhode Island St.
Sturgeon Bay, WI 54235
(920) 818-0525

DOUGLAS

CRISIS SERVICES

(715) 395-2259

HUMAN SERVICES

1316 N. 14th St.
Superior, WI 54880
(715) 395-1304

NAMI LAKE SUPERIOR SOUTH SHORE

(920) 452-5152
[namidouglasscountywi@
gmail.com](mailto:namidouglasscountywi@gmail.com)

HOPE HAVEN PEER WARMLINE

(715) 665-4673

DUNN

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

3001 U.S. Hwy 12 E.
#160
Menomonie, WI 54751
(715) 232-1116

NAMI CHIPPEWA VALLEY

(715) 450-6484
info@namicv.org

EAU CLAIRE

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

(721 Oxford Ave.

Ste. 1001

Eau Claire, WI 54703

(715) 839-2300

NAMI CHIPPEWA VALLEY

(715) 450-6484

info@namicv.org

FLORENCE

CRISIS SERVICES

(866) 317-9362

HUMAN SERVICES

501 Lake Ave.

Florence, WI 54121

(715) 528-3296

FOND DU LAC

CRISIS SERVICES

(920) 929-3535

NAMI FOND DU LAC

114 S. Main St., #145

Fond du Lac, WI 54935

(920) 979-0512

info@namifonddulac.org

FOREST

CRISIS SERVICES

(888) 299-1188

HUMAN SERVICE CENTER

705 E. Timber Dr.

Rhineland, WI 54501

(715) 369-2215

NAMI NORTHERN LAKES

(715) 420-1700

[contact@](mailto:contact@naminorthernlakes.org)

naminorthernlakes.org

GRANT

CRISIS SERVICES

(800) 362-5717

UNIFIED COMMUNITY

SERVICES

200 W. Alona Ln.

Lancaster, WI 53813

(608) 723-6357

NETWORK OF CARE FOR MENTAL HEALTH IN SOUTHWEST WISCONSIN

[mentalhealth.](http://mentalhealth.networkofcare.org)

[networkofcare.org/](http://networkofcare.org)

southwestern-wi

GREEN

CRISIS SERVICES

(888) 552-6642

GREEN COUNTY

HUMAN SERVICES

N3152 State Road 81

Pleasant View Complex

Monroe, WI 53566

(608) 328-9393

NAMI GREEN COUNTY

(608) 324-4677

info@namigreencounty.org

NETWORK OF CARE FOR MENTAL HEALTH IN SOUTHWEST WISCONSIN

[mentalhealth.](http://mentalhealth.networkofcare.org)

[networkofcare.org/](http://networkofcare.org)

southwestern-wi

GREEN LAKE

CRISIS SERVICES

Mon-Fri, 8am-4:30pm

(920) 294-4070

After Hours:

(920) 294-4000

HEALTH AND HUMAN SERVICES

571 County Rd. A

Green Lake, WI 54941

(920) 294-4070

(800) 664-3588

IOWA

CRISIS SERVICES

(800) 362-5717

UNIFIED COMMUNITY

SERVICES

200 W. Alona Ln.

Lancaster, WI 53813

(608) 723-6357

NAMI SOUTHWESTERN WI

(608) 485-1437

swwi.nami@gmail.com

NETWORK OF CARE FOR MENTAL HEALTH IN SOUTHWEST WISCONSIN

[mentalhealth.](http://mentalhealth.networkofcare.org)

[networkofcare.org/](http://networkofcare.org)

southwestern-wi

IRON

CRISIS SERVICES

(866) 317-9362

HUMAN SERVICES

300 Taconite St., Ste. 201
Hurley, WI 54534
(715) 561-3636

JACKSON

CRISIS SERVICES

(888) 552-6642

HEALTH AND HUMAN SERVICES

421 County Rd. R,
Black River Falls, WI
54615
(715) 284-4301

JEFFERSON

CRISIS SERVICES

(920) 674-3105
*During the week
7:30 am - 5:30 pm*

(920) 674-3105
*After hours follow
automated prompts*

HUMAN SERVICES

1541 Annex Rd.
Jefferson, WI 53549
(920) 674-3105

NAMI SOUTHEAST WISCONSIN

2717 N. Grandview Blvd,
Ste. 205
Waukesha, WI 53188
(262) 524-8886
info@namisoutheastwi.org

JUNEAU

CRISIS SERVICES

(608) 847-2400

*After hours, holidays,
and weekends*

(800) 777-7386

HUMAN SERVICES

200 Hickory St.,
Mauston, WI 53948
(608) 847-2400

KENOSHA

CRISIS SERVICES

(262) 657-7188

KENOSHA HUMAN DEVELOPMENT SERVICES

3536 52nd St.
Kenosha, WI 53144
(262) 764-8555

NAMI KENOSHA

(262) 652-3606
contact@namikenosha.org

KEWAUNEE

CRISIS SERVICES

Mon-Fri, 8am-4:30pm
(920) 255-1645

HUMAN SERVICES

810 Lincoln St.,
Kewaunee, WI 54216
(920) 388-7030

LA CROSSE

CRISIS SERVICES

(608) 784-HELP (4357)

HUMAN SERVICES

300 4th St. N.
La Crosse, WI 54601
(608) 784-4357

NAMI WEST CENTRAL WISCONSIN

PO Box 595
La Crosse, WI 54602
(608) 785-9658
(Not a crisis line)
info@namilacrossecounty.org

LAFAYETTE

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES:

15701 County Rd. K, Ste. 3
Darlington, WI 53530
(608) 776-4800

NETWORK OF CARE FOR MENTAL HEALTH IN SOUTHWEST WISCONSIN

[mentalhealth.
networkofcare.org/
southwestern-wi](http://mentalhealth.networkofcare.org/southwestern-wi)

LANGLADE

CRISIS SERVICES

(715) 845-4326

NORTHCENTRAL HEALTHCARE

Wausau
(715) 848-4600

Merrill

(715) 536-9482

NAMI NORTHWOODS

(715) 432-0180
info@naminorthwoods.org

LINCOLN

CRISIS SERVICES

(715) 845-4326

NORTHCENTRAL HEALTHCARE

Wausau

(715) 848-4600

Merrill

(715) 536-9482

Antigo

(715) 627-6694

NAMI NORTHWOODS

(715) 432-0180

info@naminorthwoods.org

MANITOWOC

CRISIS SERVICES

Mon-Fri, 8am-4:30pm

(920) 683-4230

All other hours

(888) 552-6642

HUMAN SERVICES

926 S. 8th St.

Manitowoc, WI 54220

(920) 683-4230

NAMI MANITOWOC

Office Address

927 S. 8th St., Ste 300

Manitowoc, WI 54220

Mailing Address

1235 S. 11th St.

Manitowoc, WI 54220

(920) 320-7606

[info@](mailto:info@namimanitowoccounty.org)

namimanitowoccounty.org

MARATHON

CRISIS SERVICES

(715) 845-4326

NORTHCENTRAL HEALTHCARE

Wausau

(715) 848-4600

NAMI NORTHWOODS

(715) 432-0180

info@naminorthwoods.org

MARINETTE

CRISIS SERVICES

(715) 732-7760

HEALTH AND HUMAN SERVICES (ADAPT CLINIC)

After Hours Crisis Line:

(715) 732-7760

Marinette

2500 Hall Ave.

Marinette, WI 54143

(715) 732-7760

Niagara

1201 Jackson St.

Niagara, WI 54151

(715) 251-4555

MARQUETTE

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

428 Underwood Ave.

Montello, WI 53949

(608) 297-3124

MENOMINEE

CRISIS SERVICES

(715) 799-3861

HUMAN SERVICES

W3272 Wolf River Rd.

Keshena, WI 54135

(715) 799-3861

NAMI WOLF RIVER REGION

PO Box 671

Shawano, WI 54166

(715) 201-2763

connect@namiwrr.org

MILWAUKEE

CRISIS SERVICES

(414) 257-7222

MCFI BEHAVIORAL HEALTH CRISIS RESOURCE CENTER (SOUTH SIDE)

2057 S. 14th St.

Milwaukee, WI 53204

By phone only:

(414) 643-8778

MCFI CRISIS RESOURCE CENTER (NORTH SIDE)

5409 W. Villard Ave.

Milwaukee, WI 53218

By phone only,

no appointment necessary:

(414) 539-4024

NAMI SOUTHEAST WISCONSIN

2717 N. Grandview Blvd.
Ste 205

Waukesha, WI 53188

(262) 524-8886

info@namisoutheastwi.org

MONROE

CRISIS SERVICES

Northwest Connections
(888) 552-6642

Great Rivers
211 or (800) 362-8255

HUMAN SERVICES

Historic Court House
210 W. Oak St.
Sparta, WI 54656
(608) 269-8600

COMMUNITY SERVICES CENTER

315 W. Oak St., Ste. A
Sparta, WI 54656
(608) 269-8690

OCONTO

CRISIS SERVICES

Mon-Fri, 8am-4pm
(920) 834-7000
All other hours:
(920) 846-3444

HEALTH AND HUMAN SERVICES

501 Park Ave.
Oconto, WI 54153
(920) 834-7000
ochs@co.oconto.wi.us

ONEIDA

CRISIS SERVICES

(888) 299-1188

HUMAN SERVICE CENTER

705 E. Timber Dr.
Rhineland, WI 54501
(715) 369-2215

NAMI NORTHERN LAKES

(715) 420-1700
contact@naminorthernlakes.org

OUTAGAMIE

COPE LINE - CRISIS

HOTLINE
(920) 832-4646

HEALTH AND HUMAN SERVICES

320 S. Walnut St.,
Appleton, WI, 54911
(920) 832-4741

NAMI FOX VALLEY

211 E. Franklin St.
Appleton, WI 54911
(920) 954-1550
info@namifoxvalley.org

OZAUKEE

CRISIS SERVICES

(262) 377-2673

HUMAN SERVICES

121 W. Main St.
Port Washington, WI
53074
(262) 284-8200

NAMI OZAUKEE

Ozaukee Nonprofit
Center 2360 Dakota Dr.
Grafton, WI 53024
(262) 243-3627
namiozaukee@gmail.com

PEPIN

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

740 7th Ave. W.
Durand, WI 54736
(715) 672-8941

PIERCE

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

Pierce County Office Bldg.
412 W. Kinne St.
Ellsworth, WI 54011
(715) 273-6770

NAMI ST. CROIX VALLEY

(608) 301-5440
namiscv@gmail.com

POLK

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

100 Polk County Plaza
Ste. 180
Balsam Lake, WI 54810
(715) 485-8400

PORTAGE

CRISIS SERVICES

(866) 317-9362

HEALTH AND HUMAN SERVICES

817 Whiting Ave.
Stevens Point, WI 54481
(715) 345-5350
pcpublichealth@co.portage.wi.gov

NAMI PORTAGE-WOOD

(715) 544-9653
namiportagewoodcounties@gmail.com

PRICE

CRISIS SERVICES

(866) 317-9362

HEALTH AND HUMAN SERVICES

104 S. Eyder Ave.
Phillips, WI 54555
(715) 339-2158

RACINE

CRISIS SERVICES

730 Wisconsin Ave.
Racine, WI 53403
24/7: (262) 638-6741

BEHAVIORAL HEALTH SERVICES

1717 Taylor Ave.
Racine, WI 53403
(262) 638-6744

NAMI RACINE COUNTY

4701 Washington Ave.
Ste. 255
Racine, WI 53406
(262) 637-0582
info@namiracine.org

RICHLAND

CRISIS SERVICES

24-hour phone line:
(888) 552-6642
Office phone:
(608) 647-8821

HEALTH AND HUMAN SERVICES

221 W. Seminary St.
Richland Center, WI
53581
(608) 647-8821

NETWORK OF CARE FOR MENTAL HEALTH IN SOUTHWEST WISCONSIN

mentalhealth.networkofcare.org/southwestern-wi

ROCK

CRISIS SERVICES

(608) 757-5025

HUMAN SERVICES

1717 Center Ave.
Janesville, WI 53546
(608) 757-5200

ROCK CONNECTIONS

(608) 757-5025

NAMI ROCK COUNTY

120 N. Crosby Ave.
Ste. 11
Janesville, WI 53548
(608) 743-9828
namirockcountyinc@gmail.com

RUSK

CRISIS SERVICES

(888) 636-6655

HEALTH AND HUMAN SERVICES

311 E. Miner Ave.
Ladysmith, WI 54848
(715) 532-2299

ST. CROIX

CRISIS SERVICES

(888) 552-6642

HEALTH AND HUMAN SERVICES

1752 Dorset Ln.
New Richmond, WI
54017
(715) 246-6991

NAMI ST. CROIX VALLEY

(608) 301-5440
namiscv@gmail.com

SAUK

CRISIS SERVICES

Business Hours
(800) 533-5692

After Business Hours
(888) 552-6642

HUMAN SERVICES

Sauk County West Square
Building
505 Broadway St.
4th Floor
Baraboo, WI 53913
(608) 355-4200

NAMI SAUK COUNTY

(608) 477-7415
NAMI.saukco2016@yahoo.com

SAWYER

CRISIS SERVICES

(866) 317-9362

SAWYER COUNTY BEHAVIORAL HEALTH CLINIC & INFORMATION AND REFERRAL CENTER

10610 Main St., Ste. 224
Hayward, WI 54843
(715) 634-4806

SHAWANO

CRISIS SERVICES

(715) 526-3240
(888) 238-3253

HUMAN SERVICES

W. 7327 Anderson Ave.
Shawano, WI 54166
(715) 526-4700

NAMI WOLF RIVER REGION

PO Box 671
Shawano, WI 54166
(715) 201-2763
connect@namiwrr.org

SHEBOYGAN

CRISIS SERVICES

(920) 459-3151

HEALTH AND HUMAN SERVICES

1011 N. 8th St.
Sheboygan, WI 53081
(920) 459-3207

TAYLOR

CRISIS SERVICES

(866) 317-9362

HUMAN SERVICES

540 E. College Ave.
Medford, WI 54451
(715) 748-3332

TREMPEALEAU

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

36245 Main St.
Room 117
Whitehall, WI 54773
(715) 538-2311 ext. 290

NAMI WEST CENTRAL WISCONSIN

PO Box 595
La Crosse, WI 54602
(608) 785-9658
(Not a crisis line)
info@namilacrossecounty.org

VERNON

CRISIS SERVICES

(608) 637-7007

HUMAN SERVICES

318 Fairlane Dr., Ste. 100
Viroqua, WI 54665
(608) 637-5210

NAMI WEST CENTRAL WISCONSIN

PO Box 595
La Crosse, WI 54602
(608) 785-9658
(Not a crisis line)
info@namilacrossecounty.org

VILAS

CRISIS SERVICES

(888) 299-1188

THE HUMAN SERVICE CENTER

705 E. Timber Dr.
Rhineland, WI 54501
(715) 369-2215

HEALTH AND HUMAN SERVICES

330 Court St
Eagle River, WI 54521
(715) 479-3668

NAMI NORTHERN LAKES

(715) 369-4740
contact@naminorthernlakes.org

WALWORTH

CRISIS SERVICES

(262) 741-3200, press 0

HEALTH AND HUMAN SERVICES

1910 County Rd. NN
Elkhorn, WI 53121
(262) 741-3200

WASHBURN

CRISIS SERVICES

(888) 860-0373

HEALTH AND HUMAN SERVICES

304 2nd St.
Shell Lake, WI 54871
(715) 468-4747

WASHINGTON

CRISIS SERVICES

(262) 365-6565

HUMAN SERVICES

333 E. Washington St.
Ste. 2100
West Bend, WI 53095
(262) 335-4600

NAMI WASHINGTON

279 S. 17th Ave., Ste. 7
West Bend, WI 53095
(262) 339-1235
executivedirector@namiwashingtonwi.org

WAUKESHA

CRISIS SERVICES

(262) 548-7666, option 4
(262) 547-3388

HEALTH AND HUMAN SERVICES

514 Riverview Ave.,
Waukesha, WI 53188
(262) 548-7212

WAUKESHA COUNTY MENTAL HEALTH CENTER

1501 Airport Rd
Waukesha, WI 53188
(262) 548-7950

NAMI SOUTHEAST WISCONSIN

Waukesha Program
Office & Administrative
Offices

2717 N. Grandview
Blvd., Ste. 205
Waukesha, WI 53188
(262) 524-8886
info@namisoutheastwi.org

WAUPACA

CRISIS SERVICES

8:00AM to 4:00PM, M-F
(715) 258-6300

After 4:00PM, Weekends
(800) 719-4418

HEALTH AND HUMAN SERVICES (COMMUNITY BEHAVIORAL HEALTH UNIT)

811 Harding St.
Waupaca, WI 54981
(715) 258-6305

NAMI FOX VALLEY

211 E. Franklin St.
Appleton, WI 54911
(920) 954-1550
info@namifoxvalley.org

WAUSHARA

CRISIS SERVICES

Business Hours
(920) 787-6618

After Hours
(920) 787-3321

HUMAN SERVICES

230 W. Park St.
Wautoma, WI 54982
(920) 787-6600

WINNEBAGO

CRISIS SERVICES

(920) 233-7707

HUMAN SERVICES

Oshkosh
220 Washington Ave.
Oshkosh, WI 54903
(920) 236-4700

Neenah

211 N. Commercial St.
Neenah, WI 54956
(920) 727-2882

NAMI FOX VALLEY

211 E. Franklin St.
Appleton, WI 54911
(920) 954-1550

NAMI OSHKOSH

525 N. Main St.
Oshkosh, WI 54901
(920) 651-1148
info@namioshosh.org

WOOD

CRISIS SERVICES

(888) 552-6642

HUMAN SERVICES

1111 W. Jackson St.
Wisconsin Rapids, WI
54495
(715) 421-8600

NAMI PORTAGE-WOOD

(715) 544-9653
namiportagewoodcounties@gmail.com

OTHER STATEWIDE RESOURCES

CRISIS LINES & WARMLINES

988 Suicide & Crisis Lifeline

Dial 988

Crisis Text Line

Text HOME to 741741 to reach a volunteer crisis counselor

Uplift Warmline

12 PM – 12 AM
(534) 202-5438

If you or a loved one is experiencing a mental health crisis CALL 988 to be connected with a trained counselor.

If you or a loved one is in immediate physical danger CALL 911 and request a CIT or mental health officer.

NAMI Wisconsin is not equipped to handle crisis calls.

CLUBHOUSES & DROP-IN CENTERS

Bridges Community Center – Kenosha, (262) 657-5252

Cornucopia – Madison, (608) 467-6646

Friendship Connection – Adams, (608) 339-6810

Friendship Corner – Fond du Lac, (920) 266-8447

Friendship Place, Inc. – Neenah, (920) 729-9975

The Gathering Place – Green Bay, (920) 430-9187

Genesis 1990, Inc. – Ashland, (715) 682-0375

Grand Avenue Club – Milwaukee, (414) 276-6474

Granite House – Wausau, (715) 971-4089

Lakeshore CAP/JAK's Place – Sturgeon Bay, (920) 818-0525

NAMI Washington County Drop-In – West Bend, (262) 339-1235

Northern Lakes Center – Rhinelander, (715) 420-1700

Off the Square Club – Madison, (608) 251-6901

The Other Door – Viroqua, (608) 637-7052

Painting Pathways Clubhouse – Manitowoc, (920) 652-9952

ROCC Point – Stevens Point, (715) 544-0455

Recovery Avenue – La Crosse, (608) 785-9615

River Cities Clubhouse – Wisconsin Rapids, (715) 424-4115

Spring City Corner Clubhouse – Waukesha, (262) 549-6460

Valley Packaging Industries, Inc. Community Center Drop-In – Appleton, (920) 749-5859

The Wellness Shack – Eau Claire, (715) 855-7705

Yahara House – Madison, (608) 280-4700

INFORMATION AND REFERRAL

Do you need information or a referral for rental assistance, utilities, food, mental health, or substance abuse issues? Call 211 from anywhere in the state to reach United Way's Free Information and Referral Line. Someone is available to connect with you 24/7.

INPATIENT HOSPITALS

STATE HOSPITALS

Mendota Mental Health Institute

301 Troy Drive
Madison, WI 53704
(608) 301-1000

Winnebago Mental Health Institute

4100 Treffert Drive
Winnebago, WI 54901
(920) 235-4910

VA HOSPITALS

William S. Middleton Memorial Veterans Hospital

2500 Overlook Terrace
Madison, WI 53705
Mental Health (608) 280-7084
Addictive Disorders (608) 280-7073

Tomah VA Medical Center

500 East Veterans Street
Tomah, WI 54660
(608) 372-3971, ext. 61761 for mental health care

Zablocki Veterans Affairs Medical Center

5000 West National Avenue
Milwaukee, WI 53295
(414) 384-2000, ext. 42098 for mental health care

INPATIENT HOSPITALS: ADULT (A) YOUTH (Y) BOTH (B)

Amery Hospital & Clinic (A)

230 Deronda Street
Amery, WI 54001
(715) 268-0060 (Clinic)
(715) 268-8000 (Hospital)

Ascension All Saints Hospital (B)

1320 Wisconsin Avenue
Racine, WI 53403
(262) 687-2322 (Adult)
(262) 687-2401 (Child and Adolescent)

Ascension St Francis Hospital (A)

3237 South 16th Street
Milwaukee, WI 53215
(414) 647-5000

Aurora St Luke's South Shore (B)

5900 South Lake Drive
Cudahy, WI 53110
(414) 489-9000

Youth Services

1220 Dewey Ave
Wauwatosa, WI 53213
(414) 454-6600

Ascension St Mary's Hospital (A)

2251 North Shore Drive
Rhineland, WI 54501
(715) 361-2000

Aspirus Stevens Point Hospital (B)

(14 years & over)
900 Illinois Avenue
Stevens Point, WI 54481
(715) 346-5000

Aurora Psychiatric Hospital (B)

1220 Dewey Avenue
Milwaukee, WI 53213
(414) 454-6600

Aurora Sheboygan (B)

2629 North 7th Street
Sheboygan, WI 53083
(920) 451-5510

Bellin Psychiatric Center (B)

301 East St Joseph Street
Green Bay, WI 54301
(920) 431-5533

Froedtert Menomonee Falls Hospital (A)

W180 N8085 Town Hall Road
Monomonee Falls, WI 53051
(262) 251-1000

Granite Hills Hospital (B)

1706 S. 68th Street
West Allis, WI 53214
(414) 667-4800

Gundersen Health System (B)

1901 S. 7th Street
La Crosse, WI 54601
(608) 775-3523

Mayo Clinic Health System (A)

1221 Whipple Street
Eau Claire, WI 54703
(715) 838-5369

Milwaukee County Behavioral Health (B)

9455 West Watertown Plank Road
Milwaukee, WI 53226
(414) 257-6995

Miramont Behavioral Health (B)

(12 years & over)
3169 Deming Way
Middleton, WI 53562
(888) 979-1840

North Central Health Care (B)

1150 Lake View Drive
Wausau, WI 54403
(715) 848-4331

Norwood Health Center (A)

1600 N Chestnut Avenue
Marshfield, WI 54449
(715) 384-2188

ProHealth Waukesha Memorial Hospital (A)

725 American Avenue
Waukesha, WI 53188
(262) 928-4036

Rogers Behavioral Health Oconomowoc (B)

34700 Valley Road
Oconomowoc, WI 53066
(262) 646-4411

Rogers Behavioral Health West Allis (B)

11101 West Lincoln Avenue
West Allis, WI 53227
(414) 327-3000

Rogers Memorial Hospital Brown Deer (B)

4600 West Schroeder Drive
Brown Deer, WI 53223
(414) 865-2500

SSM Health St Agnes Hospital (B)

430 East Division Street
Fond du Lac, WI 54935
(920) 929-2300

SSM Health Saint Mary's Hospital (A)

700 South Park Street
Madison, WI 53715
(608) 258-6697

Southwest Behavioral Services

(Seniors 65+)
1185 North Elm Street
Platteville, WI 53818
(608) 342-3010

Stoughton Hospital (A)

(55 years & older)
900 Ridge Street
Stoughton, WI 53589
(608) 873-2242

Tamarack Health Ashland Medical Center (B)

1635 Maple Lane
Ashland, WI 54806
(715) 685-5400

ThedaCare Regional Medical Center (A)

130 2nd Street
Neenah, WI 54956
(920) 729-2145

UnityPoint Health Meriter Hospital (A)

(Adult Inpatient)
202 S Park Street
Madison, WI 53715
(608) 417-6000

UnityPoint Health Meriter Hospital (Y)

(Child and Adolescent Inpatient)
8102 Wellness Way
Madison, WI 53719
(608) 417-8777

University of Wisconsin Hospital (A)

600 Highland Avenue
Madison, WI 53792
(608) 263-6400

Willow Creek Behavioral Health (B)

1351 Ontario Road
Green Bay, WI 54311
(888) 258-9756

STATEWIDE ADVOCACY ORGANIZATIONS

AGING AND DISABILITY RESOURCE

CENTERS (ADRC) assist with a wide variety of aging and disability-related needs. Every county has an ADRC.

dhs.wisconsin.gov/adrc/index.htm

MENTAL HEALTH AMERICA (MHA)

OF WISCONSIN provides advocacy, education, information, and services to people with mental illness and families, professional organizations, and the community at large.

(414) 276-3122

mhawisconsin.org

DISABILITY RIGHTS WISCONSIN (DRW) is a nonprofit that provides legal advocacy and rights protection for people with disabilities.

disabilityrightswi.org • (800) 928-8778

WISCONSIN FAMILY TIES (WFT) is run by and for families that include children and adolescents with social, emotional, or behavioral challenges. WFT helps parents/caregivers navigate their children's care.

info@Wifamilyties.org • (608) 267-6800
wifamilyties.org

WISCONSIN INDEPENDENT LIVING CENTERS are run by and for people with disability. They serve people of any age or disability type in all 72 counties. The five core services of these centers include individual advocacy, independent living skills training, information and referrals (for individuals and family members), peer support and transition to community services.

dhs.wisconsin.gov/disabilities/physical/ilcs-contact.htm

DANE, DODGE, COLUMBIA, GREEN: Access to Independence, (608) 242-8484

JEFFERSON, KENOSHA, RACINE, ROCK, WALWORTH: Society's Assets,
Racine (262) 637-9128, Kenosha (262) 657-3999, Elkhorn (262) 723-8181

MILWAUKEE, WAUKESHA, OZAUKEE, WASHINGTON:

Independence First, (414) 291-7520

MIDWEST WI:

Center for Independent Living,

Menomonie: (715) 233-1070

Rice Lake: (715) 736-1800

NORTHCENTRAL WI: Midstate Independent Living Choices, (715) 344-4210

NORTHEAST WI: Options for Independent Living, (920) 490-0500

NORTHWEST WI: IndiGO, (715) 392-9118

SOUTHWEST WI: Independent Living Resources,
La Crosse: (608) 787-1111
Richland Center: (608) 647-8053



CHAPTER 12: GLOSSARY

There are specific words, acronyms, and abbreviations used in the mental health world that are helpful to **know**. This glossary contains definitions of words that are frequently used in this guide and in the mental health field.

Language matters. The language people use affects how people living with mental illness are viewed by themselves and others. Using person-first language when referring to a person living with mental illness can reduce stigma, because it allows you to avoid labeling the individual or equating them to their illness.



ATTENTION PLEASE

Avoid Stigmatizing Language

- *The mentally ill*
- *Psycho*
- *Crazy*
- *Lunatic*
- *Schizophrenic*
- *He's so bipolar.*
- *That's mental.*
- *She's mental.*
- *Committed suicide*

Person-first Language

- *People living with a mental health condition or mental illness*
- *Experiences a mental health condition*
- Remember, you would never say: "He's a cancerous person."
- *A person living with schizophrenia or bipolar disorder*
- *Died by suicide*

MENTAL HEALTH DEFINITIONS

14 days: The maximum time someone can be held on an emergency detention before the commitment hearing (final hearing).

211: A special abbreviated telephone number reserved in the United States and Canada as an easy-to-remember three-digit telephone number meant to provide information and referrals to health, human, and social service organizations. This is provided by United Way in Wisconsin.

72-hour Hold: A person cannot be in custody under an emergency detention for more than 72 hours (excluding weekends and holidays) without a court hearing. This can be extended up to 7 days at the request of the person being detained or their attorney.

988: The three-digit dialing number for the Suicide & Crisis Lifeline. 988 provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining local care and resources with national standards and best practices. The caller will be connected to a trained counselor.

Affiliate: NAMI is a three-tiered organization: we have branches at the national level, state level, and locally. Our state organization (NAMI Wisconsin) refers to our local, often county-based chapters as “affiliates.” Some are volunteer-run, others have offices and paid staff and the programs and services they provide varies. Currently (February 2024), we have 20+ local affiliates.

Anosognosia: A symptom of some mental illnesses where the person lacks insight or awareness of their mental illness.

Assertive Community Treatment: Assertive community treatment (ACT) is a model of intensive, community-based care for people living with serious mental illness. It was designed to provide the level of intensive care that someone might get in an inpatient (hospital) setting, but instead in the community.

BIPOC: Acronym which stands for Black, Indigenous, People of Color

CIT/CIP: Acronyms for Crisis Intervention Team training and Crisis Intervention Partners. CIT training is a community initiative designed to improve the outcomes of police interactions with people living with mental illnesses. CIT programs are local partnerships between law enforcement, mental health providers, local NAMI affiliates, and other community stakeholders. CIP training is designed for wide-ranging audiences interested in better understanding and improving interactions with people who experience mental health crises.

Civil Commitment vs. Forensic Commitment: A civil commitment is a court-ordered institutionalization of a person suffering from mental illness or substance use disorder usually upon a finding that the person is dangerous to himself or herself or to others. A second type of involuntary commitment is a “forensic commitment.” Individuals who meet this criteria have been charged with a crime but are found to be “not guilty by reason of insanity,” or NGRI for short.

Commitment Hearing (Final Hearing): A commitment hearing must take place within 14 days of an emergency detention. The court must appoint two mental health professionals to assess the individual and provide a written report to the court. The court may either dismiss the petition for commitment and release the individual or order them to be committed to the care of the county.

Consumer: Outdated term for a person living with mental illness. The current preferred term is either “peer” or “person living with a mental illness.”

Continuing Commitment: The initial commitment period for a civil commitment is six months. If the case manager believes that the person continues to be at risk after the first six months or believes that the person will likely stop treatment as soon as the commitment expires, they can recommend an extension of the commitment. A continued commitment hearing would take place, and the commitment can be extended for up to 12 more months. The commitment can be extended as many times as the case manager and court find is appropriate.

Corporation Counsel: The county attorney’s office that represents the interests of the county, its elected officials, agencies, boards, and commissions in all legal matters. The Corporation Counsel’s office represents the county in any litigation or legal matter involving the county’s interests.

County Crisis Center: A crisis center is a resource for individuals going through mental health crises. They provide mental health services and emotional support for those living in their county. Crisis centers also provide training and educational resources on suicide prevention and mental wellness.

Delusions: Delusions are strong beliefs that are not consistent with the person’s culture, are unlikely to be true, and may seem irrational to others. Someone experiencing a delusion firmly believes something that is not true or real, despite evidence that it is not real. It is not advised to try to change the mind of someone experiencing delusions or convince them their belief is not real.

Died by Suicide vs. Committed Suicide: The term “committed suicide” has a criminal feel and implies that it was a conscious act, when in reality the brain is in an altered state during a suicide attempt. “Died by suicide” is the preferred term.

Drop-In Center: Drop-in centers are welcoming, free places where someone living with mental illness or a substance use disorder can stop by to spend time and receive support. They are often peer-run. Some drop-in centers have structured activities.

DSM-5: Acronym for Diagnostic Statistical Manual which is the manual used by mental health professionals to diagnose patients. The “5” signifies the fifth edition of the manual. It is published and updated by the American Psychiatric Association.

Dual Diagnosis: A dual diagnosis is when someone has both a mental illness and a substance use disorder.

Emergency Detention (ED): An ED is when a person who is believed to be a danger to themselves or others due to experiencing symptoms of a mental illness is detained by law enforcement and hospitalized. Typically, an ED can only last up to 72 hours (excluding weekends and holidays) before a court hearing must be held. In Wisconsin, an ED is the first step in the involuntary commitment process.

First Episode Psychosis: First Episode Psychosis refers to the first time someone experiences symptoms of psychosis, such as hallucinations or delusions. People experiencing a first episode of psychosis may not understand their symptoms or that their hallucinations and delusions are not real, which can be distressing. There are some treatment programs specifically for people experiencing their first episode of psychosis. Intensive, early intervention is most effective for psychosis.

HOPELINE: (Text HOPELINE to 741741) created by Center for Suicide Awareness, is a text-in (versus voice call-in) free emotional support service providing hope, help, and support when it's needed most. HOPELINE™ serves anyone in any type of situation providing them access to resources before situations rise to crisis level.

Independent Living Center (ILC): A nonprofit organization run by and for people with disabilities of all kinds that provides peer support, information, referrals, advocacy, and other services related to independent living. Every county in Wisconsin is served by a regional ILC.

Inpatient Care: Care received in a hospital where the person stays at least one night in the facility (24-hour care).

Involuntary Civil Commitment: An involuntary civil commitment is a legal process where a judge orders that a person receive psychiatric treatment. This can entail either a requirement that the person participate in treatment and take medication while living in the community or hospitalization.

Living in Recovery: This looks different for every person. When someone says they are “in recovery,” they usually mean they are receiving treatment for their mental health or addiction to drugs or alcohol. Recovery covers a lot of territory. Many people use “recovery” as synonymous with “in remission.” Others see their recovery as a journey that ebbs and flows throughout the lifetime.

Manic/Mania: A symptom of mental illness marked by periods of great excitement or euphoria, delusions, and overactivity. Mania is a key symptom of bipolar disorder.

Mendota Mental Health Institute: One of the two state mental health institutes in Wisconsin. Mendota is located in Madison.

Mental Health First Aid: A national program to teach the skills to respond to the signs of mental illness and substance use.

Mental Illness vs. Mental Health: Everyone has mental health and everyone experiences emotions such as anger, anxiety, and fear from time to time. However, people who are diagnosed with mental illness experience emotions, thoughts, or behavior that cause significant distress and/or problems functioning in social, work, or family activities.

NAMI HelpLine: (800) 950-6264 The NAMI HelpLine is a free, nationwide peer-support service providing information, resource referrals, and support to people living with a mental health condition, their family members and caregivers, mental health providers and the public.

Outpatient Care: Care received in the community or another setting where an overnight stay in the hospital is not necessary.

Peer: A person who has a mental illness.

Peer-Run Respite: A peer-run respite is a place where people living with mental illness can go for short-term, voluntary overnight stays in a homelike environment to receive support from peers when they are experiencing increased symptoms or distress. Peer-run respite services are free and non-clinical.

Peer vs. Consumer: Both refer to a person living with mental illness. NAMI has moved towards using more “peer” language; however, the terms might be used interchangeably.

Probable Cause Hearing: The first hearing after an emergency detention is called a “probable cause” hearing. This hearing determines if there is evidence to support the request for emergency detention. If the court finds no probable cause, the case is dismissed, and the individual is released. If the court finds probable cause, a commitment hearing will be scheduled unless the individual voluntarily agrees to receive treatment.

Programs: NAMI Wisconsin affiliates offer an array of programs for both people living with mental illness and their families. We have support groups, educational classes, high school clubs, elementary school educational classes, advocacy education programs, community presentations, and more.

Psychiatrist: A psychiatrist has a medical degree that allows them to diagnose medical conditions and prescribe medication. A psychiatrist focuses on diagnosing, treating, and preventing mental health disorders. Most psychiatrists only manage patients’ prescriptions and other medical treatments and do not offer talk therapy.

Question, Persuade, Refer (QPR) Training: A 1-2 hour suicide prevention educational program designed to teach lay and professional “gatekeepers” the warning signs of a suicide crisis and how to respond.

SAMHSA: An acronym for the federal Substance Abuse and Mental Health Service Administration. SAMHSA provides grants to various state agencies to prevent and treat substance use and mental disorders and furthers its work through public campaigns, system reform, policy, and program analysis.

Settlement Agreement: A settlement agreement is an alternative to commitment. It is NOT a commitment. It is legally considered a contract for voluntary treatment. However, the person must follow the terms of the settlement, which usually lasts for 90 days. A settlement agreement is a one-time contract and cannot be extended like a commitment can be.

SMI: Acronym for Serious Mental Illness. This is often used to refer to bipolar disorder and schizophrenia but can refer to any mental illness that has a significant impact on the person's ability to function independently in their daily life.

Stipulation to Order of Commitment: A stipulation is when a person decides to waive their right to a final hearing and agree to the determined order.

Supported Decision-Making: A process of supporting and accommodating an adult with a functional impairment to enable the adult to make life decisions (services, medical care, housing, employment, etc.) without impeding the self-determination of the adult.

Telehealth: The use of telecommunication technologies, such as video calls, to provide care when you and the doctor or therapist are not in the same place at the same time.

Testify: For civil commitments, witnesses are called to testify at the hearings so the judge can hear evidence of symptoms of mental illness, an inability of the person to care for themselves, or dangerousness to self or others.

Therapist: A therapist can be a counselor, psychologist, or other professional licensed to provide mental health care. "Therapist" is an umbrella term for professionals who are educated, trained, and licensed to provide talk therapy or psychotherapy. During therapy, they can assess, diagnose, and treat mental health disorders.

Voluntary Commitment: Voluntary commitment is the act or practice of choosing to admit oneself to a psychiatric hospital or other mental health facility.

Warmline: A step down from a crisis line. Warmlines provide information, referrals, and support to people navigating the mental health system. Many are staffed by peers and are available just to talk when the caller is experiencing emotional distress.

Winnebago Mental Health Institute: One of two state mental health institutes in Wisconsin. Winnebago is located in Oshkosh.

Wisconsin State Statute Chapter 51 refers to the Wisconsin legal statute that provides mental health and substance abuse policy, law, and procedures for both voluntary and involuntary mental health services. "Chapter 51" is a term often used as shorthand when referring to a civil commitment (example: "He is under a Chapter 51").

Wisconsin State Statute Chapter 52 refers to the Wisconsin legal statute that provides mental health and substance abuse policy, law, and procedures for supported decision-making.

Wisconsin State Statute Chapter 55 refers to the Wisconsin legal statutes that provides protective services and protective placement, including emergency protective placement, for persons with degenerative brain disorders, severe and persistent mental illness, developmental disabilities, and other like incapacities.

*Thank you for using this guide!
We hope it helps to make your journey
a little bit smoother.*

Please connect with and consider volunteering with your local affiliate, follow NAMI Wisconsin on social media, and visit our website for the most up-to-date information.

Your support helps ensure no individual or family is alone on their mental health journey.

Donate at namiwisconsin.org or by mailing a check to NAMI Wisconsin, 414 Atlas Avenue
Madison, WI 53714

*You can obtain an electronic
version of this guide at
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The NAMI HelpLine can be reached
Monday through Friday, 10 a.m.– 10 p.m., ET

Call 1-800-950-NAMI (6264)

Text “HelpLine” to 62640

email helpline@nami.org



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