

**Wisconsin Public Health Association
2007 Resolution**

JOINT STATEMENT

The Integration of Physical Health, Mental Health, and Substance Abuse

WHERE AS, according to the 2003 President's New Freedom Commission on Mental Health, mental illness ranked first among illnesses that cause disability in the United States, Canada, and Western Europe. This serious public health challenge is under-recognized as a public health burden; and

WHERE AS, in a recent Mental Health America publication entitled "Mind Your Health", it was noted that untreated and mistreated mental illness costs the U.S. \$150 billion in lost productivity and \$8 billion in crime and welfare expenditures each year (CHP, NMHA, 2001); and

WHERE AS, maternal depression is a risk factor for childhood anxiety, depression, and disruptive behaviors. Research shows that vigorous treatment of a mother's depression can reduce symptoms of depression in her child. (Weissman, et al. 2006: JAMA, March 2006; 295 (12):1389-1398); and

WHERE AS, each year in Wisconsin, there are over 2,160 deaths, 2,400 substantiated cases of child abuse, 8,500 traffic crashes resulting in 6,800 traffic injuries and 90,000 arrests, and economic costs totaling \$4.6 billion, all attributed to substance abuse; and

WHERE AS, alcohol and other drug abuse is the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke, and it is the fourth leading cause for hospitalization behind mental illness, heart disease, and cancer; and

WHERE AS, there are an estimated 403,000 adults and 40,300 adolescents in need of treatment for substance use disorders, and yet surveys indicate that only 21 percent of those in need of treatment receive it; and

WHERE AS, Wisconsin ranks highest among states on indicators of substance abuse, such as acute, episodic, or binge drinking; alcohol use during pregnancy; and heavy or chronic drinking;

THEREFORE BE IT RESOLVED THAT

We aspire to become a society that optimizes the mental, physical, social, emotional, and spiritual health of all persons. Prevention, screening, intervention, and treatment will be person and family-centered, accessible, and appropriate to the culture and language of the individuals. These principles build resiliency, facilitate recovery, and eliminate stigma.

NOW BE IT FURTHER RESOLVED that the key terms that embody the underpinnings of this joint statement be understood as follows:

Person-Centered denotes the recognition that there are multiple pathways to recovery based upon an individual unique strengths and resiliencies, as well as his/her own needs, preferences, experiences, and cultural background.

Family-Centered denotes the recognition that the family is the principal caregiver and the center of strength and support for children. (Federal Material and Child Health Bureau)

Culture is the values, beliefs, and lessons that mold and shape us as unique individuals, groups, and communities. This concept is not limited to clients or patients but also to professionals. Our current and future demographics reflect an endless range of individual cultural variations that have a profound impact on those who are served in clinical settings. (Surgeon General's Supplemental Report on Mental Health, 2001)

Resiliency means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses and to go on with life with a sense of mastery, competence, and hope. (The President's New Freedom Commission on Mental Health, 2003)

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Hope plays an integral role in recovery. (The President's New Freedom Commission on Mental Health, 2003)

Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness (Corrigan and Penn, 1999) p.29. (Cite: Mental Health: Culture, Race, and Ethnicity, 2001 A Supplement to Mental Health: A Report of the Surgeon General U.S. Dept. of Health and Human Service); and

NOW BE IT FURTHER RESOLVED that to enhance collaboration, the Wisconsin Division of Public Health, the Division of Mental Health and Substance Abuse Services, and other state and local community organizations and Boards of Health must work within a common framework; share values, principles, priorities; and strengthen organizational efforts as a commitment to change. An integrated framework includes Healthy People 2010, the Federal Action Agenda, Transforming Mental Health Care in America, and the Department of Health and Family Services Strategic Plan.

Fiscal Impact: A statewide foundation of collaboration integrating mental health, substance abuse and physical health has the potential to reduce Wisconsin's costs associated with untreated mental health and substance abuse, including costs of lost productivity, crime and welfare expenditures. WPHA will incur no direct costs in adopting this resolution.

Probable Impact on Public Health: Public Health (PH), Mental Health (MH), and Substance Abuse (SA) will work together to:

- Optimize and enhance PH and MH/SA workforce competencies and capacity through education, recruitment, retention,
- Promote recognition, screening, referral, and treatment for co-morbid existence of mental illness and/or substance abuse with physical illness across systems for MH/SA/Trauma,
- Enhance individual, family, community protective factors; build strengths and assets,
- Prioritize maternal, infant, and early childhood mental health,
- Identify, braid, and maximize funding opportunities to support desired outcomes, and
- Develop a comprehensive population-based methodology based upon need/assessment, share technology, provide easily accessed health/resource information, share data at all levels (state, local, national), track/improve health outcomes, and improve cross-system services (capacity and delivery).

References: The above statement includes key concepts derived from the following sources:

- Federal Maternal and Child Health Bureau (MCHB) Five Guiding Principles
- The Substance Abuse Mental Health Services Administration (SAMHSA)
- The President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, 2003
- The Department of Health and Human Services, Transforming Mental Health Care in America, The Federal Action Agenda: First Steps, July 2005
- Federal Center for Disease Control and Prevention
- The WI Department of Health and Family Services (DHFS)
 - ◆ The Bureau of Mental Health and Substance Abuse Services (BMHSAS)
 - ◆ The Bureau of Community Health Promotion
- The Maternal and Child Health (MCH) Program Advisory Committee
- Healthiest Wisconsin 2010
- BadgerCare+ Report, Health Insurance for all kids, 2006
- WI Violent Injuries and Deaths Annual Report, Summer 2006
- National Center for Children in Poverty, Columbia University: Mailman School of Public Health, Challenges and Opportunities in Children's Mental Health, July 2006
- WI Department of Transportation (DOT)
- WI DHFS, Division of Disability and Elder Services, BMHSAS, WI State Epidemiological Outcomes Workgroup (SEOW), March 2007
- Behavioral Risk Factor Survey (BRFS) www.cdc.gov/brfss
- Youth Risk Behavior Survey (YRBS) www.dpi.state.wi.us/sspw/yrbsindx.html
- National Survey on Drug Use and Health (NSDUH) www.nsduhweb.rti.org/

Submitted to WPHA on May 23, 2007.

Authors:

Maternal and Child Health Program Advisory Committee in partnership with the Wisconsin Division of Public Health and the Division of Mental Health and Substance Abuse Services.

Contact Persons --

- ◆ **Karen Yaccarino, Co-chair, MCH Program Advisory Committee**
dyacca@pitnet.net (414) 327-3776
- ◆ **Kitty Rahl, MS, RN, Co-chair, MCH Program Advisory Committee; Director of Nursing, Eau Claire City-County Health Department**
kitty.rahl@co.eau-claire.wi.us (715) 839-4724
- ◆ **Claude Gilmore, MSSW, MHSA, Youth Policy Director, WI Department of Health and Family Services**
gilmoca@dhfs.state.wi.us (608) 266-9354