



NAMI
National Alliance on Mental Illness

Wisconsin

Resource Guide

EDITION X



Previously Known As
*Navigating the Experience:
Family & Consumer Resource Guide*

Resource Guide

10TH EDITION • MARCH 2022

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

CALL 911

And Request a CIT or Mental Health Officer

To reach the National Suicide Prevention Lifeline

DIAL 988

(Starting July 2022)

or call (800) 273-8255

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*

(608) 268-6000 | nami@namiwisconsin.org | namiwisconsin.org

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

Mental healthcare is a complex system, filled with stigma, and lacking providers. 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. People with mental illness can and do pursue education, careers, have friends, and relationships. Recovery is possible and people who live with mental illness can not only survive but thrive!



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 Member

WHAT IS NAMI?

NAMI Wisconsin is a chapter of the National Alliance on Mental Illness. 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 understand their illness better, 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 family members to NAMI support groups and classes in their area.

As a non-partisan organization, NAMI Wisconsin **advocates on the state and local levels of government** to improve mental health legislation.

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 93-100) for more information about NAMI programs.

SUPPORT GROUPS

PEER SUPPORT GROUP

Offers peer support in a safe and caring environment.

Each support group is led by trained facilitators who have moved forward in their recovery journey with the support of their peers.



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.

EDUCATIONAL CLASSES



Free, 6-week course for parents and other caregivers of children and youth with a mental health condition. The course is taught by trained parents. It is designed to provide the fundamentals of caring for you, your family, and your child with mental health needs.



A hands-on advocacy training program that helps people living with mental illness, 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.

PRESENTATIONS



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 training 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



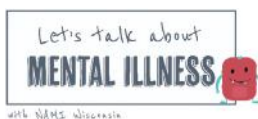
Ending the Silence



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.

#sayitoutloud

A one-time discussion-based program to help facilitate conversations about mental health with teens in schools, faith-based organizations, or community youth groups. This program raises awareness by starting conversations about mental health to reduce negative perceptions and increase the likelihood that teens will seek mental health care when they need it.



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



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 Online Discussion Groups: Find support, share knowledge, ask questions, and meet people who've been there.

nami.org/Support-Education/Online-Discussion-Groups

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

Suicide Prevention Lifeline Chat connects individuals with counselors for emotional support and other services via web chat. Lifeline Chat is available 24/7 across the U.S.

suicidepreventionlifeline.org/chat/



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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 partnership based on mutual goals. This includes for some teams and NAMI Wisconsin putting on advance courses to help officers stay current and continue their education.



CRISIS INTERVENTION PARTNERS (CIP) is an adaptation of the CIT training that runs only 16 hours and is customized for various audiences such as the Department of Corrections, hospitals, practitioners, universities, and more.

NAMI Wisconsin supports CIP and CIT Trainings across the state, including certifying teams as Wisconsin CIT Advisory Certified Teams.

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



“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.” The role of an advocate is to help people communicate with an effective voice, enabling them to influence decisions that affect their lives.

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 all areas of policy including healthcare, employment, housing, and education. View our current legislative priorities at namiwisconsin.org/legislative-priorities.

TIPS FOR WRITING TO ELECTED OFFICIALS: Everyone affected by mental illness deserves the right mental health services and support. To make that happen, we must let our elected officials know. Find out who your state representatives are by visiting legis.wisconsin.gov.

- 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 legislators' 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 & Advocacy Committee to help develop and formulate clear policies on mental health-related issues and ensure that the public in general is made aware of vital issues and concerns. You can also sign up for Action Alerts, which are sent out when your voice is needed on an important issue. To get involved, email nami@namiwisconsin.org with “PP&A Committee” or “Action Alert Sign-Up” in the subject line. You can also call our office at (608)268-6000.

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 ANNUAL HEALING ART SHOW raises awareness and breaks down the stigma surrounding mental illness. The show features the works of Wisconsin artists who live with a mental illness and creatively express themselves through various mediums of art.

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 that 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 5K walk program designed for storytelling and fundraising. Its goals are simple and two-fold: we share our stories to eliminate stigma, and we raise funds to support the work of local NAMI affiliates. Contact your local affiliate to see if they are hosting a NAMIWalk (namiwisconsin.org/find-my-nami).

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



@namiwisconsin



@NAMIWisconsin



@namiwisconsin



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
- Depression
- Anxiety Disorders
- Obsessive Compulsive and Related Disorders (OCD)
- Bipolar Disorder
- Posttraumatic Stress Disorder (PTSD)
- Substance Use Disorders
- Eating Disorders
- Schizophrenia
- Personality Disorders
- Neurodevelopmental 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. In contrast, mental illnesses are conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and/or daily functioning. Just as someone may have a physical illness, people could also have a mental illness. Everyone has mental health, but not everyone has a mental illness. Mental illness does not discriminate; it can affect anyone. Mental illnesses take many forms. Some are mild and only interfere in limited ways with daily life, and others are so severe that a person may need care in a hospital and/or supports 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 25 Americans lives with a serious mental illness such as schizophrenia, bipolar disorder, or major depression.

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

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 [page 62](#) 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
- 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.

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

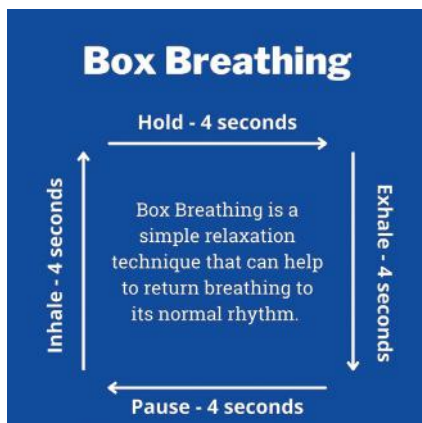
EVIDENCE-BASED TREATMENT OPTIONS

- 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 therapy materials anxietynetwork.com



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/Overview

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/online-and-phone-ocd-support-groups/

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 16](#) 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

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

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.

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
- Sidran Institute is an organization that provides traumatic stress education and advocacy 410-825-8888, EXT. 102 • sidran.org
- National Center for PTSD help for veterans and families coping with PTSD 802-296-6300 • ptsd.va.gov
- For more Veteran mental health resources, see [page 88](#).
- 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



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 (844) 905-0277 • addictionresource.com
- Dual Recovery Anonymous is an independent twelve-step program for people with a dual diagnosis. (913) 991-2703 • draonline.org
- Smart Recovery is a substance use self-help program that provides free, peer-led online support groups for peers and family (440) 951-5357 • smartrecovery.org
- See pages 40 and 41 for information on dual diagnosis services.

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
- Eating Disorder Anonymous provides online and in-person support groups eatingdisordersanonymous.org
- National Association of Anorexia Nervosa & Associated Disorders (630) 577-1330

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

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
- Schizophrenia.com provides in-depth information and online discussions

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

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
- 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

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:

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

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

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/Overview

SUPPORT

- **UW–Madison Waisman Center** (608) 263-1656 • waisman.wisc.edu
- **Autism Society of America** (800) 328-8476 ext 2 • autismsociety.org
- **Autism Speaks** (888) 288-4762 • autismspeaks.com

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD):

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

COMMON SYMPTOMS:

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

- **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

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 (800) 233-4050 • 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

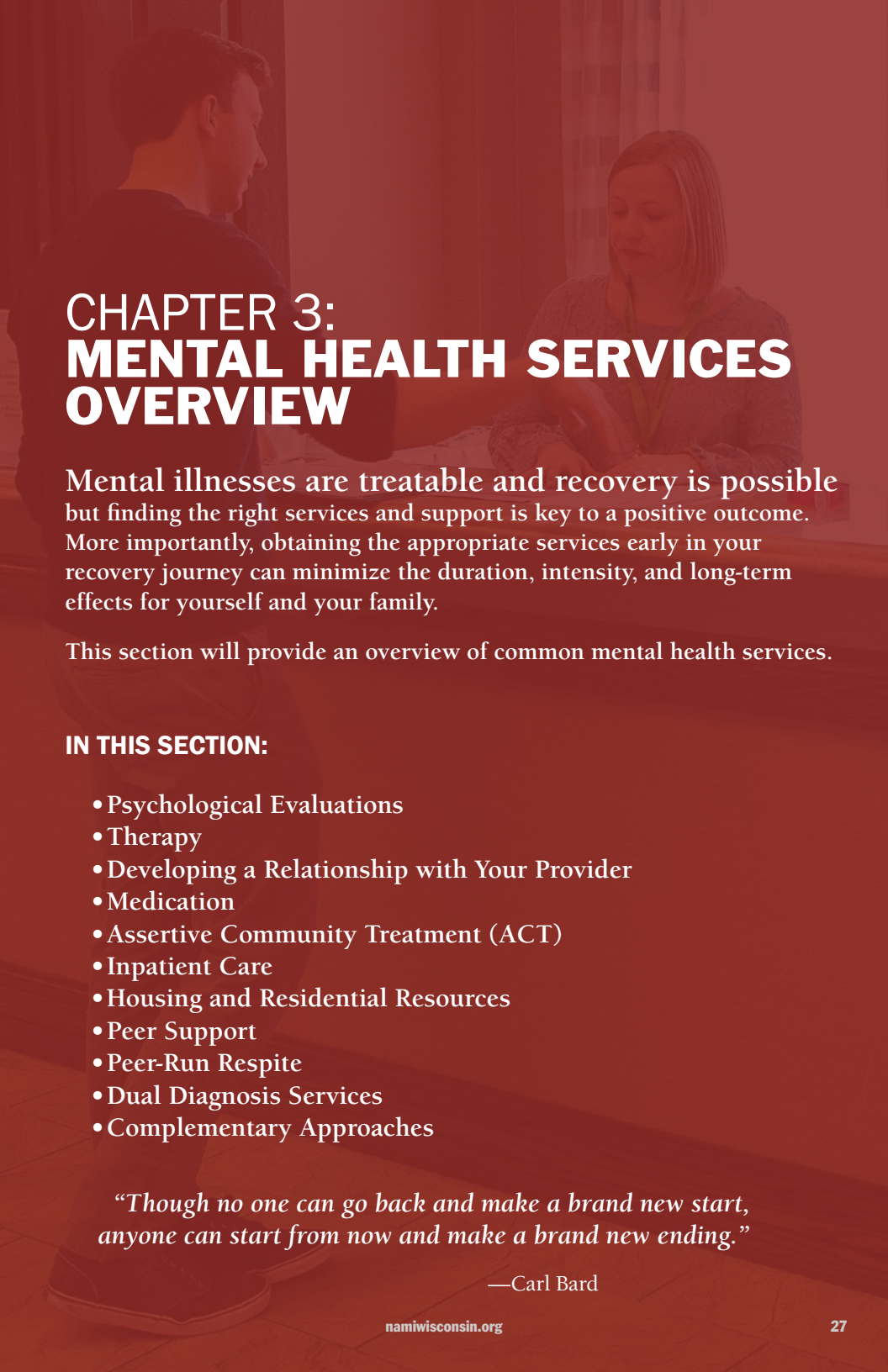
Learn more about intellectual disabilities: [cdc.gov](https://www.cdc.gov) | [psychiatry.org](https://www.psychiatry.org)

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: (888) 575-7373

SUPPORT

- Find support groups at your local NAMI affiliate: [namiwisconsin.org/find-my-nami](https://www.namiwisconsin.org/find-my-nami)
- Find online support groups: [namiwisconsin.org/being-together](https://www.namiwisconsin.org/being-together)
- Crisis lines by county: [preventsuicidewi.org/county-crisis-lines](https://www.preventsuicidewi.org/county-crisis-lines)

A background image showing a man and a woman sitting at a table, looking at a laptop screen. The image is overlaid with a semi-transparent red filter.

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
- Housing and Residential Resources
- Peer Support
- Peer-Run Respite
- 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 psychiatric 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 heal 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 AND EMPATHY: A good mental health care provider should make you feel like they are on your side, truly listening to your input, and seeing you as an equal. If you do not feel this, especially after several meetings, talk to them about it in a direct, yet respectful way. You deserve to feel heard and respected. It's okay to change to a different therapist 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 [pages 38-39](#).
- 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 47-55](#).

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 40-41](#).

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. If you stop taking your medication, your symptoms may return. This can start a cycle of ups and downs.

WHERE CAN I LEARN MORE ABOUT SPECIFIC MEDICATIONS?

You can visit NAMI's website:
nami.org/learn-more/treatment

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.

- Goodrx.com
- Costplusdrugs.com
- Rxsaver.com
- Amazon.com (Amazon Pharmacy)
- Singlecare.com
- Wellrx.com
- Discountdrugnetwork.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).

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 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 93-100](#)).

You can also learn more at [dhs.wisconsin.gov/ccs/expansion/consumers.htm](#)

WHO IS ELIGIBLE FOR CSP AND CCS SERVICES?

Again, 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 (contact info on [pages 93-100](#)).



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 102-103](#) 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, he/she 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 [pages 74-75](#) 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.



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.



HOUSING & 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: doa.wi.gov/Pages/AboutDOA/DEHCRMainPage.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 104](#)).

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 a life experience with mental illness. People receive peer support through support groups, peer-run programs, and from trained peer providers called Certified Peer Specialists who are people with lived experience who have been successful in their own recoveries.

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 104](#)), the Dept. of Workforce Development ([page 61](#)), the Community Recovery Services program (dhs.wisconsin.gov/crs/index.htm), a peer-run respite ([page 39](#)), or another organization in your community. You can speak to a certified peer specialist at one of the 6 peer run respites listed on [page 39](#).

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, a 8-week course run by and for families
- Family Support Groups run by and for families
- NAMI can also recommend other sources or 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 issues. 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.

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.

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 in any one person (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 issues, 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 92-100). 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 case, 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
- **Online support groups** work well for many people; smartrecovery.org; mdjunction.com/dual-diagnosis
- **Smart Recovery** offers secular (non-religious) addiction recovery support offering meetings and online support communities; smartrecovery.org
- **WI Recovery Community Organization** offers support statewide; wirco.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 101](#) 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:** doyogawithme.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 • **Guided meditations:** calm.com

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/tag/wisconsin.

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. To read more about how exercise can help with mental health, visit: helpguide.org/articles/healthy-living/the-mental-health-benefits-of-exercise.htm.

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/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.
- 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

Seeking help, especially with mental health issues is not only a very personal matter, but presents barriers with how to get started, questions on insurance, and who to connect with. 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; this section will describe the very first steps to take if you are concerned about the mental health of yourself or a loved one. 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:

- Taking the First Step
- Navigate Your Insurance
- Seeking Help With and Without Insurance
- Tips for Getting Treatment

“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

TAKING THE FIRST STEP

IF YOU ARE AT RISK OF ENDANGERING YOURSELF OR OTHERS

STEP 1: CALL YOUR COUNTY'S CRISIS SERVICE LINE (See directory on pages 93-100) Crisis workers can provide a supportive ear, give referrals, and keep you safe when things are really breaking down.

STEP 2: CHECK OUT THE CRISIS SECTION of this guide for additional guidance to navigate a crisis (page 62).

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

If you have insurance:

STEP 1: 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.

STEP 2: 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 disorders.

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 you make a direct appointment with a psychiatrist, or do you need to see a primary care doctor first for a referral?
- Does your 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 subspecialty 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). Visit dhs.wisconsin.gov/forwardhealth or call (800) 362-3002 for more info.

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.org/call_centers.html
- 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 on [pages 93-100](#)).
- Call one of our warmlines to speak with a peer specialist ([page 39](#)).



***Tips* FOR GETTING TREATMENT**

- If you find you're reluctant to call, ask a friend or family member to call for you. 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 second and third 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.
- 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 to tide you over until you have your team assembled.
- If you're in an emergency situation, please go immediately to a hospital emergency room.

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 during 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 peer specialist) that knows your family's situation.

If you feel your loved one may be a danger to themselves or others, please review [pages 62-68](#) 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 will most likely feel angry and 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.

Of course, your loved one is the one who is not well at this time. But you have also just gone through a difficult, possibly traumatic, life experience. Take time to process it. This might include seeking therapy. Many family members do this.

AFTER VISITING, DO YOUR BEST NOT TO FEEL GUILTY.

Be with friends. Take your mind off of the situation. There is no shame in giving yourself a rest.

GO TO NAMI FAMILY SUPPORT GROUP MEETINGS.

Participate in a NAMI Basics, NAMI Family-to-Family course, and/or NAMI Family Support Group.

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 ONES PROVIDER.

HIPPA 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 55](#) for information on Supported Decision Making or visit www.hhs.gov/hipaa/for-individuals/index.html

HEALING RELATIONSHIPS DURING 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 sick and someone forced you to go the hospital, you would be scared and furious. 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 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. Just ask for understanding of 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, here are some strategies that may help. Some of these suggestions may seem simple or obvious, but they are powerful.



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 93-101](#).

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 what you've found.

DROP THE FIXATION ON YOUR LOVED ONE ADMITTING 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 62-68](#) 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.

“There is a lot of personal shame when [you] realize that you are no longer in line with society’s understanding of sane. It makes you doubt your own instincts and second guess your movements and decisions. Suddenly, the veil of confidence and ability has been lifted and you are a wreck, struggling to piece together the remnants of your self-image.”

—Mike Earley,
Peer Specialist

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 family NAMI Programs for family members.

MORE RESOURCES

- NAMI Family Support Groups, NAMI Family-to-Family, NAMI Basics
- *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 anger 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, 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 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 whom 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 & 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 familyvoiceswisconsin.org under FV 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:

Regional 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: (800) 422-7145 • 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/sdm.

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
- Guardian Support Center: gwaar.org
- 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

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:



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 38](#) 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 substances 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 68](#) 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 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 InfoLine: (800) 514-0301
- Job Accommodation Network: (800) 526-7234
- Disability Rights Wisconsin: (800) 928-8778

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 93-100](#)).

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
- Safe Police Interactions
- Navigating a Crisis as a Peer
- Tools for Crisis Prevention
- Sample Crisis Plan
- Appointment Prep Sheet

“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

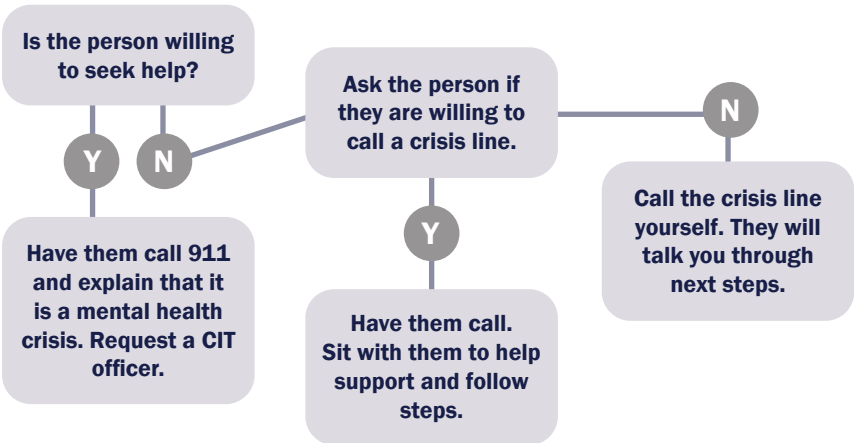
1. REDUCE THE INTENSITY AS MUCH AS POSSIBLE:

- 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 39](#) 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?

3. INVOLVE PROFESSIONALS: IS THE PERSON IN IMMEDIATE PHYSICAL DANGER?



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."



CIT&CIP Wisconsin

A Community Initiative to Improve Crisis Interventions

For information on CIT/CIP training, please visit namiwisconsin.org/cit-cip/ or call NAMI Wisconsin: (608) 268-6000.

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
- Increased agitation
- Displays abusive behavior
- Loses touch with reality (Psychosis)
- Isolation from school, work, family, friends
- Unexplained 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 you can utilize if experiencing a crisis.

See the crisis plan instructions and sample on the next two pages. 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 911

And Request a CIT or Mental Health Officer

To reach the National Suicide Prevention Lifeline

DIAL 988

(Starting July 2022 or call (800) 273-8255)

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

SAMPLE CRISIS PLAN

My Mental Health Crisis App guides you through the process and lets you share your crisis plan with clinicians, family member, and friends. It was created by the American Psychiatric Association (APA) and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). [Download the app on your device.](#)

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 PROVIDERS'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 67](#). 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

- **MY MENTAL HEALTH CRISIS APP** guides you through the process and lets you share your crisis plan with clinicians, family members and friends. It was created by the American Psychiatric Association (APA) and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). **[Download the app on your device.](#)**
- **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.
- **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 info at namiwisconsin.org.

CHAPTER 8: INTRO TO CIVIL COMMITMENTS

Persons living with mental illness have rights.

However, sometimes due to the illness itself it can be hard for them to understand their actions and thoughts can be harmful. People living with a serious mental illness may not understand they are at risk to hurting themselves or harming others. This is called anosognosia. It is when someone is unaware of their own mental illness, or they cannot perceive their symptoms accurately. When someone living with a mental illness is in a crisis situation, there is a process to make them safe and manage the situation. This chapter will give you an overview of the information needed to execute a civil commitment to help support a loved one in a mental health crisis.

IN THIS SECTION:

- Intro to Civil Commitments
- Common Terms in the Commitment Process
- Why do Commitments Occur?
- How Does a Commitment Begin?
- Outcomes of Emergency Detention
- Commitment Process and 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

There is a wide range of beliefs about court-ordered mental health treatment. Involuntary civil commitment in the United States is a legal intervention for someone living with and exhibiting symptoms of a serious mental illness and meets specific criteria will be hospitalized or other supervised treatment for an outlined period of time. This is considered to be an emergency detention (ED). Because emergency detention and civil commitment process is so confusing, this guide will inform you of the process specific for Wisconsin. Each state and in Wisconsin in each county the commitment process may differ slightly so it's important to contact the county crisis services in your community. It is also important to address the following common misconceptions about court ordered treatment.

COMMON MISCONCEPTIONS ABOUT INVOLUNTARY TREATMENT

If the person receives involuntary treatment, they are guaranteed to get well. As discussed elsewhere in this guide, there is no single “cure” for mental illness. Taking medication alone does not typically facilitate meaningful recovery. Some people do not understand this and mistakenly believe that forcing someone into treatment will “cure” them.

Involuntary treatment is an easy or straightforward experience.

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

If family members are involved in a commitment process, it means they cannot see the person's strengths or have hope for recovery. Family members involved in the commitment process do not want to hurt their loved one or foster distrust. But they may be afraid for the safety of their loved one (or others) and feel they have no other choice.

If someone receives treatment involuntarily, all alternative options have been explored. Prior to the circumstances leading up to involuntary treatment, the person may not have had access to high-quality, community-based mental health services.

*“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 before the commitment hearing (final hearing).

72-hour hold: A person cannot be in custody 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: Occasionally people are not ready to be released after six months. If the case manager believes that the person continues to be at risk after being under commitment for six months or believes that the person will likely stop treatment as soon as the commitment expires, she can recommend an extension of the commitment. A continued commitment hearing would need to take place and this proceeding can extend the commitment up to an additional 12 months.

Corporation Counsel: The county attorney's office charged with representing 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.

Involuntary Civil Commitment: An involuntary commitment is a legal intervention where a judge orders a person to be confined in a psychiatric hospital. The involuntary commitment process is set in motion by a serious mental disorder or troublesome mental health symptoms.

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, NOT a commitment. It is legally considered a contract for voluntary treatment. However, the person must follow the terms of the settlement (usually for a period of 90 days).

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.

Wisconsin State Statute Chapter 52: refers to the Wisconsin legal statute that provides policy, law, and procedures for supported decision-making (see [page 55](#)).

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) Individual's psychiatric treatment history, coupled with their present mental deterioration due to 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 method of initiating a commitment that begins by involving the police. The person is detained but can be held for no more than 72 hours (excluding weekends and holidays) before an initial court hearing (“probable cause” hearing). Law enforcement transports a person who has a mental illness, is dangerous, and is believed to be unable or unwilling to undergo voluntary treatment to a hospital or mental health facility. A mental health professional then evaluates the person. [SEE NEXT PAGE FOR DETAILS.](#)

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 (of the inpatient psychiatric unit) 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 your loved one needs to be committed due to violent/threatening actions you or another petitioner have personally 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 on your behalf. 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 that the person should be detained, a law enforcement officer will pick up your loved one and transport them to a mental health facility. This begins the commitment process.

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

OUTCOMES OF EMERGENCY DETENTION

This flowchart shows what happens after a person is put into an emergency detention.

Once evaluated, does the individual agree to inpatient treatment?

N

Involuntary
commitment
process begins

Y

Does the person
agree to
be voluntarily
hospitalized?

N

Does the person meet
the criteria to be
involuntarily committed?

Y

Treatment continues
(settlement
agreement)

N

Person is
allowed to be
discharged

Y

Involuntary
commitment
process begins

COMMITMENT PROCESS & OUTCOMES

POTENTIAL NEXT STEPS:

A. CORPORATION COUNSEL (THE COUNTY'S CHIEF LEGAL COUNSEL) MAY OFFER THE PERSON A SETTLEMENT AGREEMENT. A settlement agreement resolves mental commitment proceedings with an agreement between the parties and is an alternative to commitment, NOT a commitment. It is legally considered a contract for short-term voluntary treatment. However, the person must follow the terms of the settlement (usually for a period of 90 days).

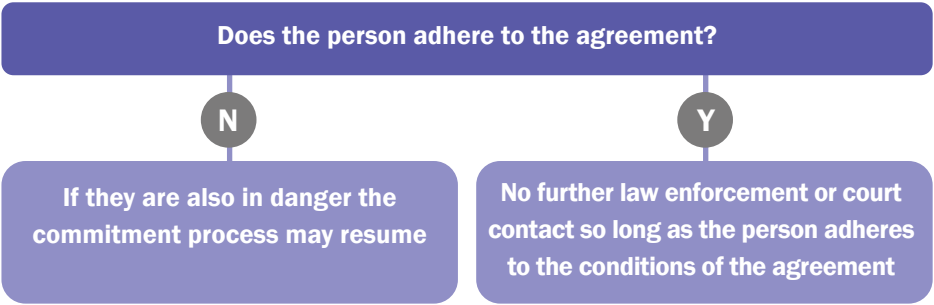
- If the person continuously adheres to the agreement, there will be no further law enforcement or court contact.
- However, if a person violates the terms and is a danger to self/others, the commitment process may resume at county corporation counsel's discretion (i.e. a court order is issued, another hearing is set).

B. 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.

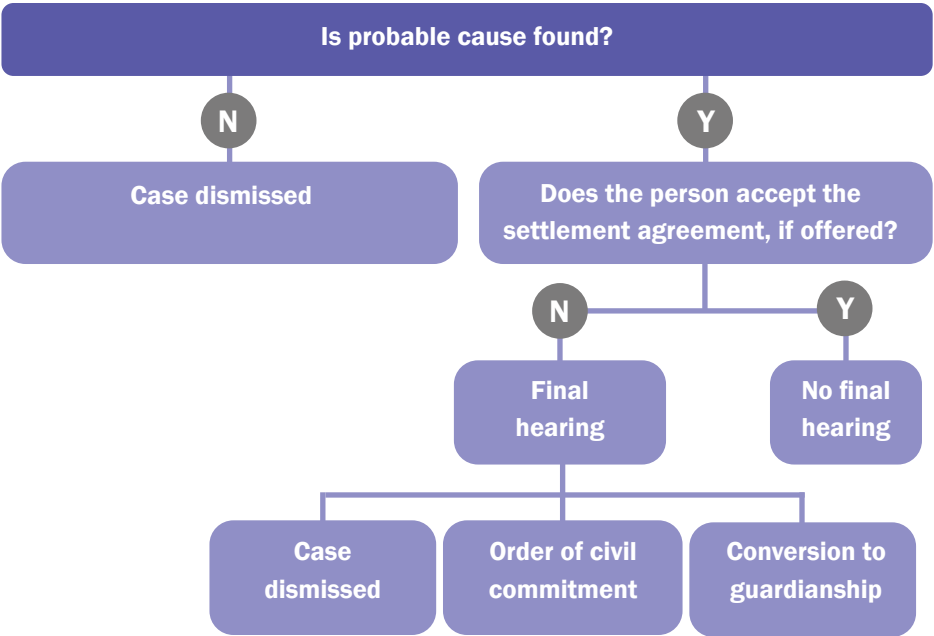
- **A PROBABLE CAUSE HEARING** is held, where a judge, after hearing testimony from witnesses, decides if there is "probable cause" to believe the person meets all three criteria discussed on [page 73](#). Possible outcomes described below:

- **PROBABLE CAUSE NOT FOUND:** The case is dismissed and the person is released.
- **SETTLEMENT AGREEMENT** may be offered by corporation counsel, accepted by the person, and approved by the court. In this situation, a final hearing does not typically take place.
- **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 department of community programs 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.

A settlement agreement is an alternative to a civil commitment and involves an agreement between the client and the courts to adhere to a treatment plan.



If the answer was “no” to the above flowchart, a probable cause hearing may be held. A person may choose to do a waiver of probable cause and consents to obtain treatment under a settlement agreement.



WHAT ARE MY RIGHTS?

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).

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.

CAN MY FAMILY MEMBERS VISIT AND/OR CALL DURING THE 72-HOUR DETENTION PERIOD?

If you agree to the visit and you are not in locked seclusion or otherwise unavailable (i.e. in therapy), your family members can visit. If you want to take the call and you are not in locked seclusion or otherwise unavailable, your family members can call.

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.

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.

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

If you're 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.

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.

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

Family members can be present if an information release has been signed. You can request an information release 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 will also provide treatment alternatives diversion programs that you or your loved one may be offered to participate in if given the option. The final pages in this section will conclude with 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
- Criminal Justice Alternative Programs
- Criminal Justice Resources

“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 very 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 free Law Referral and Information Service (LRIS) to connect with a lawyer who meets your needs (these lawyers charge no more than \$20 for an initial half-hour consultation); (608) 257-3838 • service@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

WISCONSIN 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; lasmilwaukee.com • (414) 727-5300

COMMUNITY JUSTICE INC. Community Justice, Incorporated (CJI) is a non-profit law firm that provides people in Southcentral 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.php

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 abuse treatment, case management, and other risk reduction services as a safe alternative to jail or prison confinement.

Diverting those convicted of a non-violent crimes into substance abuse 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. doj.state.wi.us/dci/heroin-awareness/treatment-alternatives-and-diversion-program

For other jail diversion programs, please contact your county's 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 dealing 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, and Outagamie Counties. See SAMHSA's website here for additional information: samhsa.gov/gains-center/mental-health-treatment-court-locator/adults?field_gains_mhc_state_value=WI



CRIMINAL JUSTICE RESOURCES

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 Dept. 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 sheriffs' office directory at wsdsa.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 INFO 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 that 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 that 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 6 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 104](#).

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 Correction’s mental health system is built upon a classification system where those who are incarcerated that live mental health issues 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 extreme 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 clinician.

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 section will cover resources for people with unique life experiences. NAMI Wisconsin is providing resources for some common special populations 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:

- LGBTQ+
- Farmers & Rural Communities
- Veterans
- Youth
- Español

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

—Rev. Dr. Martin Luther King Jr.

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 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.
(866) 488-7386 • thetrevorproject.org

Trans Lifeline's 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.
(877) 565-8860 (Oprima 2 para hablar con unx operador en español) | translifeline.org

WISCONSIN RESOURCES

The PRISM Program is a mental wellness resource for LGBTQ+ youth in Wisconsin. They offer one-on-one support through their warmline as well as online support groups. While they are focused on LGBTQ+ youth, they turn no one away due to age. Call or text (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

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 – mkelgbt.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

The LGBT Center of SE Wisconsin is an open affirming environment for people of all sexual orientations and gender identity expressions.
Racine – lgbtsewi.org

The 7 Rivers LGBTQ Connection creates spaces for connection, community, education, and advocacy for LGBTQ+ people, allies, and neighbors.
La Crosse/Winona – 7riverslgbtq.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/Growing_WI/FarmerMentalHealthWellness.aspx

Counseling Vouchers Farmers and farm families can obtain counseling services from a 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

Resilient Farms, Families, Businesses, and Communities: 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

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. To register, please visit farmcenter.wi.gov and click on “Farmer Wellness Program.”

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



VETERANS



NAMI Homefront is a free, 6-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

VETERAN 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 (800) 273-8255 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

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

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.
(312) 803-5834 • dryhootch.org

R&R House for Veterans Located in Pewaukee.
(262) 336-9540 • mhawisconsin.org/veteran-peer-services

Psychological Health Program

This program helps Service Members and family members who have transitional difficulties in either adjusting to redeployment or life challenges.
(608) 242-3047 • wisconsinmilitary.org/psychological-health-program/

Veteran Housing Needs

Racine: (262) 221-8350
Milwaukee: (414) 257-4111
Union Grove: (262) 878-9151
Chippewa Falls: (715) 726-2541
Green Bay: (920) 391-4370

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.

WEBSITES

- **NAMI Youth Resources:** Compilation of essential information and resources intended to help young people get the mental health support they need. nami.org/Find-Support/Teens-and-Young-Adults
- **OK2Talk:** A safe, moderated online community where teens and young adults can share their stories of recovery, tragedy, struggle, or hope through creative expression such as poetry or songs, inspirational quotes, videos, and messages of support. ok2talk.org
- **Directory of Youth Mental Health Resources** presented by Society for Adolescent Mental Health (SAMH). adolescenthealth.org
- **Society for Adolescent Mental Health and Medicine:** Mental Health Resources for Adolescents and Young Adults are online resources aimed specifically at adolescents and young adults. nimh.nih.gov/health/topics/child-and-adolescent-mental-health
- **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](#))
- **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) 267-6888
- **Children and Youth Committee of the Wisconsin Council on Mental Health.** This subcommittee of the Council makes recommendations to the Governor and legislature on policy issues and block grant funding surrounding youth mental health. Consider joining or attending a meeting as a guest to see what the committee is about or provide public comment. dhs.wisconsin.gov/wcmh/childyouth.htm
- **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

ESPAÑOL

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

National Suicide Hotline in Spanish: ofrece servicios gratuitos en español 24 horas al día, 7 días a la semana, y no es necesario hablar inglés si necesitas ayuda.

(888) 628-9454

Psychology Today: tiene recursos para ayudarte a encontrar a un terapeuta hispano/latino.

psychologytoday.com/us/therapists/hispanic-and-latino

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.

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
- 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

BARRON

CRISIS SERVICES:

(715) 537-5691, press 4

HEALTH AND HUMAN SERVICES:

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

NAMI BARRON COUNTY:

119 W Humbird St
Rice Lake, WI
54868
(715) 418-6090
namibarroncounty@gmail.com

BAYFIELD

CRISIS SERVICES:

(866) 317-9362

HUMAN SERVICES:

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

BROWN

CRISIS SERVICES:

(920) 436-8888

HUMAN SERVICES:

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

NAMI BROWN COUNTY:

PO Box 10574
Green Bay, WI
54307-0574
(920) 217-0065
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) 636-6655

HEALTH AND HUMAN SERVICES:

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

NAMI BARRON COUNTY:

119 W. Humbird St.
Rice Lake, WI 54868
(715) 418-6090
namibarroncounty@gmail.com

CALUMET

CRISIS SERVICES:

(920) 849-1400
(business hours)

(920) 849-931
(after hours)

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
Eau Claire, WI 54703
(715) 450-6484
namicv@yahoo.com

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

NAMI SOUTHWESTERN WI:

(608) 485-1437
swwi.nami@gmail.com

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:

818 W. Badger Rd.
Ste. 104
Madison, WI 53713
(608) 249-7188
contact@namidanecounty.org

NAMI UW-MADISON:

nami.wisco@gmail.com

DODGE

CRISIS SERVICES:

(920) 386-4094
(business hours)
(888) 552-6642
(after hours)

HEALTH AND HUMAN SERVICES:

199 County Rd. DF
3rd Floor
Juneau, WI 53039
(920) 386-4094

NAMI DODGE COUNTY:

115 N. Center St.,
Beaver Dam, WI 53916
(920) 887-1766, ext. 9
namidodge@gmail.com

DOOR

CRISIS SERVICES:

(920) 746-2588

HEALTH AND HUMAN SERVICES:

421 Nebraska St.
Sturgeon Bay, WI 54235
(920) 746-7155

JAK'S PLACE:

1623 Rhode Island St.
Sturgeon Bay, WI 54235
(920) 818-0525
namidoorcounty@gmail.com

DOUGLAS

CRISIS SERVICES:

(715) 392-8216

HUMAN SERVICES:

1316 N. 14th St.
Superior, WI 54880
(715) 395-1304

NAMI DOUGLAS COUNTY:

(920) 452-5152
namidouglasscountywi@gmail.com

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
namicv@yahoo.com

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
namicv@yahoo.com

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

COMMUNITY PROGRAMS

DEPT: 459 E. 1st St.
Fond du Lac, WI 54935
(920) 929-3500

NAMI FOND DU LAC:

86 S. Macy St.
Fond du Lac, WI 54935
(920) 979-0512
nami.fdl.fc@gmail.com

FOREST**CRISIS SERVICES:**

(888) 299-1188

HUMAN SERVICE CENTER:

705 E. Timber Dr.
Rhineland, WI 54501
(715) 369-2215

NAMI NORTHERN LAKES:

(715) 369-4740
naminorthernlakes@yahoo.com

GRANT**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

GREEN**CRISIS SERVICES:**

(920) 294-4070
(920) 294-4000 after hours

HUMAN SERVICES:

Pleasant View Complex,
N3152 Hwy 81
Monroe, WI 53566
(608) 328-9393

NAMI GREEN COUNTY:

(608) 324-4677
namigc@tds.net

GREEN LAKE**CRISIS SERVICES:**

(920) 294-4000

HEALTH AND HUMAN SERVICES:

571 County Rd. A
Green Lake, WI 54941
(920) 294-4070

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

IRON**CRISIS SERVICES:**

(866) 317-9362

HUMAN SERVICES:

300 Taconite St., Ste. 201
Hurley, WI 54534
(715) 561-3636

JACKSON**CRISIS SERVICES:**

(541) 774-8201

HEALTH AND HUMAN SERVICES:

421 County Rd. R,
Black River Falls,
WI 54615
(715) 284-4301

JEFFERSON**CRISIS SERVICES:**

(920) 674-3105

HUMAN SERVICES:

1541 Annex Rd.
Jefferson, WI 53549
(920) 674-3105

JUNEAU**CRISIS SERVICES:**

(608) 847-2400
(608) 847-6161 (non-business hours)

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

KEWAUNEE**CRISIS SERVICES:**

Mon-Fri, 8am-4:30pm
(920) 255-1645
All other hours:
(920) 436-8888

HUMAN SERVICES:

810 Lincoln St.,
Kewaunee, WI 54216
(920) 388-7030

LA CROSSE

CRISIS SERVICES:

(608) 784-4357

HUMAN SERVICES:

300 4th St. N.

La Crosse, WI 54601

(608) 784-4357

NAMI LA CROSSE:

(608) 785-9658

info@namilacrossecounty.org

LAFAYETTE

CRISIS SERVICES:

(608) 776-4800

(888) 552-6642

HUMAN SERVICES:

15701 County Rd. K,
Ste. 3

Darlington WI 53530

(608) 776-4800

LANGLADE

CRISIS SERVICES:

(715) 845-4326

NORTHCENTRAL HEALTHCARE:

Wausau

(715) 848-4600

Merrill

(715) 536-9482

NAMI NORTHWOODS:

(715) 432-0180

naminorthwoods@gmail.com

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

naminorthwoods@gmail.com

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:

1226 Washington St C/O
Painting Pathways Club
House

Manitowoc, WI 54220

(920) 320-7606

namimanty@gmail.com

MARATHON

CRISIS SERVICES:

(715) 845-4326

NORTHCENTRAL HEALTHCARE:

Wausau

(715) 848-4600

NAMI NORTHWOODS:

(715) 432-0180

naminorthwoods@gmail.com

MARINETTE

CRISIS SERVICES:

(888)552-6642

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

MILWAUKEE

CRISIS SERVICES:

(414) 257-7222

COUNTY BEHAVIORAL

HEALTH DIVISION:

9455 Watertown Plank Rd.

Milwaukee, WI 53226

(414) 257-6995

NAMI SOUTHEAST WISCONSIN

Milwaukee Office
1915 N Dr. MLK Jr. Dr.,
Milwaukee, WI 53212
(414) 344-0447

MONROE

CRISIS SERVICES:

Northwest Connections
(888) 552-6642

Great Rivers
211 or (800) 362-8255

HUMAN SERVICES:

112 S. Court St.,
Room 3000
Sparta, WI 54656
(608) 269-8600

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

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
naminorthernlakes@yahoo.com

OUTAGAMIE

CRISIS SERVICES:

(920) 832-4646

HEALTH AND HUMAN SERVICES:

401 S. Elm 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

NAMI BARRON COUNTY:

119 W Humbird St
Rice Lake, WI 54868
(715) 418-6090
namibarroncounty@gmail.com

PORTAGE

CRISIS SERVICES:

(866) 317-9362

HEALTH AND HUMAN SERVICES:

817 Whiting Ave.
Stevens Point, WI 54481
(715) 345-5350

NAMI PORTAGE-WOOD:

(715) 544-9653
namiportagewoods@gmail.com

PRICE

CRISIS SERVICES:
(866) 317-9362

HEALTH AND HUMAN SERVICES:
104 S. Eyder St.
Phillips, WI 54555
(715) 339-2158

RACINE

CRISIS SERVICES:
730 Wisconsin Ave.,
Racine, WI 53403
24/7 phone number:
(262) 638-6741

BEHAVIORAL HEALTH SERVICES:
1717 Taylor Ave.
Racine, WI 53403
(262) 638-6744

NAMI RACINE COUNTY:
2300 De Koven Ave.
Racine, WI 53403
(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

NAMI SOUTHWESTERN WI:
(608) 485-1437
swwi.nami@gmail.com

ROCK

CRISIS SERVICES:
(608) 757-5025

HUMAN SERVICES:
1717 Center Ave.,
Janesville, WI 53546
(608) 757-5200

ROCK CONNECTIONS:
(608) 757-5229

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

NAMI BARRON COUNTY:
119 W Humbird St
Rice Lake, WI 54868
(715) 418-6090
namibarroncounty@gmail.com

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:
(608) 355-4200
(800) 533-5692

HUMAN SERVICES:
(608) 355-4200

NAMI SAUK COUNTY:
(608) 335-0378
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) 638-3317

NAMI BARRON COUNTY:
119 W Humbird St
Rice Lake, WI 54868
(715) 418-6090
namibarroncounty@gmail.com

SHAWANO

CRISIS SERVICES:
(715) 526-3240
(888) 238-3253

HUMAN SERVICES:
W. 7327 Anderson Ave.
Shawano, WI, 54166
(715) 526-4700

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 TREMPEALEAU

(608) 484-2723

[namitremplecounty@](mailto:namitremplecounty@yahoo.com)

yahoo.com

VERNON

CRISIS SERVICES:

(608) 637-7007

HUMAN SERVICES:

318 Fairlane Dr., Ste. 100

Viroqua, WI 54665

(608) 637-5210

NAMI VERNON COUNTY:

(608) 790-6588

Linpwood@yahoo.com

VILAS

CRISIS SERVICES:

(888) 299-1188

HEALTH AND HUMAN SERVICES:

705 E. Timber Dr.

Rhineland, WI 54501

(715) 369-2215

NAMI NORTHERN LAKES:

(715) 369-4740

[naminorthernlakes@](mailto:naminorthernlakes@yahoo.com)

yahoo.com

WALWORTH

CRISIS SERVICES:

(262) 741-3200, press 0

HEALTH AND HUMAN SERVICES:

1910 County Rd. NN

Elkhorn, WI 53121

(262) 741-3200

NAMI WALWORTH:

(262) 325-8663

[namiwalworth@gmail.](mailto:namiwalworth@gmail.com)

com

WASHBURN

CRISIS SERVICES:

(888) 860-0373

HEALTH AND HUMAN SERVICES:

304 2nd St.

Shell Lake, WI 54871

(715) 468-4747

NAMI BARRON COUNTY:

119 W. Humbird St.

Rice Lake, WI 54868

(715) 418-6090

[namibarroncounty@](mailto:namibarroncounty@gmail.com)

gmail.com

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

[lisakrenke.](mailto:lisakrenke.namiwashington@gmail.com)

[namiwashington@gmail.](mailto:namiwashington@gmail.com)

com

WAUKESHA

CRISIS SERVICES:

(262) 548-7666

(262) 547-3388

HEALTH AND HUMAN SERVICES:

514 Riverview Ave.,

Waukesha, WI 53188;

(262) 548-7666

NAMI SOUTHEAST

WISCONSIN

Waukesha Office

217 Wisconsin Ave.,

Ste. 300

Waukesha, WI 53186

(262) 524-8886

[info@namisoutheastwi.](mailto:info@namisoutheastwi.org)

org

WAUPACA

CRISIS SERVICES:

(715) 258-6300

(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:

(920) 787-6618

(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

info@namifoxvalley.org

NAMI OSHKOSH:

525 N. Main St.

Oshkosh, WI 54901

(920) 651-1148

info@namioshosh.org

WOOD

CRISIS SERVICES:

Wisconsin Rapids, WI

(715) 421-2345

Marshfield, WI

(715) 384-5555

HUMAN SERVICES:

1111 W. Jackson St.

Wisconsin Rapids, WI

54495

(715) 421-8600

NAMI PORTAGE-WOOD:

(715) 544-9653

[namiportagewood](mailto:namiportagewoodcounties@gmail.com)

counties@gmail.com

OTHER STATEWIDE RESOURCES

CRISIS LINES

Crisis Text Line

Text HOPELINE to 741741

National Suicide Prevention Hotline

Dial 988 ([starting July 2022](#) or call (800) 273-8255)

CLUBHOUSES & DROP-IN CENTERS

Better Way Clubhouse – Marshfield, (715) 207-6622

Bridges Community Center – Kenosha, (262) 657-5252

Community Corner Clubhouse – Wausau, (715) 843-1926

Cornucopia – Madison, (608) 249-7477

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

Lakeshore CAP/JAK's Place – Sturgeon Bay, (920) 818-0525

NAMI Dodge Drop-in Social Hour – Beaver Dam, (920) 887-1766, Ext 9

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) 668-2398

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) 749-5867

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.

NAMI is not equipped to handle crisis calls. If you are in crisis and need immediate help, call 911 and request a CIT or mental health officer.

INPATIENT HOSPITALS

STATE HOSPITALS

Mendota Mental Health Institute

301 Troy Drive
Madison, WI 53704
(608) 301-1000

Winnebago Mental Health Institute

4030 Treffert Drive
Winnebago, WI 54985
(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

Zablocki Veterans Affairs Medical Center

5000 West National Avenue
Milwaukee, WI 53295
(414) 384-2000

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 (A)

5900 South Lake Drive
Cudahy, WI 53110
(414) 489-9000

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 (A)

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 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)

1900 South Avenue
La Crosse, WI 53601
(608) 775-2287

INPATIENT HOSPITALS

Mayo Clinic Health System (A)

1221 Whipple Street
Eau Claire, WI 54703
(715) 838-5369

Memorial Medical Center (B)

1635 Maple Lane
Ashland, WI 54806
(715) 685-5370

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
(608) 716-8288

North Central Health Care (B)

1100 Lake View Drive
Wausau, WI 54403
(715) 843-6120

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) 928-1000

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)

703 S Brooks Street
Milwaukee, 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

Sacred Heart Hospital (B)

900 West Clairemont Avenue
Eau Claire, WI 54701
(715) 717-4272

Southwest Behavioral Services

(Seniors 65+)
1185 Elm Street
Platteville, WI 53818
(608) 342-3010

Stoughton Hospital (A)

(55 years & older)
900 Ridge Street
Stoughton, WI 53589
(608) 873-6611

ThedaCare Regional Medical Center (A)

130 2nd Street
Neenah, WI 54956
920-729-3100

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)
8001 Raymond Road
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
(920) 328-1220

STATEWIDE ADVOCACY ORGANIZATIONS

AGING AND DISABILITY RESOURCE

CENTER Your county's Aging and Disability Resource Center (ADRC) is another extremely valuable resource.

dhs.wisconsin.gov/areaadmin/hsd-programs.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 • (866) 948-6483

mhawisconsin.org

DISABILITY RIGHTS WISCONSIN (DRW) is designated by the state of Wisconsin to ensure the civil rights of all state citizens with disabilities through individual advocacy and system change.

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) 267-6888
wifamilyties.org

WISCONSIN INDEPENDENT LIVING CENTERS are run by and for people with disabilities. They serve people of any age or disability type in all 72 counties. Core services include: information and referral (for individuals and family members), peer support, independent living skills training, and individual advocacy.

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

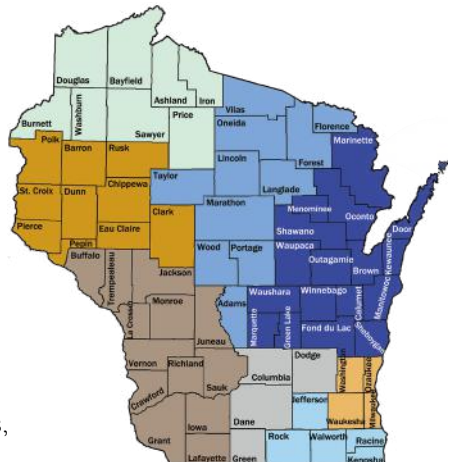
MIDWEST WI: Center for Independent Living Western Wisconsin, (715) 233-1070

NORTHCENTRAL WI: Midstate Independent Living Consultants, (715) 344-4210

NORTHEAST WI: Options for Independent Living, (920) 490-0500

NORTHWEST WI: North Country Independent Living (715) 392-9118 • (800) 924-1220

SOUTHWEST WI: Independent Living Resources, (608) 787-1111



CHAPTER 12:

GLOSSARY

As we know, the mental health labyrinth is difficult to navigate. Additionally, there are specific words, acronyms, and abbreviations used in the mental health world that can make things even more difficult to understand. This glossary contains definitions of words that are frequently used in this guide and in the mental health field.

Language matters. Be aware of how your language affects the image and response of those living with a mental illness and their families. When referring to a person or family member living with a mental illness, be sure to avoid stigmatizing language by using person first language. People-first language allows you to avoid labeling individuals as or by their illness.



ATTENTION PLEASE

Avoid Stigmatizing Language

- The mentally ill
- Psycho
- Crazy
- Lunatic
- Schizophrenic
- Bipolar
- Mental

Person-first Language

- People living with a mental health condition or mental illness
- Experiences a mental health condition
- You would never say: "He's a cancerous person."
- Example: A person living with schizophrenia or bipolar disorder

MENTAL HEALTH DEFINITIONS

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

211: A special abbreviated telephone number reserved in Canada and the United States 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 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.

988: A suicide prevention hotline number. Calls to the number will be directed to the National Suicide Prevention Lifeline, which includes 163 crisis centers. (effective July 2022)

Affiliate: NAMI is a three-tiered organization: national, state, and local. 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 (March 2022) we have 27 local affiliates.

Anosognosia: A symptom of some mental illnesses characterized by someone’s lack of insight or awareness of their condition, which can make treatment difficult.

Assertive Community Treatment: Assertive community treatment (ACT) is a model that takes therapy a step farther than integrated treatment. Combining the interdisciplinary fields that deal with mental illness and substance abuse, ACT helps a person outside the hospital or rehabilitation center. This approach can be ideal for those with severe mental illness and addiction, or for those who have not typically responded well to outpatient therapy.

BIPOC: Acronym which stands for Black, Indigenous, People of Color

Ch. 51: State statute that provides legal procedures for voluntary and involuntary admission, treatment, and rehabilitation of individuals (adults and minor children) with mental illness, developmental disability, drug dependency, or alcoholism.

CIT/CIP: Acronyms for Crisis Intervention Team training & 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 chapters 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, alcoholism, or drug

addiction 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 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: Occasionally people are not ready to be released after six months. If the case manager believes the person continues to be at risk after being under commitment for six months or believes the person will likely stop treatment as soon as the commitment expires, he or she can recommend an extension of the commitment. A continued commitment hearing would need to take place and this proceeding can extend the commitment up to an additional 12 months.

Corporation Counsel: The county attorney’s office charged with representing 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: An altered state of reality. Someone experiencing delusions truly believe a reality despite evidence of the contrary. It is not advised to “change” their mind as their mind is in a delusional state and it cannot be changed.

Died by Suicide vs. Committed Suicide: This terminology is a focus on how they died. The term “committed” gives it a criminal feel and implies it was a conscious act when we know the brain is in an altered state during attempts of suicide.

Drop-In Center: A service agency for people with mental illness, homeless people, teenagers, and others that offers a place where people can go to obtain food and other services.

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 person with dual diagnosis has both a mental disorder and an alcohol or drug problem. These conditions occur together frequently.

Emergency Detention: A law enforcement officer may detain an individual if the officer has cause to believe the individual is experiencing symptoms of mental illness and the individual meets certain criteria of dangerousness laid out in Ch. 51 of Wisconsin statute. An individual may also receive an emergency detention through a treatment directive or a legal process known as a “three party petition.”

First Episode Psychosis: First episode psychosis simply refers to the first time someone experiences psychotic symptoms or a psychotic episode. People experiencing a first episode may not understand what is happening. The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.

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: a consumer controlled, community based, cross disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.

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 commitment is a legal intervention where a judge orders a person to be confined in a psychiatric hospital. The involuntary commitment process is set in motion by a serious mental disorder or troublesome mental health symptoms.

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 drug or alcohol addiction. 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.

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-Run Respite: A peer respite is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to help people find new understanding and ways to move forward. It operates 24 hours per day in a homelike environment. Peer respites are staffed and operated by people with lived experience of mental illness, substance abuse and/or trauma.

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. The purpose 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 is 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 & Mental Health Service Administration. SAMHSA provides grants to various state agencies to prevent and treat addictive 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 legally considered a contract for voluntary treatment. The person must follow the terms of the settlement, usually for a period of 90 days.

SMI – Acronym for Serious Mental Illness: SMI usually refers to those living with bipolar disorder or schizophrenia.

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 electronic information and telecommunication technologies to provide care when you and the doctor are not in the same place at the same time. Telehealth has been especially beneficial to people living with mental illness to maintain their treatment while living and working remotely.

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.

Testify: You may be asked by the county attorney to testify at the trial. The judge needs to hear evidence of behaviors showing mental illness, behaviors that demonstrate an inability to care for oneself, or dangerous to self or others.

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 peer and are available just to talk when the caller is experiencing emotional distress.

Winnebago Mental Health Institute: 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.

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.

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.

YOU ARE NOT ALONE!

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.

You can obtain an electronic version of this guide at namiwisconsin.org.



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You Are Not Alone

