Contact Us

Mental Health America of Wisconsin
600 W. Virginia St, Suite 502
Milwaukee, WI 53204

Phone: (414) 276-3122 or (866) 948-6483 (toll free)

Email: info@mhawisconsin.org

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Office Hours: Monday - Thursday 9am - 5pm, Friday 9am - 3pm

If you are in crisis please dial 9-1-1 or 1-800-273-TALK (8255)

MHA is dedicated to improving the mental health of all individuals and our community as a whole through advocacy, education and service. Innovative programs are the benchmark of MHA’s success. In order to meet the ever-changing needs of the community, MHA continually evaluates its programs while remaining true to our mission.

PROGRAMS:

- Information & Assistance
- Strong Families Healthy Homes
- Survivors Helping Survivors
- Outreach & Education
- Suicide Prevention
- Public Policy
- Mental Health & Alcohol Use Online Screening

**Strong Families Healthy Homes**

*Strong Families Healthy Homes* (SFHH) consists of programs and services committed to nurturing and supporting the recovery, strengths and resilience of families when the parent(s) and/or caregiver(s) live with mental illness. These programs are strength-based, family-driven and follow a recovery model of service and a belief that healthy family bonds create natural supports for
Contact Us
If you have questions or need additional information about the Strong Families Healthy Homes program, please contact Anne Fojut Ruiz, Program Supervisor, at (414) 336-7984 or by email at anne@mhowisconsin.org.

Survivors Helping Survivors Support Groups
Support groups for those who have lost a loved one to suicide.

You have recently lost a loved one to suicide. Your feelings of grief, sadness, shock, isolation, anger and guilt may seem overwhelming. You may wonder if you will ever recover. These are normal responses.

There is help from others who, like you, have experienced this tragedy. They want to help you recover and, most of all, they want you to know that you are not alone.

*Survivors Helping Survivors* (SHS) support groups are open to all family members and friends of a loved one who has completed suicide. People of all ages, occupations, and religious affiliations are welcome. There is no fee and you are welcome to attend as often as you would like.

SHS Groups hosted by MHA in Milwaukee (rev 1-2016)

For additional information about the groups in Milwaukee, contact MHA’s Suicide Prevention & Outreach Coordinator at (414) 336-7970, or by email or you may contact the group facilitator listed on the attachment above.

MHA currently offers two SHS groups in the Milwaukee area and NAMI Waukesha offers a group in Waukesha. To find out if there are similar groups in your area, please contact your county’s Suicide Prevention Coalition or dial 2-1-1.

Education & Outreach

Workplace Outreach & Education

More information coming soon. Learn more >>

Suicide Prevention Education & Outreach

QPR Suicide Prevention Gatekeeper Training (Question, Persuade, Refer) is offered in partnership with Prevent Suicide Greater Milwaukee (PSGM). This training prepares people to recognize a potential suicide crisis and know how and where to find help. The training is approximately 1-1 ½ hours and is taught in a format that is applicable for a wide variety of audiences such as workplace staff/administrators, community youth groups, faith based groups, book clubs, school based leadership groups, clubs and sport teams, etc. For information about this training, please contact Norma Gilson of PSGM at ngilson17@gmail.com.
Health & Resource Fairs

Are you hosting a health or resource fair? Would you like to provide resources from Mental Health America of Wisconsin at your fair? Please contact the Community Outreach Coordinator at (414) 336-7970 or send a message.

Suicide Prevention

WI Suicide Data  |  Risk & Protective Factors  |  Impact of Trauma  |  Resources

Wisconsin Suicide Prevention Strategy 2015 (WSPS) was unveiled at the annual Prevent Suicide Wisconsin (PSW) conference on April 29th. The new strategy replaces the one that was created in 2002 and is intentionally more targeted to achieve greater impact.

Local suicide prevention coalitions and others interested in suicide prevention are asked to consider how they can align their efforts to this new strategy. Upcoming changes to the PSW website will also align to the WSPS goals and objectives to facilitate access to information and resources.

Wisconsin Suicide Data

The Burden of Suicide in Wisconsin 2007-2011 (released 2014)

A joint report by the Wisconsin Department of Health Services, the Injury Research Center at the Medical College of Wisconsin, and Mental Health America of Wisconsin

Suicide remains a significant public health problem in Wisconsin. The extraordinary costs of suicide are both economic and emotional. Suicidal behavior imposes a substantial financial burden on the families of decedents and results in lost productivity in the workforce. Moreover, the pain and suffering endured by friends, families, and communities affected by suicide are immeasurable.

The intention of this report is to provide an overview of the burden of suicide in Wisconsin using available data to community members and leaders, health professionals, and other suicide prevention stakeholders at the local and state levels. In addition, this report includes themes for prevention that are based on the analysis of suicide data, which will be incorporated into Wisconsin's suicide prevention strategy.
Staff Directory

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Good Afternoon Dr. Ridley Meyers,

**As a quick reminder** - The Invisible Children's Program (ICP), a project initiated by the Mental Health Association of Wisconsin, provides support and advocacy services to parents with chronic mental illness and teaches them skills that help them raise healthy children - things such as planning meals, proper hygiene, and having effective school conferences.

The program serves parents, as well as children, whose lives have been touched by mental illness. It empowers parents to meet their children's needs and improve the overall health of their family, thus preventing child neglect, abuse, infant mortality, childhood injuries, and future mental illness.

It is estimated that nearly three-fourths of all parents with acute mental illness will lose custody of their children. To prevent this from happening, one of the ICP's goals is to improve parenting skills and strengthen family relationships. The goal is to keep these children with their parents.

**Internship availability** - The (ICP) is growing, especially with our expanded partnership with the Bureau of Milwaukee Child Welfare. Thus, the families are increasing in numbers, which opens up many more opportunities for your students. Currently, we are looking to take on two interns, which positions would start as soon as possible. I have attached the intern job description for your review.

If you have any questions, please give me a call. Also, I would love the opportunity to come in and speak with your field liaisons regarding this position.

Thanks so much for your time,

*Kristina Finnel, MSW*
Supervisor, Invisible Children's Program
Health Association of Wisconsin
734 N 4th St., Suite #200
Milwaukee, WI 53203
(414) 276-3122
[www.mhawisconsin.org](http://www.mhawisconsin.org)

Looking for more information about mental health? We provide it. For more information or questions, call (414) 276-3122 or e-mail info@mhawisconsin.org.
When a Parent Has a Mental Illness: Child Custody Issues

Some state laws cite mental illness as a condition that can lead to loss of custody or parental rights. Thus, parents with mental illness often avoid seeking mental health services for fear of losing custody of their children. Custody loss rates for parents with mental illness range as high as 70-80 percent, and a higher proportion of parents with serious mental illnesses lose custody of their children than parents without mental illness. Studies that have investigated this issue report that:

- Only one-third of children with a parent who has a serious mental illness are being raised by that parent.
- In New York, 16 percent of the families involved in the foster care system and 21 percent of those receiving family preservation services include a parent with a mental illness.
- Grandparents and other relatives are the most frequent caretakers if a parent is psychiatrically hospitalized, however other possible placements include voluntary or involuntary placement in foster care.[1]

The major reason states take away custody from parents with mental illness is the severity of the illness, and the absence of other competent adults in the home.[2] Although mental disability alone is insufficient to establish parental unfitness, some symptoms of mental illness, such as disorientation and adverse side effects from psychiatric medications, may demonstrate parental unfitness. A research study found that nearly 25 percent of caseworkers had filed reports of suspected child abuse or neglect concerning their clients.[3]

The loss of custody can be traumatic for a parent and can exacerbate their illness, making it more difficult for them to regain custody. If mental illness prevents a parent from protecting their child from harmful situations, the likelihood of losing custody is drastically increased.

Legal Issues

All people have the right to bear and raise children without government interference. However, this is not a guaranteed right. Governments may intervene in family life in order to protect children from abuse or neglect, imminent danger or perceived imminent danger. When parents are not able, either alone or with support, to provide the necessary care and protection for their child, the state may remove the child from the home and provide substitute care.
Adoption and Safe Families Act

The Federal Adoption and Safe Families Act, Public Law 105-89 (ASFA) was signed into law November 19, 1997. This legislation is the first substantive change in federal child welfare law since the Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272.4 It is intended to achieve a balance of safety, well-being and permanency for children in foster care. It requires that state child welfare agencies make "reasonable efforts" to prevent the unnecessary placement of children in foster care and to provide services necessary to reunify children in foster care with their families. ASFA establishes expedited timelines for determining whether children who enter foster care can be moved into permanent homes promptly—their own familial home, a relative's home, adoptive home, or other planned permanent living arrangement.

While ASFA is designed to protect children, it also includes provisions pertaining to parental rights. For example, under ASFA, parents have the right to receive supports and services to help them retain custody and keep their families intact. The child welfare system must provide these services according to an individualized plan that has been developed and agreed upon by all parties to ensure parents with mental illnesses are not discriminated against due to their illness. A plan with parental input also helps ensure that, when appropriate, efforts are made by state welfare agencies to promote family permanency, including establishing whether children in foster care can be moved into a permanent living situation.

Helping Families Stay Intact

Parental mental illness alone can cause strain on a family; parental mental illness combined with parental custody fears can cause even greater strain. Such strain, as well as the lack of specialized services for families in the child welfare system and the overall stigma associated with mental illness, makes it difficult for families to get the help they need. With the right services and supports though, many families can stay together and thrive. The following efforts by advocates can help families living with mental illness maintain custody and stay intact:

- Help parents become educated about their rights and obtain legal assistance and information
- Advocate for parents as services plans are developed, and assist adult consumers to develop their own self-care plans and advance directives to strengthen their parenting skills and manage their own illness
- Enable parent-child visitation during psychiatric hospitalization to maintain the bond between parent and child
- Train child protective services workers to better understand parental mental illness
- Educate the legal system about advances in the treatment of serious mental illness
- Advocate for increased specialized services for parents with serious mental illnesses available through the court system

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When a Parent Has a Mental Illness: From Risk to Resiliency - Protective Factors for Children

The effect of parental mental illness on children is varied and unpredictable.[1] Although parental mental illness presents biological, psychosocial and environmental risks for children, not all children will be negatively affected, or in the same way. The parental diagnosis of mental illness alone is not sufficient to cause problems for the child and family. Rather, it is how the diagnosis affects the parent's behavior as well as familial relationships that may cause risk to a child. The age of onset, severity and duration of the parents' mental illness, the degree of stress in the family resulting from the parents' illness, and most importantly, the extent to which parents' symptoms interfere with positive parenting, such as their ability to show interest in their children, will determine the level of risk to a child.

The Prevention Perspective

Whether or not children of parents with mental illness will develop social, emotional, or behavioral problems depends on a number of factors. These include the child's genetic vulnerability, the parent's behavior, the child's understanding of the parent's illness, and the degree of family stability (e.g., number of parent-child separations). Preventive interventions aimed at addressing these risk factors and increasing children's protective factors increase the likelihood that they will be resilient, and grow and develop in positive ways. Effective prevention strategies help increase family stability, strengthen parents' ability to meet their children's needs, and minimize children's exposure to negative manifestations of their parent's illness.[2]

Risk Factors

Children whose parents have a mental illness are at risk for developing social, emotional and/or behavioral problems. An inconsistent and unpredictable family environment, often found in families in which a parent has mental illness, contributes to a child's risk. Other factors that place all children at risk, but particularly increase the vulnerability of children whose parents have a mental illness, include:

- Poverty
- Occupational or marital difficulties
- Poor parent-child communication
- Parent's co-occurring substance abuse disorder
- Openly aggressive or hostile behavior by a parent

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133 S. Butler St., Room 330, Madison, WI 53703 • P: 608.250.4368 • F: 608.442.7907
What You Need to Know...

- Single-parent families

Families at greatest risk are those in which mental illness, a child with a difficult temperament, and chronically stressful family environments are all present. Many of these factors, however, can be reduced through preventive interventions. For example, poor parent-child communication can be improved through skills training, and marital conflict can be reduced through couples therapy.

Protective Factors

Increasing a child's protective factors helps develop his or her resiliency. Resilient children understand that they are not responsible for their parent’s difficulties, and are able to move forward in the face of life’s challenges.

Protective factors for children include:

- A sense of being loved by their parent
- Positive self-esteem
- Good coping skills
- Positive peer relationships
- Interest in and success at school
- Healthy engagement with adults outside the home
- An ability to articulate their feelings
- Parents who are functioning well at home, at work, and in their social relationships
- Parental employment
- A parent’s warm and supportive relationship with his or her children
- Help and support from immediate and extended family members

References:


This fact sheet is made possible through an unrestricted educational grant from The E.H.A. Foundation.

For more information, contact Mental Health America of Wisconsin at (414) 276-3122 or visit us on the web at www.mhawisconsin.org.

www.mhawisconsin.org
When a Parent Has a Mental Illness: Issues and Challenges

Mental illness can cause mild to severe disturbances in thought and behaviors and can result in an inability to cope with life's ordinary demands and routines. Consequently, it can have a significant impact on family stability. Parents with mental illness have lower marriage and higher divorce rates than the general population. Some parents with mental illness may face problems with parent-child attachment due to repeated separations or family instability. Therefore, families with a parent who has a mental illness require unique services that include both prevention and intervention services for the parent and child(ren). The issues and challenges faced by the one in four American families affected by mental illnesses, such as depression, anxiety disorders and schizophrenia, are numerous and varied. These issues, which are explored in greater detail in other fact sheets in this series, include:

- The impact of mental illness on parenting capacity.
- The impact of parental mental illness on children.
- The stigma surrounding mental illness.
- Legal issues—parents maintaining custody and contact with their children.
- Need for integrated services for parents and families.

Impact of Mental Illness on Parenting Capacity

Mothers and fathers with mental illness experience all of the challenges of other adults attempting to balance their roles as workers, spouses and parents. The symptoms of mental illness, however, may inhibit these parents' ability to maintain a good balance at home and may impair their parenting capacity. When parents are depressed, for example, they may become less emotionally involved and invested in their children's daily lives. Consequently, parent-child communication may be impaired. The severity of a parent's serious mental illness and extent of the symptoms may be a more important predictor of parenting success than diagnosis.

To be effective, intervention programs and supports for families need to be comprehensive, addressing the needs of the whole family. Services should also be long-term, supporting the family until their primary needs are addressed.

Impact of Parental Mental Illness on Children

The impact of parental mental illness on family life and children's well-being can be significant. Children whose parents have a mental illness are at risk of developing social, emotional and/or...
behavioral problems. The environment in which children grow affects their development and emotional well-being as much as their genetic makeup does.

Service providers and advocates working with families in which a parent has a mental illness have identified a number of challenges faced by their children. For example, children may take on inappropriate levels of responsibility in caring for themselves and managing the household. Children sometimes blame themselves for their parents' difficulties, and experience anxiety or guilt. Feeling embarrassed or ashamed as a result of the stigma associated with their parents' mental illness, they may become isolated from their peers and other community members. They may be at increased risk for problems at school, drug use and poor social relationships. Children of parents with any mental illness are at risk a range of mental health problems, including mood disorders, alcoholism, and personality disorders.

Despite these challenges, many children of parents with mental illness are resilient and are able to thrive in spite of genetic and environmental vulnerability. Resiliency is directly proportionate to the number of risk and protective factors present within the family: the greater number of protective factors and smaller number of risk factors, the greater the likelihood of a child being resilient. Therefore, services for families and children should include opportunities to reduce risk and enhance resiliency.

The Stigma Surrounding Mental Illness

The most pervasive factor affecting parents' access to and participation in mental health services is the stigma accompanying mental illness. The stigma of mental illness is likely borne out of misconceptions of mental illness and exacerbated by disproportionate media misrepresentations of people with mental illnesses as violent or unfit. The stigma keeps many parents from seeking the help they need, particularly in cases where they are afraid of losing custody of their children. The stigma of mental illness is more severe than that of other serious or chronic conditions like heart disease, diabetes, and cancer. Being labeled with a psychiatric disorder can profoundly and negatively affect the experiences of parents and their family members, adults and children alike.

Legal Issues—Parents Maintaining Custody and Contact with their Children

Parents with mental illness may be quite vulnerable to losing custody of their children. Some studies have reported as many as 70 percent of parents have lost custody. The primary reason for custodial challenge is the stigma surrounding mental illness. Many people believe that consumers of mental health services are naturally unfit as parents. Another common misperception is that parents with mental illness are violent and are therefore at increased risk for abusing their children.

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As a result, many families find themselves in a "nowin" cycle of loss. They are aware that if they openly seek help, their symptoms may give an impression of unfitness. Therefore, these families may not seek the services or supports they need, and without those services their parenting capacity is diminished. In cases where a state government determines it to be in the child's best interest to remove the child from the home, the child may end up in temporary or permanent substitute care.

Need for Integrated Services for Parents and Families

Addressing the needs of families in which a parent has a mental illness requires a shift in the way most health and human service systems operate. Providing family-centered care is essential. However, the current managed care emphasis on time-limited treatment and the narrow focus on symptom management are incompatible with a treatment approach that includes the whole family.

Treatment is most effective when multiple systems work together. For example, schools should provide more mental health consultation to students, foster social competencies, provide support for students in transition, and encourage peer support and counseling. The child welfare system could provide caseworker training related to parents with mental illness and cross-training in adult and child issues. Communities should invest in improved prenatal care and expand access to high-quality childcare to help a range of vulnerable families.

References:


4. Ibid.


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This fact sheet is made possible through an unrestricted educational grant from The E.H.A. Foundation.

For More Information:

For more information, contact Mental Health America of Wisconsin at (414) 276-3122 or visit us on the web at www.mhawisconsin.org.
Wellness Recovery Tool
Part I: Mental Health and Recovery

Discuss the following:
• Definition of a mental illness
• Causes of mental illnesses
• Types of mental illness
• Definition of recovery
• Importance of recovery

Wellness Recovery Tool
Part II: Personal Wellness

Discuss the following:
• How are you when you are feeling well?; What does that look like?
• How do you help yourself feel better?
  (What had worked for you in the past?; What haven’t you tried?; What do you providers and fellow peers recommend?)
• Why is it important that people take care of themselves (both physical and mental health)?

Wellness Recovery Tool
Part III: Triggers and Early Warning Signs

Discuss the following:
• What is a trigger in relation to mental illness?
• What are your triggers?
• What can you do when your triggers come up to keep things from getting worse?
• What is an early warning sign? How does it relate to our triggers?
• What can you do to help reduce your early warning signs?

Wellness Recovery Tool
Part IV: Crisis Planning

Discuss the following:
• What is a crisis plan?; Why is it important to have a crisis plan?
• What should a crisis plan include?
• Start developing one!*
Wellness Recovery Tool

Questions and Answers

"The man who removes a mountain begins by carrying away small stones."  
William Faulkner

Resources:

Wellness Recovery Curriculum Workbook  

Facilitator Copy  
http://www.mhawisconsin.org/userimages/wellnessrecovery2.pdf

Facilitator Outline  

Resources (cont.)

Mental Health Association of Milwaukee County  
www.mhawisconsin.org
National Mental Health Association  
www.nmha.org
Mary Ellen Copeland’s Wellness Recovery Action Plan  
www.mentalhealthrecovery.com
Resource Center to Address Discrimination and Stigma  
www.stopstigma.samhsa.gov
Mental Health Screenings...

- DO NOT substitute for a complete mental health evaluation
- DO NOT result in a diagnosis
- DO provide a quick way to identify mental health symptoms
- DO determine whether follow up with a professional is recommended
- DO screen for depression, bipolar disorder, generalized anxiety, post-traumatic stress disorder and alcohol use

http://www.mhamilw.org

Empowerment Plan

Name: Sue Smith    DOB: 03/13/75    DATE: 10/12/06

Current Issues:
1. Limited social support, Needs time away from children
2. Limited parenting skills
3. Minimal understanding of her mental illness

Goals:
1. Expand social support
2. Increase parenting skills
3. Increase understanding of mental health

Empowerment Plan cont...

Action Plan:
1. Client will meet with Family Advocate at least one time per week.
2. Client will attend an family nights 1x/month.
3. Client will attend the Wellness Recovery group every week.
4. Client will see a therapist at least 1x every other week and see a psychiatrist at least 1x every 3 months.
5. Client will connect with the Parenting Network and meet with a parenting aide in-home 1x per week by November of 2006.

Parent Signature:_________________ Date:______________
Advocate Signature:_________ Date:______________

Wellness Recovery Tool

Things to Remember When Using...

- Encourage your participant to discuss AND journal many of their answers
- Ask parent, if willing, to discuss their personal experiences
- Don’t rush...the parent may get overwhelmed
5 Recovery Principles

1. People can-and-do recover from mental illness
2. Recovery is an individual journey
3. Recovery is borne out of hope
4. Recovery needs a supportive environment to thrive
5. Recovery involves dealing with stigma and discrimination – both internalized and external

*Bringing Wellness Home*

The Personhood Dimension

- Is about hope, purpose, faith, expectancy, respect and creating meaning
- Developing a sense of meaning, purpose and spirituality
- Having goals, options, role models, friends, optimism and positive personal experiences that support recovery

The Personhood Dimension cont.

- Roadblocks to recovery have a powerful negative effect on individuals' self-concept, esteem and sense of efficacy
- These effects are compounded by the mental disorder itself and the associated stigma (internalized and external), prejudice and discrimination
- Need for coordinated services with multiple systems that share common goals for the family

Getting Started...

- Build a relationship
- Hear their story
- Determine the parent(s) needs
- Mental health screening*
- Develop a plan*
- Take action
  *These will be discussed on following slides*
What Is Stigma?

- A mark or sign of shame, disgrace or disapproval, or being shunned or rejected by others.
- It’s real, painful and damaging.
- It’s everywhere, both in the subtle messages we hear daily and our own values and thoughts.

Stigma Is Mistaken in Many Theories...

- People with mental illnesses:
  - Are unreliable
  - Don’t have actual diseases
  - Are prone to violence
  - Should not have children
  - Do not get better

The Facts...

- Mental illnesses are REAL, COMMON and TREATABLE!

What Can We Do?

- Become aware...notice
- Continue to educate yourself and others about stigma and recovery
- Expect recovery in people
- Share your experience with mental illness
- Help people with mental illness reenter society

What Is Recovery?

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."

National Mental Health Information Center
Positive Adjustments

- Characteristics and attributes of the child (attractiveness, health, intelligence)
- Positive expectations from home and school
- Participation in activities outside of home and school
- A realistic perspective about the parent’s illness, as resilient children accept that they cannot cure their parents and also do not take responsibility for their problems

What Do These Families Need?

Parents need to learn how to establish a safe, emotionally supportive home for their own children.

Needed Supports

- Respite care before a crisis occurs
- Safe and affordable family housing
- In-home, evening and weekend services
- Parenting education and modeling
- Peer advocates
- Self-help groups- peer to peer
- Collaboration among service providers

Needed Supports cont.

- Education about mental illness for family members, providers and representatives of the legal system
- Supports and programs for children of parents with mental illness
- Attitudes of respect and empowerment
Impact on the Children

- Role reversal with parent
- Low self-esteem
- Many children feel they are the cause of the parent’s mental illness
- Increased health problems
- Feel different from peers

Impact on the Children cont.

- Unfamiliar with what a healthy family life looks like
- Withdrawal and isolation
- Difficulty in school setting
- Little trust in relationships
- Shameful feelings about family

Impact on the Children cont.

- Poor communication skills
- Protect and defend family secrets
- Most children have a poor understanding of the illness and do not understand why the parent is hospitalized or taken away on a regular basis

Positive Adjustments

- Self-understanding
- Positive coping skills
- Stable relationship with non-impaired adult
- Ability to control the environment
- Higher economic status
- Higher IQ
- Consistent attendance at school
Parents with Mental Health Concerns

Kristina Fannel, MSW, APSW
Program Manager,
Strong Families Healthy Homes

Scope of the Issue

- 5 million people have mental illness today
- 1/3 are women AND 65% are mothers
- 1/5 are men AND 52% are fathers
- 66% of these parents have multiple psychiatric diagnosis
- 41% of these parents are African American
- About 75% of these parents will lose custody of their children

Impact on Parenting

With mental health concerns, they have great challenges with:

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<tr>
<th>Employment</th>
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<td>Transportation</td>
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<td>Child behavior management</td>
<td>Mental health management</td>
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<td>Parents MH impact on children</td>
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Impact on Parenting (Cont.)

While parenting, most have:

- Increased anxiety
- Feelings of worthlessness
- Poor sleeping and eating habits
- Difficult time organizing thoughts
- Hearing and seeing things that aren’t present
- Mood and behavior changes
- Occasional suicidal thought
Mental Health America of Wisconsin (MHA)
Programs and Services

Bringing Wellness Home

Mental Health America of Wisconsin (MHA) (formerly the Mental Health Association of Wisconsin) is a vital mental health advocacy force within Milwaukee and the state of Wisconsin. For nearly 80 years, we have been promoting mental health and responding to the needs of people with a mental illness and their families. Today, our mission remains to promote mental health, prevent mental disorders and achieve victory over mental illness through advocacy, education, information and service.

Innovative programs are the benchmark of MHA's success. In order to meet the ever-changing needs of the community, MHA continually evaluates its programs while maintaining true to our mission. Current MHA programs and services are:

Information and Assistance Services

Telephone and Email Assistance
Whether the search is for a therapist who accepts Medicaid, a support group, information on a specific mental illness or how to get help if you don't have insurance, we provide timely assistance.
Contact: Cara Hansen, (414) 276-3122, cara@mhawisconsin.org

Web site
Our web site, located at www.mhawisconsin.org, includes information about mental health issues, online mental health screenings, support groups, information about MHA initiatives, as well as current news topics.
Contact: Angela Meyers, (414) 276-3122, angela@mhawisconsin.org

Print Materials
MHA distributes thousands of brochures, and fact sheets annually about depression, anxiety, schizophrenia, bipolar disorder and other mental illnesses as well as topics such as raising mentally healthy children, how to choose a mental health provider, resiliency and handling stress. MHA Wisconsin also prints and distributes two quarterly newsletters.
Contact: Danielle Lennie, (414) 276-3122, danielle@mhawisconsin.org

Strong Families, Healthy Homes

Invisible Children’s Program
The Invisible Children’s Program serves parents with chronic mental illness and teaches them life skills that help them raise healthy children. The goal is to keep parents and their children together through support and advocacy.
Contact: Kristina Finnel, (414) 276-3122, kristina@mhawisconsin.org

Specialized Family Resource Center
The Family Center supports families with special mental health needs through education, advocacy and social opportunities. We are an outlet for parents whose mental health affects the functioning and stability of their family.
Contact: Jenny Hauser, (414) 276-3119, jenny@mhawisconsin.org

www.mhawisconsin.org

734 N. 4th St., Suite 200, Milwaukee, WI 53203  •  P: 414.276.3122  •  F: 414.276.3124
133 S. Butler St., Room 330, Madison, WI 53703  •  P: 608.250.4368  •  F: 608.442.7907
Public Policy

On a local and statewide level, advocacy helps MHA’s members stay informed about proposals for Milwaukee County and the state of Wisconsin in Congress and the Wisconsin Legislature related to mental health. MHA serves on several mental health committees including the Governor’s Council on Mental Health, Wisconsin United for Mental Health, the MHA Council of Wisconsin and the Mental Health Task Force.
Contact: Shel Gross, (608) 250-4368, sheigross@tds.net

Youth Suicide Prevention

In 2006, MHA was awarded the federal Garrett Lee Smith Memorial Act Youth Suicide Prevention Grant. The grant is $1,125,000 over three years and started in June 2006. MHA is working with the Wisconsin Department of Health and Family Services, which designated MHA to apply for this grant on behalf of the State, the Wisconsin Department of Public Instruction and numerous other partners to implement the grant.
Contact: Brenda Jennings, (608) 441-8980, Brenda.mha@tds.net

Outreach

Community Outreach
Community Outreach works to raise awareness and reduce the stigma associated with mental illness by providing workshops, consultation services and training for audiences of all ages, local and statewide groups, schools, professional organizations and employers. Topics focus on depression, stress management, suicide prevention and recognizing signs and symptoms of mental illness.
Contact: Becky Wittig, (414) 276-3122, becky@mhawisconsin.org

Business Outreach
Business Outreach provides business-focused presentations on topics related to mental health for both employers and their employees to help them better understand the impact of mental illness in the workplace.
Contact: Becky Wittig, (414) 276-3122, becky@mhawisconsin.org

Primary Care
The Sharing Patients Initiative is a collaborative of public and private stakeholders across the state working to promote the integration of mental health services within the primary care setting across Wisconsin and by providing primary care professionals with the information they need to screen, diagnose and successfully treat mental illnesses within their practice and health care system.
Contact: Shel Gross, (608) 250-4368, sheigross@tds.net
Fun Fall & Winter Activities

Milwaukee Holiday Lights Festival
FREE hot cocoa, coffee, and cookies and FREE jingle bus rides from Pere Marquette Park.
November 15th - January 16th
Call for Festival Kick-Off location & time, 220-4700 ext. 30.

Ornaments & Adornments
November 16th - November 18th
Milwaukee Art Museum
Call for times, 414-224-3855.

Milwaukee Holiday Parade
November 17th at 9:30am
Downtown Milwaukee
Call for specific location, 262-377-5935.

Holiday Folk Fair International
November 16th - November 18th
Wisconsin Exposition Center
Call for times, 414-225-6225.

Christmas in the Ward
November 30th - December 1st
Historic Third Ward
Call for times, 414-271-1173.

Betty Brinn Children's Museum
Wauwatosa Savings Bank and Fox 6 Neighborhood Night.
Free admission every third Tuesday of the month from 5-8pm.
Location: 929 E. Wisconsin Ave.

Mitchell Park Domes
Free admission for Milwaukee County residents every Monday from 9:00am to 11:30pm.

Milwaukee Public Museum
Free admission for Milwaukee County residents (with picture ID) every Monday from 9:00am to 5:00pm.

Milwaukee Art Museum
Free admission every Wednesday from 10:00am to 5:00pm with valid ID demonstrating residency.

Drum Dance
Ajula, a highly dynamic drum & dance troupe of Milw. Public Theatre presents a multicultural environmental show
When: Dec. 7th @ 7:30pm
Where: Lincoln Center for the Arts 820 E Knapp
Misc: 414-347-1685; Adults: $5 Children 5 & under free
* Mention “Hope Network” and you will only have to pay $3!

Children's Theatre of Wisconsin
Presents Sleeping Beauty
When: Nov. 10th @ Wauwatosa West 2-3pm; Nov. 17th @ Wauwatosa East 2-3pm
Where: Wauwatosa West High School 11400 W. Center; Wauwatosa East High School 7500 Milw. Ave
Misc: 414-476-6311; $4

Recreational dancing... to music of the world provides fun and socializing and exercise for all! 6:30-7:30pm beginners; 7:30-10pm dancing and teaching; no partner required and you'll learn fast. $3.00. Every Tuesday except 2nd Tuesday of the month.
Where: Hart Park, use 70th Street entrance off of State Street. 262-662-2293

Greenfield Holiday Tree Lighting
Noon-1pm on Dec. 1st, Greenfield City Hall Rotunda area, photos with Mr. & Mrs. Claus, music, cookies, hot chocolate, coffee. 414-329-5370.

Mitchell Domes
Balloon-A-Palooza with over 100,000 balloons, Nov. 17th - 25th, balloon sculptures of bedtime storybook characters. Children who come on Nov. 17th, opening day in their pajama’s receive a free balloon.

Family Sundays
Noon-4pm, children under 12 are free with adult; adults $8; free activities. Dec. 2nd: Free Shuttle bus from Capitol Library & Washington Park Library to art museum. Choose a holiday, create a gift, design a card, wrapping paper and gift bag in style of a famous artist. See Art Aloud artwork by children on display.

Celebrate El Dia de los Muertos (Day of the Dead):
Ancient Mexican holiday where everyone is allowed and encouraged to poke fun at death. Exhibits at:
Walker's Point Center for the Arts, Day of the Dead artwork and traditional ofrendas, or altars, constructed by local residents & artists in memory of deceased loved ones. Opening reception 4-8pm Nov. 1st with face painting and traditional sugar skulls. Through Dec. 1st, FREE at 911 W. National, 414-672-2787.

A family from the ICP.

Programs at Central Library (814 W. Wisconsin, 286-3000)
Play Group with Stories - age 2 and younger with an adult 9:30-11:30am Tues.

Saturdays at Central - 10:30am every Saturday (family programming including storytellers, puppet art troupe, music program, crafts or dance movement)

The Winter Family Reading Program - read with Curious George and Friends, 10am-1pm Nov. 10th.

Other Library Programs
Activity Night at Center Street Library - crafts, games, & puppets. Ages 6-12, 5-6pm Weds. through Nov. 14th.
Energy Saving Tips

- Make sure registers and vents are not blocked by draperies, furniture or rugs. These vents should also be cleaned regularly with a vacuum or a broom.
- If you have a window air conditioning unit, remove it for the winter months to prevent heat from escaping through and around the unit. If it cannot be moved, buy an inexpensive cover to prevent drafts.
- Ceiling fans help keep you comfortable not only in the summer but in the winter as well. Reversing the direction of the blades pushes warm air down into the room. Fans should turn clockwise in the summer and counter-clockwise in the winter.
- Use kitchen, bath, and other ventilating fans sparingly. You can blow away a houseful of heat in just two to three hours using ventilating fans. Turn them off when their job is complete.
- Don't place lamps or television sets near your thermostat. Heat from these appliances is sensed by the thermostat and could cause your furnace to shut off sooner than is needed for adequate warmth.
- Dust or vacuum radiator surfaces frequently. Dust and grime can impede the flow of heat.
- Keep doors to rooms (that you are not using) closed. This will help to keep heat in the rooms that you spend the most time in.
- Before winter sets in, take a few minutes to cover your windows with clear plastic. This will help keep your heat from going out, as well as protect you from any cool drafts coming in.

Parenting Tip...

Q: How can I discipline effectively?
A: Studies show that kids who grow up in homes without discipline are at higher risk of alcohol and drug use. Follow the “Five C’s” to ensure your discipline is effective.

- **Clarity** — Be clear when setting the rules and explain the consequences of breaking them. Have your children be a part of the rule-making process and post the rules somewhere noticeable.

- **Consistency** — Once you’ve set a consequence for breaking a certain rule, you must stick with it! Don’t come up with a new one each time. If it needs to change, talk to your child about it before he/she breaks it. Remember that your rules will have to be modified as your child get older.

- **Communication** — Listen to you child. Not matter what the problem is, let him/her know they can talk to you.

- **Caring** — Discipline out of love. Show your child you care by giving him praise and support. When he/she does something right, say so. When he/she messes up, criticize their action but not him/her.

- **Creation** — Model good behavior yourself. Also, nurture his/her sense of self-respect.

Source: National PTA
About us.

Shorewood House offers individualized, residential substance abuse treatment for women. Nestled in an inviting residential neighborhood, Shorewood House offers 50 years of treatment expertise in a newly renovated, 8-bed home located in the Village of Shorewood, a welcoming lakeside northshore suburb of Milwaukee, Wisconsin.

Run by Meta House, a local nonprofit that has been providing drug and alcohol abuse treatment in Milwaukee since 1963, Shorewood House is a private-pay program that offers innovative and effective treatment alongside comfortable amenities.

At Shorewood House, women will learn to:
- Build upon their strengths;
- Identify effective coping skills; and
- Address the root cause of their addiction.

Residents of the Shorewood House have access to a talented and compassionate team of addiction and trauma counselors, along with art and other experiential therapists who are available to meet the specific needs of each woman.

Our treatment philosophy.

At Shorewood House, we know that every woman wants to live a healthy, productive life. We also know that every woman’s story is unique. Clients work in collaboration with their team to develop an individualized treatment plan based on their personal needs and with the belief that each of us has inherent strengths. We strive to help every woman build on those strengths, begin the healing process and enter lifelong recovery.

Meta House ends the generational cycle of addiction by healing women and strengthening families.

For more information, please contact us:
(414) 977-5890 or shorewoodhouse@metahouse.org
feel at home while rebuilding yours

Shorewood House ends the generational cycle of addiction by healing women and strengthening families.

shorewoodhouse.org  (414) 977-5890

Shorewood House is a division of Meta House
Meet the minds and hearts that carry out our mission.

Our compassionate and highly-specialized team of clinicians are experts and innovators in the field of gender-responsive, trauma-informed substance abuse treatment for women.

A key attribute to the success of our clients is due in great deal to the clinical team at Meta House. Our clinical team of approximately 30 has nearly 350 collective years of experience in the field of social service and substance abuse treatment. Clinicians at Meta House exhibit an advanced level of education, most often having earned a Masters-level degree. Across all three treatment settings, this dynamic team possess an exceptionally diverse array of credentials, including:

- Psychiatrist, who is also a Certified Addictionologist
- Registered Nurse
- Substance Abuse Counselor
- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Board-Certified Art Therapist
- Psychotherapist
- Independent Clinical Supervisor

The clinical team helps our women to consistently achieve strong outcomes, such as:

- An average length of stay that far surpasses the State of Wisconsin average.
  - In 2014, the average length of stay at Meta House Residential Treatment was 105 as compared to the State of Wisconsin average of 35 days.
- At discharge from Meta House Residential Treatment:
  - 81% of women were abstinent from drugs and alcohol (as compared to 21% at admission).
  - 99% of women had not been arrested during their stay.
  - 100% of the women involved with Child Welfare improved their parenting skills, had children returned to their care or had increased visitation with their children.
- At discharge from the tiered Meta House Outpatient Treatment program (for women who stayed longer than 90 days):
  - 76% were abstinent from drugs and alcohol
  - 69% were discharged to a drug-free location
  - 92% had not been arrested
- At discharge from Meta Housing (for women who stayed longer than six months):
  - 91% moved to a drug-free location
  - 91% had an identifiable source of income
  - None of the women had been arrested
  - 91% of women maintained their reduced level of substance abuse
Our clinical team is lead by, Christine Ullstrup (LCSW, CSAC, ICS), our Vice President of Clinical Services.

Christine has twenty years of experience in substance abuse treatment. She is a Meta House graduate and joined the staff in 1995. She earned her Master of Social Work in 2001 from the University of Wisconsin-Milwaukee. In 2011, she was promoted to Director of Programs and to Vice President of Clinical Services in 2013. In this position, she provides oversight and leadership for all Meta House clinical programs and is responsible for the vision, goals and coordination of services across all three treatment settings. Christine presented at the 4th National Conference on Women’s Addiction and Recovery about a women-specific substance abuse treatment program that she personally developed and implemented at Meta House.

She frequently speaks at public forums on the need for gender-specific treatment, reducing the stigma of substance abuse, and the need for more treatment options. In 2014, her dedication to women’s health was lauded by the Wisconsin Alliance for Women’s Health, which named her a statewide Leader in Women’s Health.

Christine notes, “People get healthier with caring, compassionate treatment, and that’s what we do here. We’re going to take care of you and your loved ones. We are here to support you and your family through the recovery process.”

“One of my favorite things about Meta House is their commitment to meeting people where they’re at, instead of where we think they should be.” - Deanna Singh, Executive Director of the Burke Foundation and a strong advocate of Meta House

Dr. Cathy Perkins, MD, is our Medical Director.

Dr. Perkins has provided psychiatric consultation to Meta House since 1999. She earned her Medical Degree from State University of New York, School of Medicine and Biomedical Sciences. She is a Psychiatrist and an Addictionologist. She is certified by the American Society of Addiction. Dr. Perkins is uniquely-licensed by the Drug Enforcement Agency (DEA) to prescribe Suboxone, a medically-monitored drug to help treat opiate addiction. Prior to her time at Meta House, she worked extensively in hospitals and emergency rooms and thus is accustomed to responding quickly and thoughtfully to urgent issues.

“I’ve been doing this work for 16 years and I continue to do so because I feel there’s such a need for women who are desperate for treatment, and someone who truly understands mental health and addiction.”

Dr. Perkins reflects, “When I was training, I was drawn to Internal Medicine and Psychiatry. I chose Psychiatry because I felt like I had a lot of empathy for patients with psychiatric needs.”