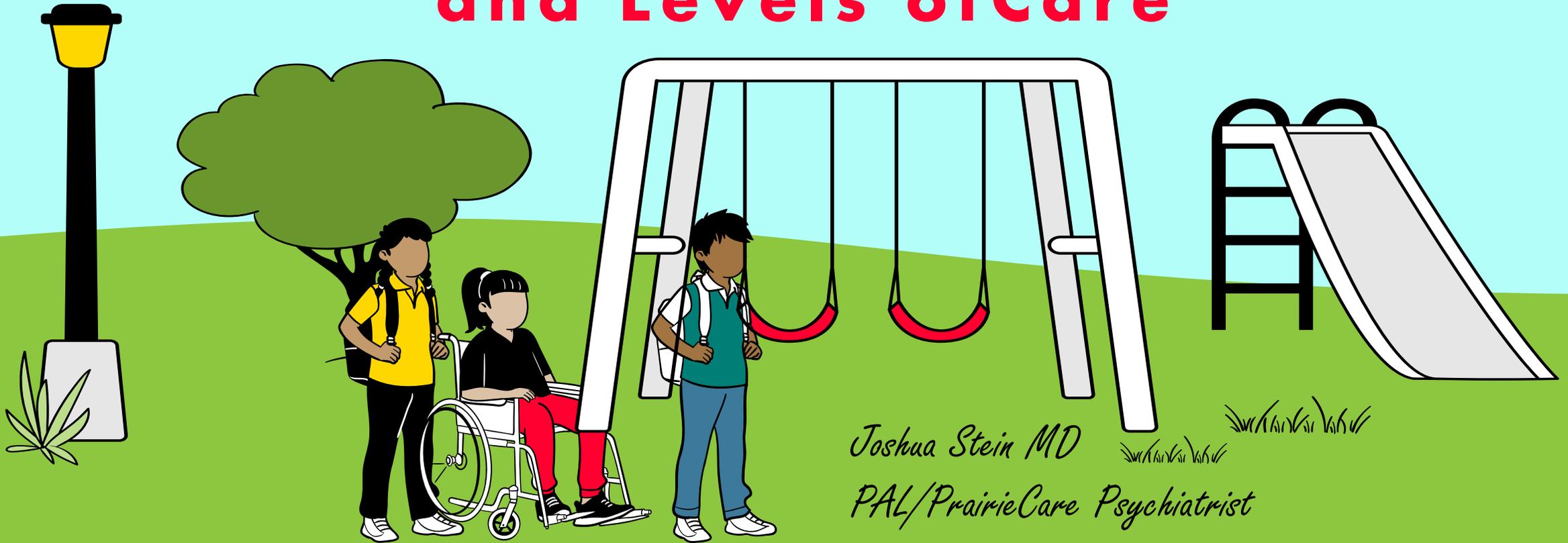


Trends in Mental Health and Levels of Care



Joshua Stein MD

PAL/PrairieCare Psychiatrist



Disclosures

-Some medications discussed are not approved by the FDA for use in the population described.

-Some medications are not approved by the FDA for use in the manner discussed/described.

-Employee of PrairieCare and may refer to their services

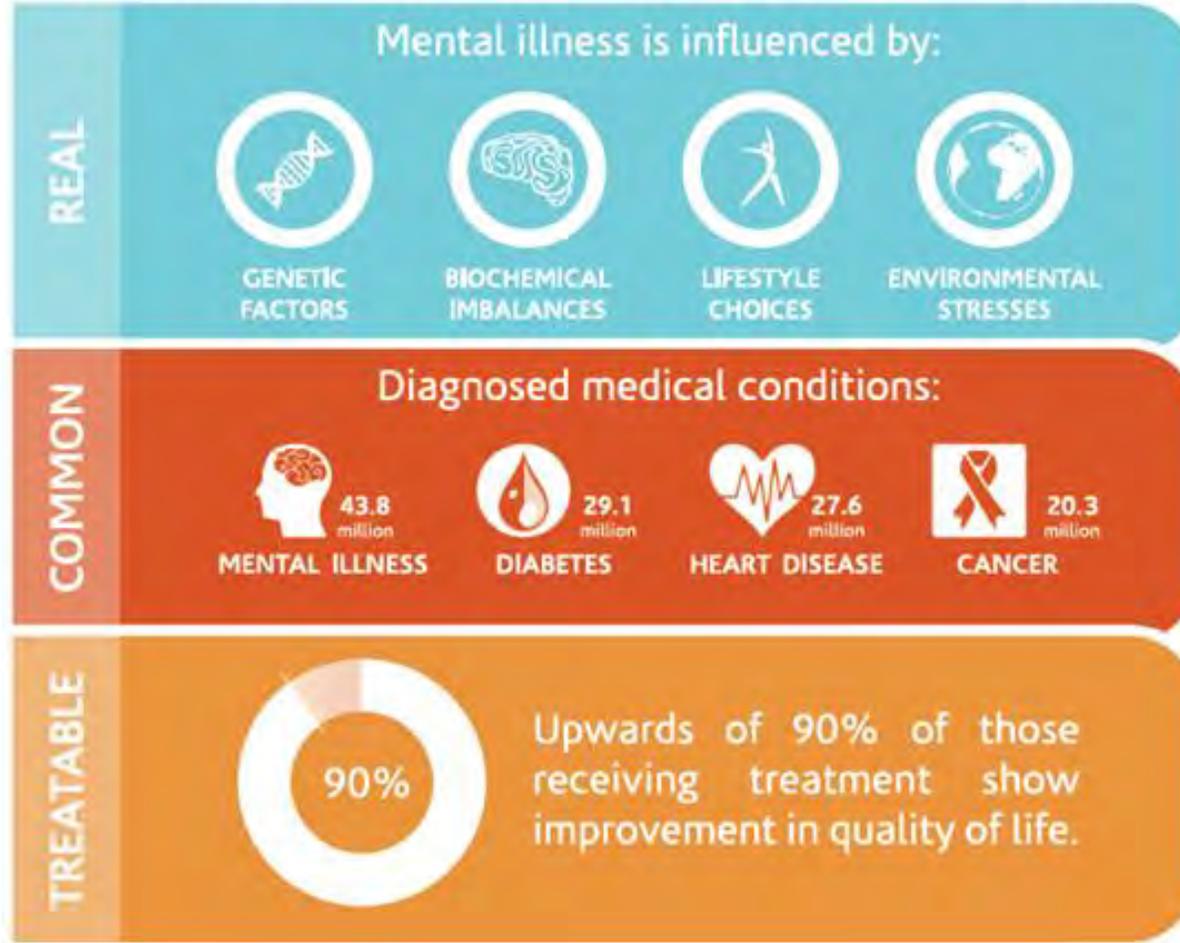
-No pharmaceutical disclosures

Disclaimer

The contents of this presentation are for informational purposes only and are not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified healthcare provider with any questions you may have regarding a medical or psychiatric condition. Never disregard professional/medical advice or delay in seeking it because of something presented today. Material in this handout may be copyrighted by the author or by third parties; reasonable efforts have been made to give attribution where appropriate.

Mental Illness is...

REAL. COMMON. TREATABLE.



Trends in Mental Health

Increase in symptoms of depression and anxiety (Kaiser Family Foundation)

Change from 11% in 2019 to 36% in 2020

Alarming increase in suicidal ideation, substance abuse, and mental health-related ED visits

Less than half of those with symptoms of a mental illness will get help

Greater disparities in under-represented populations

Pandemic and Political Shifts

New barriers and obstacles

Fear of illness

Covid-19

School as optional

Political intensity and tribalism

Ongoing traumatic social events

Shifts in identity

Distrust for history and fact

Moods of a Teenager



Excited



Angry



Tired



Sad



Confused



Happy



Current Trends



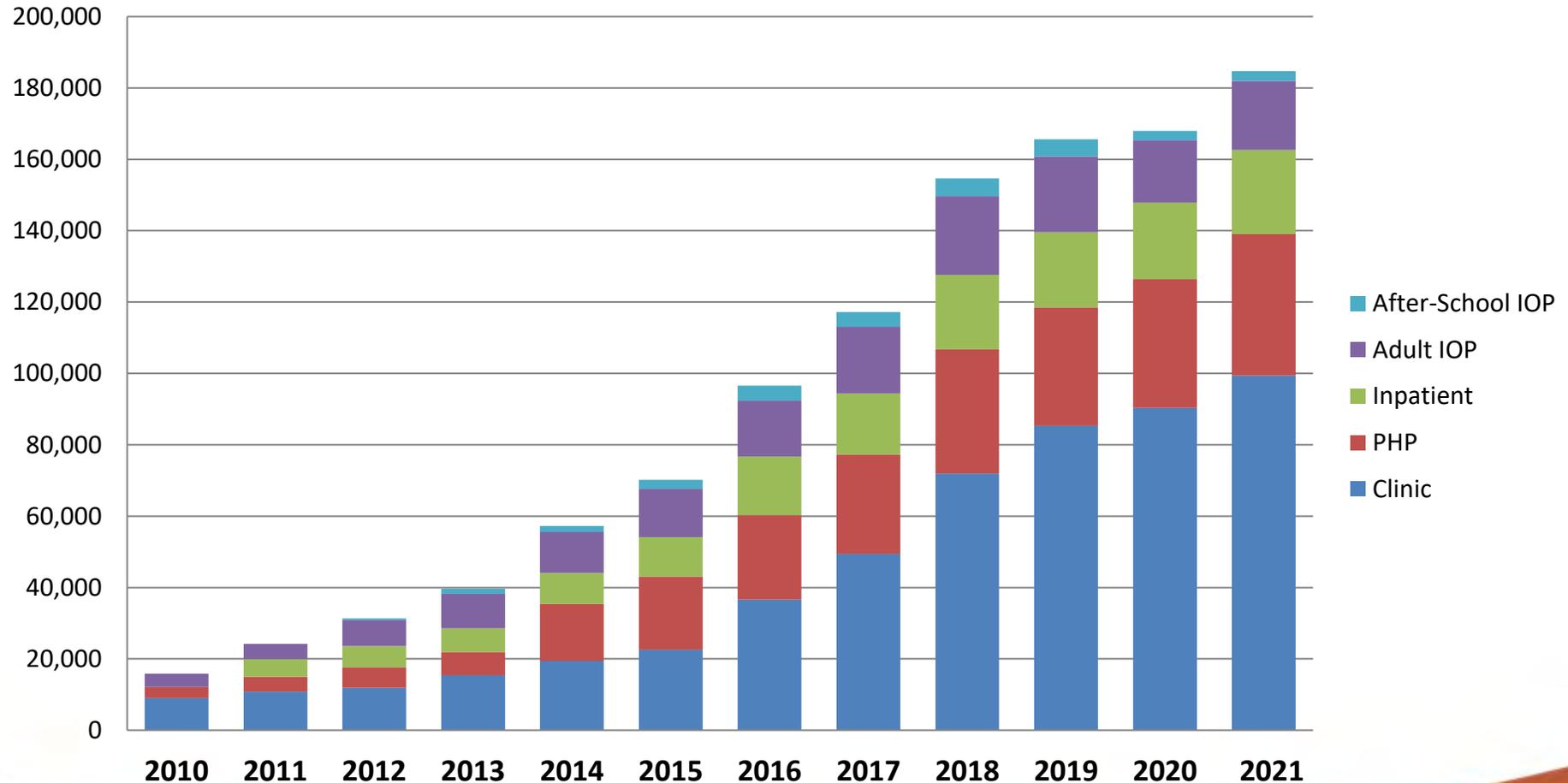
Student Survey
Source: NAMI Minnesota

Suicide Trends

Source: NAMI Minnesota



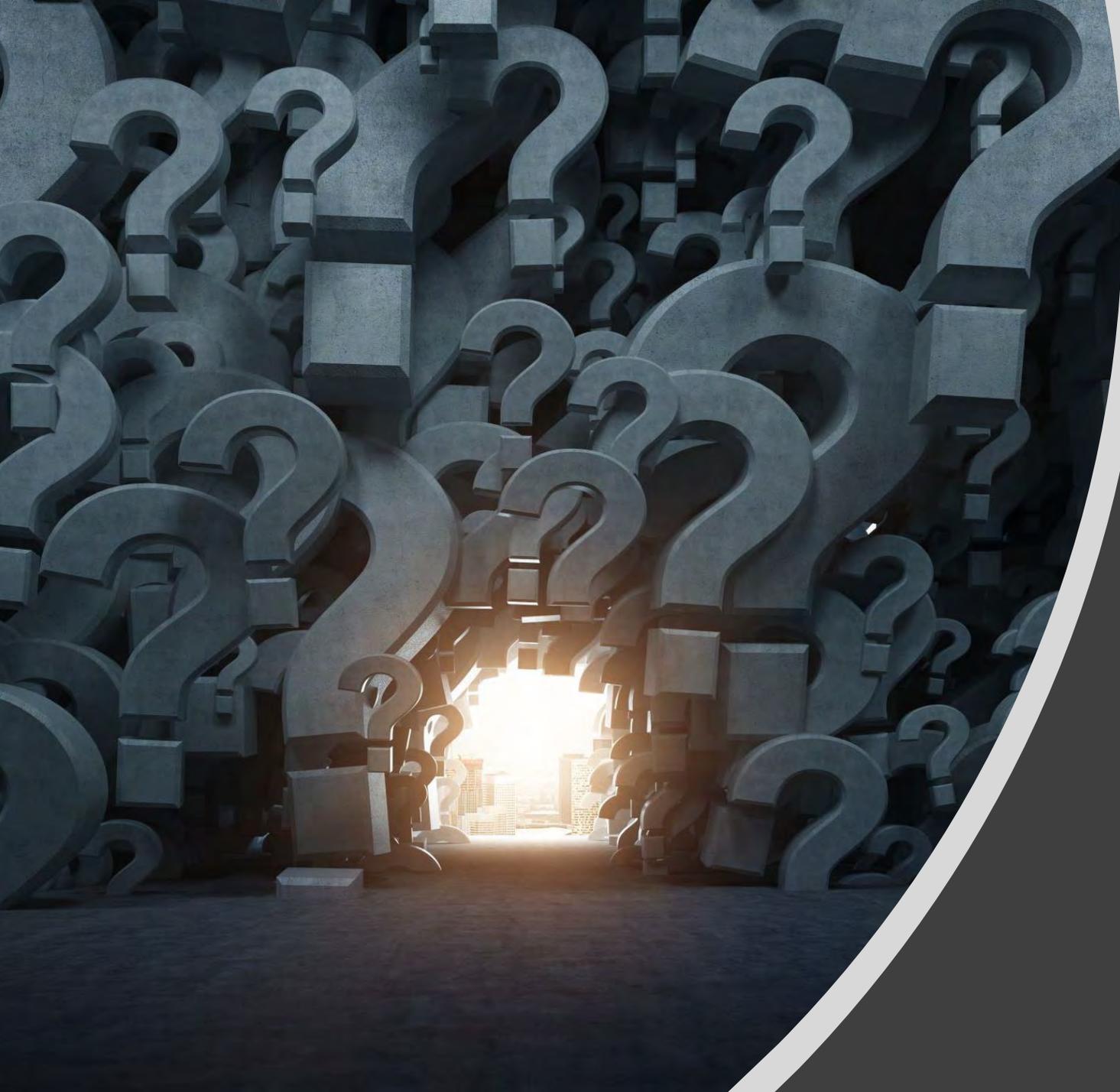
Demand for Services – *Total number of visits*





Connecting to Care

Identify warning signs
Assess symptoms and severity
Determine condition or diagnosis
Refer to level of care
Treatment



Challenges to Access

Convolutd System

Police interactions

Numerous ED Visits

No referrals

Long wait lists

Rural and Exurb areas

Who to call?

Continuum-of-Care



Inpatient Hospitalization

(High – Acute Care)

Highly intensive around the clock treatment (24/7) geared towards safety and stabilization

Residential Treatment

(High)

Long-term intensive treatment and stabilization (24/7) designed for building relationships, daily living skills, and increasing resiliency

Partial Hospitalization Program

(Medium-High)

Highly intensive flexible treatment geared towards assessment, stabilization, and healing

Intensive Outpatient Program

(Medium)

Intensive group-based treatment geared towards ongoing support and transition

Outpatient Services

(Low)

A variety of group, family and 1:1 services guided by an individualized treatment plan



Power of Positive childhood experience



Inpatient Hospital

- Typical Patient
- Placement locations
 - Metro
 - Outstate
- Least patient specific level of care
- Short-term stabilization
- Acute crisis



Residential Treatment (RTC)

- Typical Patient
- Placement locations
 - Metro
 - Outstate
- Differences between sites, modalities, licensing and philosophies
- Wait times and difficulties accessing due to smaller amount of facilities
- Funding concerns
- Hybrid medical model



The Emily Program



NEWPORT HEALTHCARE
Empowering Lives. Restoring Families.™



Hazelden
Betty Ford
Foundation

ROGERS
Behavioral Health



Partial Hospitalization (PHP)

- Typical Patient
- Placement locations
 - Metro
 - Outstate
- Differences between sites and modalities
- Potential bridging between inpatient and intensive outpatient programming or services
- Medical model
- Enroll in school
- Transportation



Intensive Outpatient Programing (IOP)

- Typical Patient
- Placement locations
 - Metro
 - Outstate
- Differences between sites, modalities, specialties, treatment length and time spent in programming
- Meeting community needs
- Non-medical model



Day Treatment

- Typical Patient
- Placement locations
 - Metro
 - Outstate
- Full or half day
- Extensive therapy
- Extended duration
- School
- Non-medical model



Outpatient Services

- Typical Patient
- Placement locations
 - Metro
 - Outstate
- Maintenance
 - Medication management, individual and/or -group therapy
- Most patient specific level of care



Access Points

- Emergency = 911/ED
- Urgency = County Crisis, ED, risk assessment, walk-in clinics, crisis hotlines and/or urgent care
- Impaired without immediate danger Assessment, primary care, mental health clinic providers and/or work provided EAP

County Crisis Lines

Anoka County:
763-755-3801

Carver County:
952-442-7601

Dakota County:
952-891-7171

Washington
County: 651-
275-7400

Ramsey County:
adults – 651-
266-7900,

Scott County:
952-818-3702

Hennepin
County: adults –
612-596-1223

TEXT 741741

Call **274747

988



Range of supports



Warm line as well



Specific to area



Improving with implementation



☎ SUICIDE PREVENTION
1-800-273-8255

✉ CRISIS TEXT LINE
741741

☎ GAMBLING HOTLINE
1-800-333-HOPE

HOME

ABOUT

Linking people to services with real time availability

Connecting the Mental Health and Substance Use Disorders Community.

Your link to **Mental Health**
Resources

MENTAL HEALTH

Your link to **Substance Use**
Disorder Resources

SUBSTANCE USE DISORDER

ENDORSED BY

Minnesota Mental Health Community Foundation
2233 Hamline Avenue North, Suite 217
Roseville, MN 55113
651-426-6347

Minnesota Psychological Association
4248 Park Glen Road
Minneapolis, MN 55416

National Alliance on Mental Illness Minnesota
1919 University Ave. W., Suite 400
St. Paul, MN 55104

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www.Fast-TrackerMN.org

Minnesota's searchable
database of mental
health and substance use
disorder treatment
programs.



Contact Us

Established patients, general inquiries
or new clinic patients

612-274-7516

No cost mental health screenings,
unsure of your needs, or
program admission inquiries

952-826-8475

For Everyone

Mental Health Services



A Free Service for Healthcare Providers
Telephone Consults | Clinical Triage | Referrals & Resources



PAL

Psychiatric Assistance Line

www.mnpsychconsult.com

855.431.6468



There is good news!

- Mental health is becoming more normal conversation
- More people are seeking help
- Telehealth options are more convenient
- Employer are creating new support programs and affinity groups
- Deeper investments into screening, prevention, and awareness



Position Statement

Our mental health care systems need a transformation. We need to:

1. Normalize conversations around mental health
2. Invest in education, identification, and prevention
3. Create better ways to access care
4. Be better prepared for crisis

Additional Resources

- National Suicide Prevention Lifeline: 1800-273-TALK(8255)
- www.trevorproject.org: Provides crisis intervention and suicide prevention services to LGBTQ youth
- www.afsp.org: American Foundation for suicide prevention-Program support
- <http://www.athleteminded.com>: Mental health supports for college athletes
- www.jasonfoundation.org: Founded by the family of a child lost to suicide; B1 Program
- <http://www.suicidology.org/> : Online hub of support and nonprofit society focused on suicide support
- https://www.cstsonline.org/assets/media/documents/CSTS_FS_restoring_sense_of_safety_aftermath_shooting.pdf: Center for traumatic stress; after school shooting details



Questions