

Navigating the Experience:

*A guide for people living with mental
illness and their families*

Edition VIII



Dear Reader,

Greetings from NAMI

Wisconsin! Thank you for using this guide, we hope it will be helpful in many ways. This guide is intended for many audiences: people living with mental illness, family members, friends and health care providers.



1/5 of our state's population experiences mental illness in a given year. With the right support and treatment, every single one of these people can experience recovery. Unfortunately, accessing and getting the most out of mental health services can be complicated and confusing. Maintaining healthy relationships can be difficult.

The purpose of this guide is to simplify that process by providing an overview of available resources and some practical advice for difficult situations and relationships. Please keep in mind that each person's experience is unique, so no one set of guidelines can apply to every situation. Nonetheless, we hope this guide provides some structure to complex issues. Most of all, we hope it provides a sense of hope. Recovery is possible and people with mental illness can not only survive — but thrive.

Welcome to the NAMI community!

Warmly,

NAMI Wisconsin

8th Edition, January 2019

TABLE OF CONTENTS

PURPOSE OF THIS GUIDE.....	6
HOW CAN NAMI HELP?.....	7-11
MENTAL ILLNESS OVERVIEW.....	12-17
TAKING THE FIRST STEP.....	18-19
MENTAL HEALTH SERVICES OVERVIEW.....	20-39
Therapy.....	21
Developing a Relationship with your Provider.....	22-23
Medication.....	24-25
Assertive Community Treatment.....	26-27
Inpatient Care.....	28-29
Housing & Residential Care.....	30
Peer Support.....	31-33
Dual Diagnosis Services.....	34-35
Complementary Approaches.....	36-37
Working Well with Providers: Tips for People Living with Mental Illness and their Family Members.....	38-39
HOPE AND RECOVERY.....	40-43
What is Recovery?.....	40
Tools for Recovery.....	41
Promoting Recovery.....	42
Stories of Recovery.....	43

MENTAL HEALTH CRISIS OVERVIEW44–57

What is a Crisis? 45

Basic Steps to Take in a Crisis 46

Safe Police Interactions 47

Tools for Crisis Prevention 48

Introduction to Civil Commitments..... 49

What is a Commitment? 50

Why do Commitments Occur? 51

How does a Commitment Begin? 52

How does an Emergency Detention Work? 53

Commitment Process and Possible Outcomes..... 54–55

What are My Rights?..... 55–57

HEALTHY RELATIONSHIPS58–64

Self-Care: Tips for Family Members 59

Guidance for Family Members:
Healing Relationships During Crises 60–61

Guidance for Family Members:
Disagreement about Treatment Needs..... 62–63

Guidance for Family Members:
Responding to Delusions 64

RESOURCES FOR LEGAL ISSUES65

SELF-ADVOCACY IN THE WORKPLACE66–67

RESOURCES FOR CRIMINAL JUSTICE ISSUES68–69

ADVOCATE FOR CHANGE!.....70

SAMPLE DOCUMENTS.....71–72

RESOURCE DIRECTORY.....73–82

HOW CAN NAMI HELP?

NAMI Wisconsin is a chapter of the **National Alliance on Mental Illness**, the nation's largest grassroots organization that focuses on mental illness. We are a nonpartisan, non-profit organization with local affiliates (chapters) across the state. Our members include people living with mental illness and their family members, friends, advocates and health care providers.

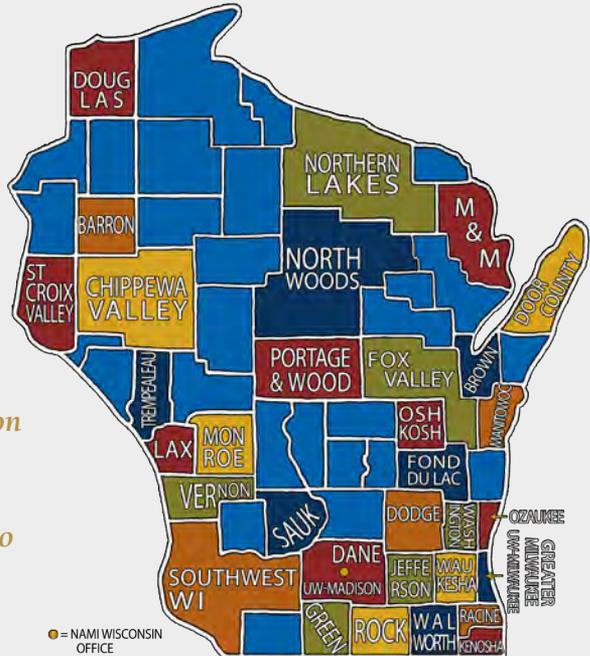
We provide **peer-led education** programs to help people affected by mental illness understand it, navigate the mental health system and maintain healthy relationships.

We provide **public education and community outreach** to reduce stigma, help the general public better understand mental illness and hear stories of recovery. We invite all members of the community to join our efforts to improve the public understanding of mental illness.

We offer **support** groups, community meetings and many other opportunities to build a network of people who understand your experiences. NAMI Wisconsin and many local affiliates also offer one-on-one support with navigating the mental health system, understanding available services and connecting with the right resources.

We provide **grassroots advocacy** trainings to NAMI Wisconsin members. As a grassroots movement, we advocate at the local and state level for better access to community-based, recovery-oriented, high-quality mental health services.

NAMI Wisconsin's mission is to improve the quality of life of people affected by mental illnesses and to promote recovery.



HOW CAN NAMI HELP?

Structure of NAMI at All Levels

NAMI (National level)

- Provide strategic direction for the entire organization.
- Provide materials and technical assistance to NAMI's state and affiliate organizations around branding, advocacy issues, programs and organizational capacity.
- Create evidence-based or best practice education and support programs.
- Establish a public policy platform to educate and influence decision-makers in the highest levels of federal government.
- Follow national research practices and opportunities and provide input to NIMH about research priorities.

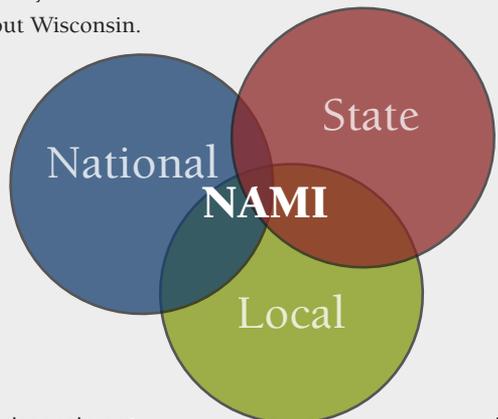
NAMI Wisconsin (State level)

- Provide strategic leadership to improve Wisconsin's mental health system.
- Establish a state-specific public policy platform to educate decision-makers in the highest levels of state government and mobilize members and stakeholders around advocacy.
- Create evidence-based or best practice education and support programs.
- Advocate at all levels of government and throughout the public sector to improve mental health care in Wisconsin.
- Support local affiliates by providing follow-up advice and counsel; educational and training programs and materials; access to financial resources as appropriate; and by offering conferences, seminars, and presentations.

NAMI Affiliates (Local levels)

- Offer free peer support, education and outreach programs for individuals with a mental health diagnosis and their families.
- Engage in community education and advocacy to decrease stigma and increase awareness.
- Respond to local calls and e-mails from individuals and families seeking help.
- Advocate at the local, state, and national level to improve policies and funding for the mental health system.
- Usually (but not exclusively) coordinated by dedicated volunteers.
- Located in many communities throughout Wisconsin.

NAMI Wisconsin has affiliates in various counties all over Wisconsin! To find your local affiliate, turn to pages 73-81.



PROGRAMS OVERVIEW

NAMI Family-to-Family

National Alliance on Mental Illness

FAMILY-TO-FAMILY EDUCATION PROGRAM is for families, caregivers and friends of individuals with mental illness. The course is designed to facilitate a better understanding of mental illness, increase coping skills, and empower participants to become advocates for their family members. NAMI Family-to-Family was designated as an evidence-based program by SAMHSA (Substance Abuse and Mental Health Services Administration).

NAMI Family Support Group

National Alliance on Mental Illness

FAMILY SUPPORT GROUP is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness. The hallmark of a NAMI support group is leveraging the collective knowledge and experience of other participants. It can offer you practical advice on addressing issues related to your loved one and gives you the appropriate space to have your personal needs met so that you can provide the best possible care for your family member.

NAMI Basics

National Alliance on Mental Illness

NAMI BASICS EDUCATION PROGRAM is designed for parents and other caregivers of children and adolescents living with mental illness. This free course consists of 6 two-and-a-half hour classes of instructional material, discussions and interactive exercises offered in a series of weekly classes to accommodate the time constraints of families with children. The NAMI Basics course is taught by trained teachers who are the parents or caregivers of individuals who developed the symptoms of mental illness prior to the age of 13 years.

NAMI Ending the Silence

National Alliance on Mental Illness

ENDING THE SILENCE is an in-school presentation designed to teach high school students about the signs and symptoms of mental illness, how to recognize the early warning signs and the importance of acknowledging those warning signs. Ending the Silence is a 50-minute presentation, free of cost, led by a team of trained presenters including a young adult living in recovery from mental illness.

To learn about programs in your area or becoming a program facilitator, please visit namiwisconsin.org or call (608) 268-6000.

PEER SUPPORT GROUP



NAMI WISCONSIN PEER SUPPORT GROUP, developed by people living in recovery, 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. It relies on strengths of the facilitators and the group participants and less on rigid structure of other support group models.



PARENTS AND TEACHERS AS ALLIES is a mental health in-service presentation designed for teachers and other school personnel to raise their awareness about mental illness and help them recognize the early warning signs and the importance of early intervention. The presentation team consists of trained teachers, family members, a young person living with mental illness and a NAMI advocate.



PEER-TO-PEER NAMI Peer-to-Peer is a unique, recovery education course open to any individual living with a serious mental illness who is interested in establishing and maintaining their wellness and recovery. Classes are designed to encourage growth, healing and recovery among participants. It is taught by a team of two trained “mentors” who are personally experienced at living well with mental illness.



NAMI CONNECTION RECOVERY SUPPORT GROUPS offer a casual and relaxed approach to sharing the challenges and successes of coping with serious mental illness, where people learn from each other's experiences and offer each other encouragement and understanding. NAMI Connection groups are run by trained facilitators living with mental illnesses who are at a point in their recovery where they can “give back” to others. Everyone is a valued participant.



IN OUR OWN VOICE (IOOV) un masks mental illness, using speaker stories to illustrate the individual realities of living with mental illness. You gain a better understanding of what it is like to live with mental illness and stay in recovery. It can change attitudes, preconceived notions and stereotypes. Trained IOOV speakers are individuals living in recovery from mental illness.

COMMUNITY OUTREACH

NAMI WISCONSIN PLANNING FOR THE FUTURE is an educational event designed to help family members of individuals who have mental illnesses create a plan to ensure the needs of their loved one are met after they are gone. The 1-day workshop covers legal issues and financial planning, social security and entitlement benefits and a panel of family members and consumers speak about their experiences planning for the future well-being of their loved one.

NAMIWALKS is the largest and most successful mental health awareness and fundraising event in the country! Through public, active displays of support for people affected by mental illness, NAMIWalks change how we view people with mental illness, one step at a time!

HEARING VOICES SIMULATION is an interactive exercise that simulates what it is like to hear voices. It was developed to try to give health workers and relatives some insight into what it is like to hear intrusive, negative and commanding voices. Trained NAMI facilitators offer this 60-90 minute workshop.

NAMI PUBLIC SPEAKERS Trained NAMI speakers are available to present to your business, civic group, class, conference, etc. on a variety of topics: the basics of mental illness, mental illness and stigma, the personal and/or family experience with mental illness.

NAMI WISCONSIN'S ANNUAL CONFERENCE features nationally recognized keynote speakers, 30+ interactive breakout sessions, evening entertainment, networking and more. The statewide conference is held each spring and is open to the public (held in Madison in odd years, mid-state in even years).





CIT&CIP Wisconsin

A Community Initiative to Improve Crisis Interventions



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.



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, etc.



“Each and every time we provide services, we strive to treat people with Respect, Integrity, Compassion and Honor (RICH). It does not matter whether the person is going through a mental health crisis, is suspected of committing a crime or they are the victim of a crime. We need to approach people in a non-judgmental non-confrontational way. Those who are suffering a mental health crisis are not always aware of their actions nor are they able to respond to traditional police techniques. In these cases we must slow down and switch gears. Overall, we need to break the cycle of criminalizing those suffering from mental illness and get them help just like we would for any other medical condition.”

–Captain Michael Newton

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

MENTAL ILLNESS OVERVIEW

WHAT IS MENTAL ILLNESS?

Mental illnesses are conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and/or daily functioning. Although we often use the term "mental illness" to refer to all mental health challenges, it is important to remember that this term refers to many different diagnoses, that each person's experience with mental health issues is unique and that people have wide-ranging preferences about the language used to describe their experience. For example, many people who utilize mental health services do not identify with a particular diagnosis.

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: genetic predispositions, trauma, chronic stress and serious loss.

HOW MANY PEOPLE ARE AFFECTED IN THE U.S.?



WHERE CAN I LEARN MORE?

This guide covers several serious mental illnesses in greater detail. This is due to space limitations, not because other illnesses are less serious or important than the ones discussed here. To learn about other illnesses, please visit: nami.org and click on "Mental Illnesses."

"I am a daughter, sister, friend and teacher. I am a poet, painter and philosopher. I have walked in the deep and the dark and I have sang with exploding joy. I know suffering—that old friend. And yet, suffering has produced in me perseverance. Perseverance bore faith. And faith, hope. But hope is not a mountain top. Hope lives in the everyday. Hope is the future, yes, but it is also the past. I have a mental illness and for that I am grateful."

—Anonymous, notalone.nami.org

WHAT IS 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.

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
- *Check out NAMI Minnesota's guide to understanding psychosis!*
<https://namimn.org/wp-content/uploads/sites/188/2019/01/>

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

ADAM'S* STORY

I USED TO FEEL that people were conspiring against me and wishing ill of me. I was afraid that the FBI was after me. It was all torture: the fast, rapid heartbeat, the shortness of breath, the agony of never feeling safe, the inability to concentrate or feel pleasure. Eventually, once I was on the right medication for me, the symptoms subsided and the side effects became much more manageable. Counseling was also VERY important. Today, with the help of medications and counseling, I am able to recognize that my paranoia is not based in reality.

It felt like eternity, but I gradually began to feel more comfortable around others. Even better, I benefited from social interactions, and I found myself being able to help people who had similar problems. What a reward. I have found that conquering the symptoms of my mental illness was an opportunity for developing self-esteem and self-respect. I noticed changes in my character, among them becoming stronger and wiser. I have graduated from high school and college. I have held down many jobs, and I have been involved in NAMI. My support system, including the Assertive Community Treatment team, my mother and my friends, has been very important. Recovery from mental illness is possible and your aspirations are achievable!

*pseudonym

WHAT IS BIPOLAR DISORDER?

Affecting about 6.1 million

Americans, bipolar disorder 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.

COMMON SYMPTOMS :

SYMPTOMS OF MANIA

- An abnormally increased level of irritability
- Overconfidence or an extremely inflated self-esteem
- Increased talkativeness
- Decreased amount of sleep
- Engaging in risky behavior, such as spending sprees and impulsive sex
- Racing thoughts, jumping quickly from one idea to another

SYMPTOMS OF DEPRESSION

- Diminished capacity for pleasure or loss of interest in activities once enjoyed
- A long period of feeling hopeless, helpless or low self-esteem
- Decreased amount of energy, feeling constantly tired
- Changes in eating, sleeping or other daily habits
- Thoughts of death and/or suicide attempts

Source: nami.org

MANDY'S STORY

DVR Counselor

AFTER SOME TRAUMATIC experiences, I was diagnosed with bipolar disorder. Keep in mind that I had fought this health issue for a long time. I am one of “those” individuals who for a long time would skip meds, flush them down the toilet, just in general had a hard time. I have faced many “dark days” in which I have been suicidal and have required hospitalization as well as days of making irrational decisions, having tons of energy and feeling grandiose.

As I was struggling, a friend invited me to a NAMI support group. I finally felt as if I was not alone. From there, I was propelled into my road to recovery. I have “climbed the ladder” in NAMI to include leadership; which improved my ability to deal with personal challenges. Along my way, I have been hospitalized, taking time away from my education when it was not convenient. But I am still here, facing my challenges. I received a Masters degree in community counseling and was recently hired for a counseling position! This is fulfilling my dream of 10 years to get off of SSDI, join the “general” public and begin working again. That is what I call EMPOWERMENT!

WHAT IS SCHIZOAFFECTIVE DISORDER?

Affecting about 3 million Americans, 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.

COMMON SYMPTOMS :

MANIA AND DEPRESSION (see opposite page)

PSYCHOSIS, defined as the loss of contact with reality, usually involves:

Delusions or the belief in things not real or true • Hallucinations are hearing or seeing things that are not real • Disorganized speech expressed as an inability to generate a logical sequence of ideas • *Check out NAMI Minnesota's guide to understanding psychosis!* https://namimn.org/wp-content/uploads/sites/188/2019/01/UnderstandingPsychosis_2019.01.16.pdf

Source: nami.org

MARIA'S STORY

Peer Specialist Coordinator, Attorney

MY MILITARY CAREER ended when I was kicked out of the army for being gay. At the time, my mania and depression were no longer manageable or useful. I became edgy and neurotic at full blown manic and non-functional and sullen at full blown depression. My world began to fall apart and my delusions started to take a paranoid bend. I became afraid that everyone knew what a failure I was and would see me as the horrible and rotten human being I really was. I drank and drugged to hide from these fears but then would live with the guilt of my boozing and drugging behavior.

Finally, I reached out for help and found a psychiatrist who would treat me even though I was still drinking. Although the medication he prescribed had the paradoxical effect of causing voices, they did stabilize my moods. I also began talk therapy to learn to manage my PTSD and addiction issues. At age 30, I finished my law degree and at 32, began my path to sobriety. At age 43, I finally found the correct medication that would deal with my delusions and mood swings without causing voices.

Now at 12 years of sobriety and over 20 years of mental health recovery, I finally feel that I have reached a point of strong recovery. I have dedicated my life for the last fourteen years to working with individuals who are in their darkest days of mental illness and helping them find their path to recovery. No other work could be more rewarding or fulfilling.

WHAT IS MAJOR DEPRESSION?

Depression affects almost 16 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 :

- Sleep pattern changes
- Decreased or increased appetite
- Poor concentration/inability to make decisions
- Loss of energy/ability to perform daily routines
- Lack of interest in activities the person used to enjoy
- Low self-esteem. During periods of depression, people often dwell on memories of losses or failures
- Strong feelings of hopelessness or guilt

Source: nami.org

ERIN'S* STORY

I AM A SURVIVOR. I have clawed my way out of that dark place, and with the support of friends and family, specifically my brother, I have moved on. I walk every day, sometimes in the rain or the snow, because exercise and light are part of the cure. Walking every day is as important as breathing for me. Thankfully, I have not felt depressed in several years. But that is today. I will always wonder if today is the day that depression will rear its ugly head, but I know with strength and support, I can make my way through. I have it all- a wonderful husband, healthy, happy children, a beautiful home, all the things that "should" make someone happy. But during a depressive episode, none of that matters. Depression isn't something you can make go away by telling yourself that everything is okay, that your life is good. Being told to cheer up is like telling someone with cancer to cure themselves. Depression IS NOT A CHOICE. Just because you can't see it doesn't mean it's not real. If you know someone who is depressed, sit with them quietly. Offer to go for a walk with them. Just be there to listen if they need to cry. I am no longer going to be ashamed of this. It's part of who I am. Until we create a world where mental illness is out in the open, things won't change for those of us who suffer.

*pseudonym

WHAT ARE ANXIETY DISORDERS?

Affecting over 42 million people nationwide each

year, 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. Examples include:

PANIC DISORDER Panic attacks, sudden feelings of terror that strike repeatedly and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort and fear of dying.

OBSESSIVE COMPULSIVE DISORDER (OCD) Repeated, intrusive and unwanted thoughts or rituals that seem impossible to control.

GENERALIZED ANXIETY DISORDER (GAD) Chronic, exaggerated worry about everyday routine life events and activities, lasting at least six months; almost always anticipating the worst even though there is little reason to expect it.

POST-TRAUMATIC STRESS DISORDER (PTSD) When people experience or witness a traumatic event such as abuse, a natural disaster, or extreme violence, it is normal to be distressed and to feel “on edge” for some time after this experience. Some people who experience traumatic events have severe symptoms such as nightmares, flashbacks, being very easily startled or scared or feeling numb/angry/irritable/distracted. If these symptoms last for weeks/months after the event, the person may be suffering from PTSD.

RON'S STORY

TRADITIONAL NATIVE AMERICAN SPIRITUALITY has been very important in my recovery from substance abuse and post-traumatic stress disorder (PTSD). For many years after the Vietnam War, I experienced terrible symptoms of PTSD. Those years were punctuated by visits to jail and mental hospitals and eventually culminated in the loss of my wife and children to divorce. Eventually I found my way to Alcoholics Anonymous and sought help at a vet-center. I was referred to a clinical psychologist and was finally diagnosed with PTSD. It was a great relief to know that I had a treatable mental illness and that I was not just a hopelessly bad person. This would not have been possible had I not found the spiritual strength I needed in 12-step programs and native spirituality. Today, I have earned two master's degrees in clinical psychology. I am currently the Director of Recovery and Resiliency for Tennessee for TennCare. I also assist my wife in running a rescue operation for dogs in Knoxville, Tenn. and still participate in my traditional Native American belief system. I pass along what my experiences have taught me: that as long as we have hope, we can recover.

TAKING THE FIRST STEP

Seeking help with health issues can be very hard. Health, especially mental health, is a deeply personal matter. Reaching out to others for support with such a personal experience is often necessary, but not always easy. So when you do reach out, you should feel proud for taking a difficult step. Taking care of yourself is responsible, strong, brave and admirable.

Extensive research tells us that seeking help early on is extremely important. The earlier people receive care, the better the long-term outcomes (Shonkoff and Phillips, 2000).

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. *Mindcheck.ca has quizzes, assessments and other useful info to get a sense of what you or a loved one may be experiencing.*



IF YOU THINK IT MAY BE URGENT...

STEP 1: CALL YOUR COUNTY'S CRISIS SERVICE LINE (see directory on pages 73-81). 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 resources (pages 44-57).

IF YOU HAVE INSURANCE (ANY TYPE)...

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 do not specialize in mental health issues, so be sure to ask them how to connect with mental health professionals!

Primary care doctor: doctors who provide routine medical care, sometimes called a general practitioner (GP) or family doctor

STEP 2: ASK YOUR INSURANCE PLAN about mental health services covered by your plan and how to make an appointment with a provider (therapist AND psychiatrist). See "tips for making phone calls" on the opposite page.

You can find contact information for your insurance plan on your monthly bills, insurance card or by searching the internet.

IF YOU DO NOT HAVE INSURANCE...

APPLY FOR INSURANCE

- You may be able to get very affordable insurance through the Affordable Care Act (Obamacare). 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 low-income people and/or people with disabilities). Visit dhs.wisconsin.gov/forwardhealth or call (800) 362-3002 for more info.

GET HELP IN THE MEANTIME

- Dial 2-1-1 (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. 2-1-1 call center websites have a wealth of information: 211.wisconsin.org/call_centers.html. You might also check out the WI Dept. of Health Services listing of free/reduced cost clinics: dhs.wisconsin.gov/forwardhealth/clinics.htm
- Call your local NAMI! We may be able to help you locate or better understand mental health services available to you (contact info on pages 73-81).



Tips FOR MAKING PHONE CALLS IN “THE SYSTEM”

STAY STRONG. Insurance personnel and others can sometimes seem a bit short with callers. It's important to remember that although their tone might make you feel otherwise, (for whatever reason), you have a VERY important reason for calling. Your questions are valid.

BE PREPARED. Spend a few minutes thinking about or jotting down what you need out of the conversation. Don't hang up without that information. When talking with the insurance plan: if you need help with a specific condition, ask for a professional that specializes in that issue. When calling for appointments: if they tell you there is a waiting list, make one anyway. You can always cancel if you get an earlier

appointment somewhere else. Keep in mind that someone else can call for you if you feel uncomfortable.

DEBRIEF. Write down what you learned and who you talked to. Talk with a family member, friend or other trusted person to help you decide your next steps. Write down your next steps.



MENTAL HEALTH SERVICES OVERVIEW

Mental illnesses are treatable and recovery is possible but many people do not get the services and support that is right for them, at the right time.

In finding the providers, services and supports that work for you, it is important to have a sense of your options. To that end, this section will provide an overview of several (not all) important mental health services.

Please note that **therapy and medication**, the first two services discussed, are cornerstones of many recovery plans. They are listed separately to address certain concerns and questions in detail.

THIS SECTION WILL COVER:

- Therapy
- Developing a Relationship with your Provider
- Medication
- Assertive Community Treatment (ACT)
- Inpatient Care
- Housing & Residential Care
- Peer Support & Peer-Run Respite
- Dual Diagnosis Services & Support
- Complementary Healing Methods
- Working Well with Mental Health Care Providers

“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

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)

WHAT SHOULD I EXPECT ON THE FIRST VISIT?

The therapist will ask you questions to develop a general understanding of why you are seeking their guidance (what you do, where and with whom you live).

Many people are turned off by all the “assessment and intake” on this first visit. Give it some time before you decide against further appointments.



The therapist will want to understand your perspective of the problems in your life and how you hope to approach solutions.

HOW DOES THERAPY HELP?

- Change behaviors that hold you back
- Heal pains 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

ISSUES TO CONSIDER WHEN CHOOSING A PROVIDER:

- 1) GENDER, AGE, CULTURAL BACKGROUND, SEXUAL ORIENTATION/IDENTITY, ETC.** Do you have strong preferences about these characteristics?
- 2) RESPECT & 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.
- 3) FAMILY MEMBER INPUT:** 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. Of course, we all want to feel better. But the more specific you can be, the more your provider can help.

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.

EXAMPLES: therapeutic strategies, focus areas, general style, mannerisms, etc.

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 your provider about it. An open discussion can build trust and give your provider a better understanding of your needs and preferences.

MAKING AN APPOINTMENT See pages 18-19 for guidance on accessing mental health services. Or, contact your local NAMI or NAMI Wisconsin (local affiliate directory on pages 73-81).



Tips FOR DEVELOPING AN EFFECTIVE PARTNERSHIP (CONT.)



Partnership is a beautiful thing.

TRUST YOUR GUT. Even if the provider looks great on paper, if the connection doesn't feel right and you have expressed your concerns and nothing has changed -- go with another choice, if you can. The provider will respect this choice and should never make you feel guilty.

KEEP AN EYE ON PROGRESS.

Mental health services are rarely a quick fix and there will be times when you'll feel challenged. Nonetheless, mental health services should be helpful over time. Some questions to ask yourself if you aren't sure if therapy is helping:

- Is one or more area of your life changing for the better? (work, family, social life, etc.)
- Is therapy stretching you beyond your comfort zone?
- Do you feel like you're starting to understand yourself better?
- Do you feel more confident and empowered?
- Are your relationships with people improving?

Everyone has different preferences...

"Making therapy all about goals really stresses me out. Sometimes I just need to talk it out to gain clarity."

—Anonymous

"I like to set concrete goals and strategies for change, not just discuss WHY I feel how I feel."

—Anonymous

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 experience mental illnesses are very likely to 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 31-33.
- If you have a loved one who does not feel they need treatment, learn about peer support (pg. 31-33), seek support from other family members and check out pages 62-63.

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 34-35.

WHO CAN PRESCRIBE MEDICATION?

Psychiatrists (MD) • Physicians (medical doctors, MD) • Advanced Practice Nurse Practitioner (APNP) • Physician’s assistant (PA)

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.



WHERE CAN I LEARN MORE ABOUT SPECIFIC MEDICATIONS?

You can visit NAMI's website: nami.org

Click on the "Treatment" tab at the top and you'll find a section devoted to medication. 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: www.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?

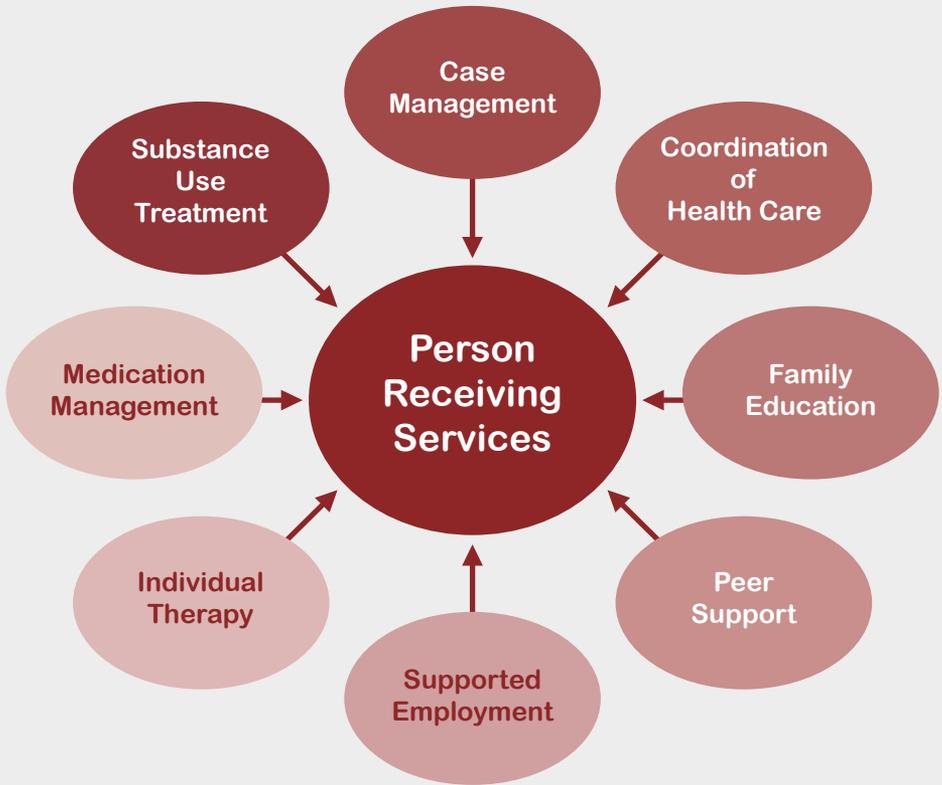
ASK QUESTIONS ALL THE TIME!

- Do you feel like your doctor is listening and understanding your concerns about your medication? If not, see pages 38-39.
- Does medication help you get or keep things in your life that are most important to you?
- Does your medication ever get in the way of your life or prevent positive change from happening?
- Are you having trouble keeping track of your medications?

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 the each person's specific needs. ACT teams typically include: psychiatrists, nurses, social workers, vocational and substance abuse specialists, and peer specialists (see 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). To learn more, contact your county human services department (contact information on pages 73-81).

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. Wisconsin CSPs use this overall approach but many do not follow the ACT model to a “T.” CSPs that follow the ACT model more strictly are generally more effective.

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 the lifespan and provide a wide array of recovery-oriented services. Contact your county mental health department about CCS (contact info on pages 73-81). 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 73-81).

WHERE CAN I LEARN MORE ABOUT THE ACT MODEL?

Contact your local NAMI affiliate or NAMI Wisconsin to obtain further resources or visit nami.org (click the Treatment tab at the top).



INPATIENT CARE

Inpatient treatment is when an individual receives care at a general or specialty hospital with 24 hour care from mental health professionals (as opposed to “outpatient” treatment, which means that the person is receiving care in the community, without staying overnight in an inpatient setting).

WHEN IS HOSPITALIZATION NECESSARY?

There are many circumstances that may necessitate 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 you need help with this

process, call your local NAMI or NAMI Wisconsin (contact information on pages 73-81).

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 52-53 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:

- 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.). Others may need people to just “be” with them — without too much conversation, stimulation or planned activities. 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 CARE

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

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: https://www.hud.gov/sites/dfiles/PIH/documents/PHA_Contact_Report_WI.pdf. The WI Division of Housing also offers many other helpful programs for people with low to moderate incomes: <https://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, services and/or treatment above the level of room and board.

ASSISTANCE WITH DAILY LIVING SKILLS Wisconsin's Independent Living (IL) Centers, non-profits run by and for people with all types of disabilities, provide peer support, information and referrals, advocacy and independent living skills training (more on pg. 82).

COMMUNITY-BASED RESIDENTIAL



FACILITIES (CBRF) offer care, services and/or treatment above the level of room and board for 5 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 (including through CSP and CCS, see pg. 26-27) programs can connect clients to Supportive Housing (see pages 26-27).

HOUSING DISCRIMINATION If you feel that you have experienced housing discrimination, contact the Fair Housing Council's statewide hotline: 1 (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;

IF YOU ARE AT RISK OF HOMELESSNESS, OR WANT MORE INFO ON ADULT FAMILY HOMES, CBRF & PUBLIC HOUSING: Contact your county's Aging and Disability Resource Center: dhs.wisconsin.gov/adrc or call (800) 362-3002 to get the phone number. To view a county-based directory of available residential services, you can also visit dhs.wisconsin.gov/bqaconsumer/ResidOpts/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, 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 (pg. 27), an Independent Living Center (pg. 82), the Dept. of Vocational Rehabilitation (pg. 67), the Community Recovery Services program (dhs.wisconsin.gov/crs/index.htm), a peer-run respite (pg. 32) or another organization in your community.

HOW CAN I RECEIVE PEER SUPPORT THROUGH NAMI? Peer-to-Peer, a 10 week course run by and for people with lived experience • Connection to Recovery 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 12 week course run by and for families • Family Support Groups run by and for families • NAMI can also recommend other sources or peer support!

MORE INFORMATION ABOUT PEER SUPPORT AND THE RECOVERY MOVEMENT: Contact Monarch House, a Wisconsin nonprofit run by and for mental health consumers/survivors • www.milkweedalliance.org/monarch-house • (715)-505-5641

“Peer-to-Peer made me feel I was not alone in coping with mental illness; it gave me hope that I could recover and that my life would not always be filled with chaos; it gave me positive role models to inspire me to strive for recuperation and success in life.”

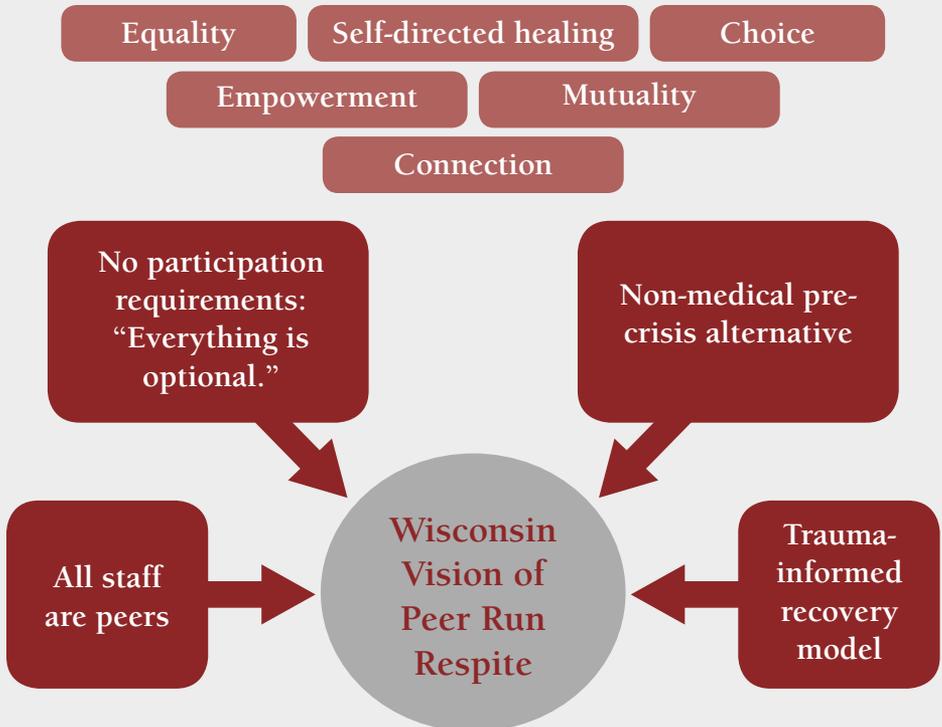
—Peer-to-Peer participant

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 3-5 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 do not provide any medical or clinical services although respites offer a variety of optional activities that support wellness.

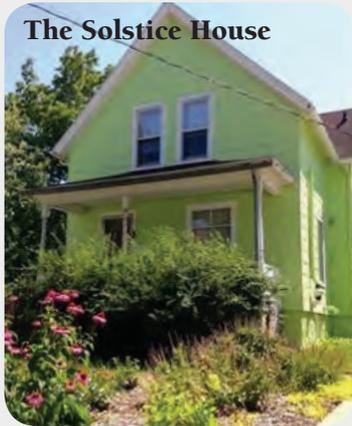
A 2008 study found that respite guests experienced greater improvement on many mental health measures compared to patients at an inpatient crisis facility (2008, Greenfield et al).

KEY PRINCIPLES OF PEER RUN RESPITE



PEER RUN RESPITE

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



PEER RUN RESPITE CONTACT INFORMATION

You can learn more about the respite centers (contact information, services, referral process, etc.) by visiting their websites:

Monarch House, Menomonie, WI

www.milkweedalliance.org
(715) 505-5641

NAMI Iris Place, Appleton, WI

namifoxvalley.org
(920) 815-3217

SOAR Solstice House, Madison, WI

solsticehouse@soarcms.org
(608) 244-5077

Parachute House, Madison, WI

<http://www.ourspaceinc.org>
(608) 383-8921

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

www.namiwisconsin.org

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 an (independently diagnosed) 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 only later receive support for the other (samhsa.gov).

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 (samhsa.gov). 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, please visit: www.centerforebp.case.edu/practices/sami/iddt • **Please contact NAMI Wisconsin** with other questions about this important topic; 608-268-6000

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 73-81). 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 • *Contact NAMI Wisconsin for info about these and additional services.*

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

If you don't receive integrated care, it is important to put your current providers in communication (if you feel comfortable). 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

12-step clubs often offer “Double Trouble in Recovery (DTR);”

12stepclubswi.com • **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 • **Local NAMI** affiliates sometimes offer dual diagnosis

support groups; 608-268-6000; namiwisconsin.org • **Dryhootch WI** offers support for veterans and service members with mental health and/or substance

use issues; dryhootch.org • **WI Recovery Community Organization** offers support statewide; wirco.org

COMPLEMENTARY APPROACHES

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

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.

Local YMCAs often offer affordable yoga
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 we often experience high levels of anxiety or constantly racing thoughts.

Meditation tips: how-to-meditate.org

Guided meditations: calm.com

MUSIC THERAPY is a 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 the talents of others. Art therapy can be very cathartic. For many people, creating or experiencing art is also a way to foster self-awareness and personal growth.



“The expressive arts combine the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development. By integrating the arts processes and allowing one to flow into another, we gain access to our inner resources for healing, clarity, illumination and creativity.”

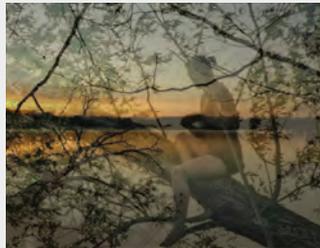
—International Expressive Arts Therapy Association, ieata.org

NAMI WISCONSIN HEALING ART SHOW

Each year, NAMI Wisconsin hosts a Healing Art Show that features the work of statewide artists who have experienced mental illness. Contact NAMI Wisconsin to learn about upcoming shows! (photos of featured artwork below)



“Photography opened doors for me, the chance to experience nature, to be active while in pursuit of a singular shot that expresses what I feel in a way I can’t seem to verbalize. In that moment, when I press the shutter button, all else is blocked out. There are no disruptive thoughts, no distractions.”



—Featured Artist

WORKING WITH YOUR PROVIDERS

No matter what type of mental health services work best for you or your loved one, knowing how to work with the people who provide mental health care is essential.

Here's a few tips for people living with mental illness (this page) and family members (page 39) to have productive relationships with mental health professionals.

DON'T BE AFRAID
to express your preferences.

You should never feel like your opinion is unimportant— you are the expert on your experience.



Bring a family member, partner or friend to the appointment to be your ally, advocate and a second set of ears.

If you need written instructions, request them.

If you are being discharged from an inpatient (hospital) stay, keep in mind that you have the right to important services before you leave:

- Assistance in securing appropriate housing
- Applying for appropriate benefits
- Obtaining community services

IF YOU FEEL TOO INTIMIDATED, confused or tired to ask all your questions, ask if you can follow up later. Or request an information release so that a loved one can follow up for you.

TIPS FOR EVERYONE!

- **Ask questions** and if you don't understand the answer, don't just let it go. Ask your provider to repeat the information or explain it differently. Do this until you **TRULY** understand.
- **Ask about "person-centered" care.** Does the provider value person-centered care? How will they ensure that their work with you is person-centered? For more info on person-centered care, see page 41.

WORKING WITH A LOVED ONE'S PROVIDERS

Understand that your involvement has limitations due to privacy laws. Generally, adults need to sign a “release of information” to allow providers to speak with family/friends. However, there are exceptions to this rule. Learn more at <https://www.hhs.gov/hipaa/index.html>

Your loved one can request an information release AT ANY POINT during their care.

If you are involved in your loved one's care (they have signed an information release), keep them informed about any *communication* you have with their providers.

YOU CAN SHARE INFORMATION that you believe will benefit your loved one's care at any time. You might say:

“I know you can't share information with me, but as a family member, I have important information to share with you. I think you should be aware that _____.”

The therapist can choose to tell your loved one that you shared information about them.

DON'T ASSUME that providers will not want to partner with you. Many providers feel that it is good practice to work with well-meaning, calm family members.

Do not “vent” to providers about your loved one. Instead, get connected with NAMI family support groups or consider finding a therapist of your own. **MANY** family members do this.



- **Report back your understanding** of the plan of action: “What I'm hearing is _____. Is that correct?” “As I understand it, you mean _____.”
- **Make a list** of your top questions/ideas and bring it to the appointment (find a sample appt. prep sheet on page 72!)
- **Make sure you have copies** of any document that seems important or official-looking. Keep these documents in one place.

“Mental health professionals are people too, and respond well to encouragement, guidance and patience.”
—Psychiatrist,
Madison

HOPE & RECOVERY

WHAT IS RECOVERY?

For decades, most mental health professionals and society at large did not recognize recovery. It was thought that someone with a serious mental illness could not work, live independently or have a family. *The best case scenario was stabilization.*

Those assumptions were wrong! With the right services, supports and the tools to personally define wellness, people with mental illness CAN and DO experience recovery. *This is the rule, not the exception.*

Recovery is a journey with many peaks and valleys, not just the absence of symptoms. It is a process, not an event. It looks and feels different for everyone, *but it is possible for everyone.*

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

—Substance Abuse and Mental Health Services Administration (SAMHSA)

GUIDING PRINCIPLES OF RECOVERY

Holistic

Respect

Hope

Culture

Relational

Person-Driven

Peer Support

Strengths-Based

Addresses Trauma

Many Pathways

“What makes life wonderful—good friends, a satisfying job, loving relationships – is just as valuable for those of us who struggle with [mental illness] as for anyone else. If you are a person with mental illness, the challenge is to find the life that’s right for you. But in truth, isn’t that the challenge for all of us, mental illness or not?”

—Elyn Saks, author, law professor, person living with schizophrenia

TOOLS FOR RECOVERY

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.

*Learn more at dhs.wisconsin.gov/crs/webinars.htm; OR ct.gov/dmhas (type *person-centered recovery planning* in the search bar)*

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. The Connecting process of eCPR involves deepening listening skills, practicing presence, and creating a sense of safety for the person experiencing a crisis.

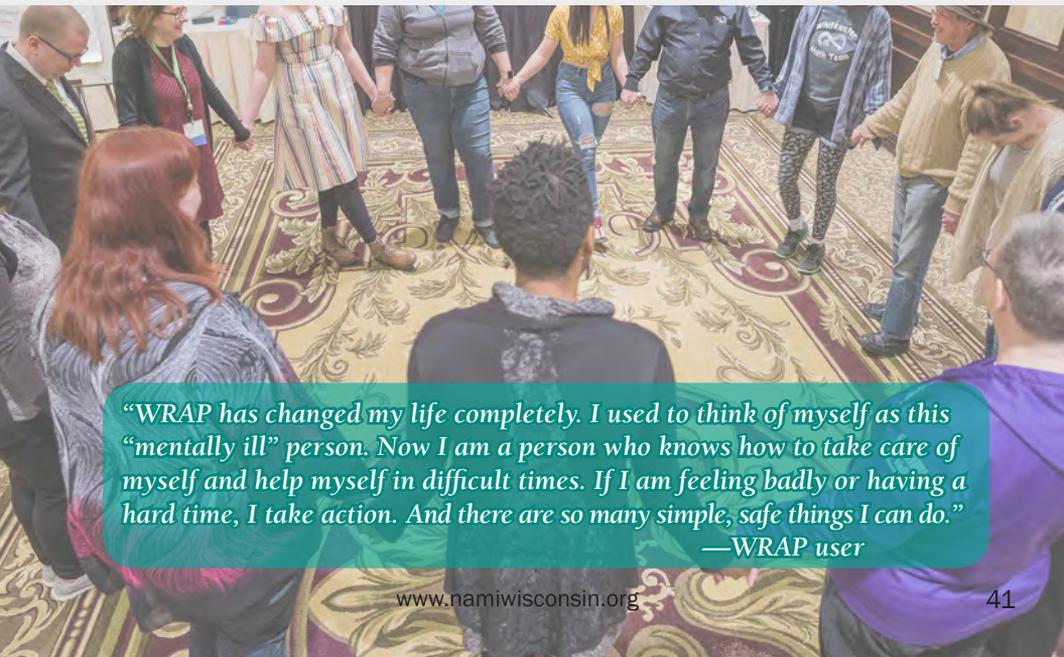
Learn more at emotional-cpr.org

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). WRAPs are designed by you and you alone.

Learn more at mentalhealthrecovery.com

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE (DBSA) WELLNESS TRACKER is a virtual tool to help you easily track physical, emotional and mental well-being by recording key information on a regular basis. The tracker helps you better recognize potential problems and mood triggers in your daily life.

Learn more at tracker.facingus.org



“WRAP has changed my life completely. I used to think of myself as this “mentally ill” person. Now I am a person who knows how to take care of myself and help myself in difficult times. If I am feeling badly or having a hard time, I take action. And there are so many simple, safe things I can do.”

—WRAP user

PROMOTING RECOVERY

People with mental illness are less likely to receive standard levels of diabetes care and routine cancer screenings (Nasrallah et al, 2006; Xiong et al, 2008).

Stigma is a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people, in this case, with mental illnesses. Due to internal or “self-stigma,” many people feel too ashamed or afraid to seek services.

Discrimination is the real-life consequence of stigma: because of stigma, many people face discrimination in housing, jobs, health care and social relationships.

WE CAN REDUCE STIGMA BY SHARING STORIES

Research shows that the best way to reduce stigma is to get to know someone who lives with mental illness. Facts and figures do help, but without the personal story, we cannot truly understand what recovery looks like. Contact your local NAMI or NAMI Wisconsin to arrange a presentation at your workplace, church, classroom or community at large!



Tips TO FIGHT STIGMA IN YOUR DAILY LIFE

1. USE PERSON-FIRST LANGUAGE

Rather than saying “John is schizophrenic,” say “John has schizophrenia.” This puts the PERSON before the illness.

2. KEEP MENTAL HEALTH IN THE CONVERSATION!

- Saw an article about mental health? **SHARE IT ON SOCIAL MEDIA!**
- Went to a NAMI event? **TELL YOUR FRIENDS AND FAMILY!**
- Hear a stigmatizing comment? **DON'T LET IT SLIDE!**

STORIES OF RECOVERY

Mother and daughter share their experiences. To read and share more stories of recovery, check out notalone.nami.org, rogersinhealth.org, namiwisconsin.org/story-forum and mindcheck.ca!

ERICA'S STORY

I HAVE STRUGGLED WITH DELUSIONS, racing thoughts, depressive episodes, hallucinations, and severe mood fluctuations for a good part of my adult life. It has often been a constant struggle. We cannot say that our mental illnesses will be cured; however, we can say that our lives can and will get better.

Recovery is long-term in nature and giving life another chance and a fresh start is a perfect attitude with which to begin. With NAMI, I have been able to not only learn from other individuals with similar experiences, but I have also been able to “give back” by providing support to even more individuals.

Feeling connected is one of the wonderful aspects of NAMI and it has been a life-changing experience. Living with schizoaffective disorder has been an uphill battle for me. However, with the right medications, lifestyle changes, support and therapy, it has proven to be a prodigious experience.



MERCEYDEIS' STORY

MY MOTHER WAS DEPRESSED, emotional, and manic. She would become sad and angry over things that people wouldn't normally become sad and angry about. Then she would become so happy that she would do things that were not very realistic, which I now know as delusions. However, my mother has accomplished many goals: made it all the way to a PhD program, maintained an excellent career, ran her own business, effectively managed her symptoms of mental illness.

But most importantly, she has been a great mother, supporting me in everything. My mother still has her bad days when she is depressed, and goes to bed, or experiences mania (or what I call adrenaline days), but she still has definitely succeeded in life. I am very lucky as a child, to live with a person who has overcome something and to have her in my life.

MENTAL HEALTH CRISIS OVERVIEW

Mental health crises can be some of the scariest, most stressful situations we ever experience. However, there are ways to make them safer, more manageable and, more importantly, prevent them altogether. This section will give you an overview of the information you'll need to do that. This section also covers basic information about civil commitments.

THIS SECTION WILL COVER:

- What is a Crisis?
- Basic Steps to take in a Crisis
- Safe Police Interactions
- Crisis Prevention
- What is a Civil Commitment?
- Why do Commitments Occur?
- How does a Commitment Begin?
- How does an Emergency Detention Work?
- Commitment Process and Possible Outcomes
- What are my Rights?

*“Wherever you are is always the right place.
There is never a need to fix anything, to hitch
up the bootstraps of the soul and start at some
higher place. Start right where you are.”*

—Julia Cameron

WHAT IS A CRISIS?

WHAT IS A CRISIS?

- Generally, a crisis is a situation that the person or their loved ones are unable to resolve without the help of trained professionals
- Common crisis emotions include feeling very afraid, overwhelmed by negative emotions and/or out of control
- A mental health crisis does NOT ALWAYS mean someone is a danger to self or others

WHAT CAN CAUSE A CRISIS TO OCCUR?

EXTERNAL FACTORS: increased stress, loss, traumatic events, major life changes

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

WHAT ARE SIGNS THAT ACTION MUST BE TAKEN?

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

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.

BASIC STEPS TO TAKE IN A CRISIS



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 (see pg. 64 for more info).

Ask how you can help your loved one feel safe. Try to find out what would help them feel more secure and in control.

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

What are your preferences? Is there a certain hospital or clinic you prefer? Would you prefer non-medical support? (see pages 32-33 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 AND UNWILLING TO SEEK CARE?

YES

NO

???

Call 911. Explain that it is a mental health crisis and request an officer with mental health training (see page 47 for more info).

Ask the person if they are willing to call a crisis line* and talk with someone. IF THEY ARE NOT WILLING...

Call the crisis line* yourself. They will help you process the situation, provide referrals and possibly send a crisis worker.

*CRISIS SERVICES INFORMATION ON PAGES 73-81.

SAFE POLICE INTERACTIONS



Tips 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.”

3) 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.”

5) 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.”

2) Request that a CIT (Crisis Intervention Team) trained 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.”

4) If applicable: Tell the officer if your loved one has made direct threats.

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

6) 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.”



A Community Initiative to Improve Crisis Interventions

For more information on what a CIT/CIP training entails, please visit citwisconsin.org or call NAMI Wisconsin’s CIT/CIP Program Director at 608-268-6000.

BE CALM AND COOPERATIVE with 911 dispatcher and law enforcement officers. Answer all questions completely and honestly. Give a written statement if requested.

TOOLS FOR CRISIS PREVENTION

With good planning and support, many people living with mental illness can avoid 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 71. However, good plans are more detailed and focus on prevention, using models such as WRAP (Wellness Recovery Action Plans). The plan should only be shared with people chosen by the plan's owner.

MAKING A CRISIS PLAN: SELF-DIRECTION!

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, it can be developed over time.

TOOLS AND TEMPLATES

- **WELLNESS RECOVERY ACTION PLANS** include a crisis planning section: mentalhealthrecovery.com No computer access? Call NAMI Wisconsin and we can mail one to you.
- **FACING US CLUBHOUSE** provides free online wellness tracking, crisis plan templates and more: facingus.org. No computer access? Call NAMI Wisconsin and we can mail materials to you.
- **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. More information at emotional-cpr.org.
- **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.

INTRO TO CIVIL COMMITMENTS

There is a wide range of beliefs about court-ordered mental health treatment. Some people believe that involuntary treatment is underutilized. Others believe that such an extreme violation of civil rights should never be practiced. Many people fall somewhere in the middle — believing it to be necessary in rare cases. Because the emergency detention and commitment process is so confusing and overwhelming, we want to provide a basic guide to the process — specific to Wisconsin law and procedures. 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 often a traumatic, frightening, confusing process for most involved. It is 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

WHAT IS A COMMITMENT?

A **civil commitment** is a court order for up to six months for either inpatient or outpatient mental health treatment. The treatment must take place in the least restrictive setting consistent with the person's needs.

DOES AN INPATIENT COMMITMENT EVER BECOME OUTPATIENT? Terms and conditions may be imposed by the county (of residence) human services department before the transition from inpatient to outpatient. If a person is being treated on an outpatient basis and they violate a term or condition imposed by the county, they may be transferred back to an inpatient setting. If that inpatient stay lasts for more than 5 days, the patient has a right to a hearing to challenge the transfer.

CAN A COMMITMENT BE RENEWED? Before a civil commitment has expired, it can be extended for up to one year. To begin the extension, the county department must file a request for a hearing with the committing court. In order for the court to extend the commitment, the judge must find “a substantial likelihood, based on the person's treatment record, that the person would be a proper subject for commitment if court-ordered treatment was withdrawn.” At the end of a full-year recommitment, the court can again recommit the person for an additional year. This can happen every year in some cases.

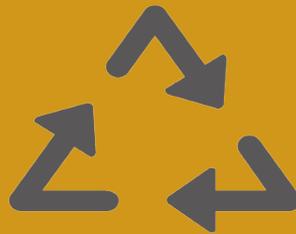
WHAT DOES “CHAPTER 51” MEAN?

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.

HOW DOES A COMMITMENT BEGIN?

- 1) Emergency detention by law enforcement
- 2) Emergency detention by treatment director, sometimes called a “treatment director's hold”
- 3) 3-party petition

THESE 3 PROCESSES WILL BE DISCUSSED IN GREATER DETAIL IN THE FOLLOWING PAGES, DENOTED BY THE ARROW SYMBOL:



OUTPATIENT CARE: Care received in the community or another setting where an overnight stay in the hospital is not necessary.

INPATIENT CARE: Care received in a hospital where the person stays at least one night in the facility (24 hour care).

WHY DO COMMITMENTS OCCUR?

According to Wisconsin state law, 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, defined as a substantial disorder of thought, mood, perception, orientation, or memory, which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the demands of life.

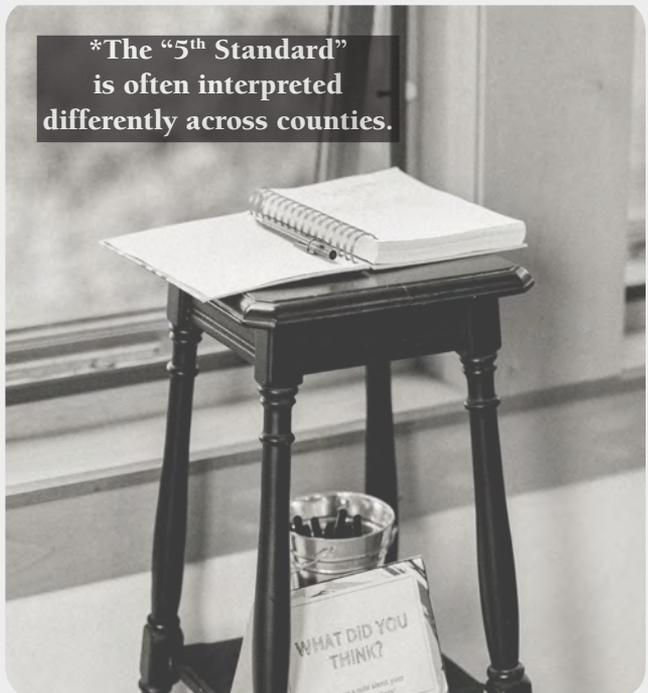
2. THE PERSON'S ILLNESS IS TREATABLE. This applies to all people with mental illness.

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

- 1) Recent acts, attempts or threats of suicide or serious bodily harm to self.
- 2) Recent acts, attempts, or threats of serious bodily harm to others, or violent behavior which places others in reasonable fear of serious physical harm.
- 3) A pattern of recent acts or omissions which evidences impaired judgment causing the individual to be an inadvertent danger to self or others.

4) Mental illness causes the individual to be so gravely disabled that he/she is unable to satisfy basic needs for nourishment, medical care, shelter or safety.

5)* Individual's psychiatric treatment history, coupled with his/her 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.



HOW DOES A COMMITMENT BEGIN?

CIVIL COMMITMENTS BEGIN IN 1 OF 3 WAYS

1. EMERGENCY DETENTION (ED): 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). **SEE NEXT PAGE FOR DETAILS.**

2. TREATMENT DIRECTOR’S HOLD: This happens when a person has been admitted to a psychiatric treatment facility/unit, and the treatment director (of the inpatient psychiatric unit) decides that an emergency detention is necessary and detains the person at that facility.

3. 3-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.

KEY TIME LIMITS

1) 72 hours (not including weekends and holidays): maximum time someone can be held before a probable cause hearing

2) 14 days: maximum time someone can be held before final hearing



Basic steps of a 3-party petition:

- Call county “corporation counsel” (the county’s attorney). 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, 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 family member.
- Your loved one will be taken to a mental health facility. This begins the commitment process (page 54).



HOW DOES AN EMERGENCY DETENTION (ED) WORK?

Law enforcement takes the person into custody because they have reason to believe the person has a mental illness and is a danger to self or others

Police transport the person to a hospital/health facility (usually an ER)

Police consult with the county's crisis service provider to determine if an emergency detention is necessary

Does crisis services determine that detention is necessary?

N

Detention ends, and follow-up resources given

Y

Does the person agree to inpatient treatment?

N

Emergency detention continues

Y

Voluntary hospitalization

Person requests discharge or refuses treatment

Person is discharged from the hospital with a discharge plan

N

Does person meet criteria? (page 51)

Y

 Hospital treatment director initiates emergency detention. This is often referred to as a "treatment director's hold."

Commitment Process Begins (see page 54)

COMMITMENT PROCESS & OUTCOMES

DETENTION – PERSON HELD FOR NO MORE THAN 72 HOURS

A PERSON CAN BE IN CUSTODY for no 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.

POTENTIAL NEXT STEPS:

CORPORATION COUNSEL (THE COUNTY'S ATTORNEY) MAY OFFER THE PERSON A "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). If the person does not violate the terms of the agreement, the case is dismissed, the file is closed and no court record of the settlement agreement is available. However, if a person does violate the terms, the commitment process may resume at county corporation counsel's discretion (i.e. another hearing is set).

A "WAIVER" OF PROBABLE CAUSE HEARING is when the person decides, along with his/her attorney, not to contest a finding of probable cause (forfeits the probable cause hearing).

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 51. Possible outcomes described below.

POSSIBLE OUTCOMES OF THE PROBABLE CAUSE HEARING:

PROBABLE CAUSE NOT FOUND: The case is dismissed and person is released.

PROBABLE CAUSE IS FOUND: 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).

POTENTIAL NEXT STEPS IF PROBABLE CAUSE IS FOUND:

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.

STIPULATION TO ORDER OF COMMITMENT. A stipulation is when a person decides not to contest an order of commitment at the time of the final hearing (forfeits the final hearing).

FINAL HEARING TAKES PLACE (see possible outcomes on next page).

POSSIBLE OUTCOMES OF THE FINAL HEARING

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.

WHAT ARE MY RIGHTS?

CAN I BE FORCED TO TAKE MEDICATION DURING THE COMMITMENT PROCESS?

- **BEFORE THE PROBABLE CAUSE HEARING**, you should not be forced to take medication unless it is being used to prevent serious bodily harm to self or others.
- **IF PROBABLE CAUSE FOR A COMMITMENT IS FOUND**, the judge may also give an “order to treat.” This means that you will be given medication regardless of your consent. In order to issue an order for involuntary medication, the court needs to first determine whether the person’s refusal to take the medication is based upon sound reasoning. For example, a person who refuses medication that caused a bad reaction in the past is making a competent decision. Whereas, a person who will not take a medication that they falsely believe has been poisoned is not competent to refuse medication.
- **AFTER THE PROBABLE CAUSE HEARING**, the “order to treat” is effective until the final hearing. However, if a commitment is ordered, the “order to treat” can last throughout the commitment.

CAN I VERIFY THAT THERE WAS AN “ORDER TO TREAT?” You have the right to see the court orders. You can request to see the legal section of your medical chart. It will include the order for final hearing and the order to treat. You can tell any present provider that you would like to see the court order (nurse, doctor, social worker, patient advocate).

IS MEDICATION ALWAYS PART OF THE COMMITMENT? No. Medications can only be given involuntarily if the court has found the person not competent to make decisions regarding medication. Otherwise, the person is free to refuse medication — even in an inpatient setting.

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, you are not in locked seclusion or otherwise unavailable (e.g. in therapy or other scheduled activities), your family members can visit. If you want to take the call, you are not in locked seclusion or otherwise unavailable, your family members can call during and after visiting hours.

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 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. You or a family member can reach them at (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.

HEALTHY RELATIONSHIPS

Self-care, Healing & Communication

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.

THIS SECTION WILL COVER:

- Self-Care Tips for Family Members
- Guidance for Family Members: Healing Relationships during Crises
- Guidance for Family Members: Disagreement about Treatment Needs
- Guidance for Family Members: Responding to Delusions
- *For additional tips on maintaining healthy relationships, visit the NAMI website: www.nami.org/find-support/family-members-and-caregivers/maintaining-a-healthy-relationship*

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 46-47 of this guide.

SELF-CARE TIPS FOR FAMILIES

GUIDANCE FOR FAMILY MEMBERS

IT IS OKAY TO GET ANGRY. It is not selfish.

It is a normal response. Give yourself permission to feel anger. What matters is how you handle the anger. Give yourself time to cool down before responding.

Avoid blame. Your loved one is not to blame and neither are you. Acknowledge any guilt you may feel but do not let it control you.

Celebrate small victories. Even though you were exhausted, you still ate 3 meals today. Even though you and your loved one fought last week, today you went for a walk or had a nice talk.



Develop a support

system that “gets it,” that has, in some way, been through what you’re going through. This can be friends, family or fellow NAMI members. Let your support system know what is and is not helpful to you.

ASK FOR HELP. You truly can’t do this alone. MANY family members find a therapist. Navigating challenging relationships or family dynamics is a VERY common and legitimate reason to seek therapy.

IT IS NOT ONLY OKAY TO TAKE TIME FOR YOURSELF, IT IS NECESSARY. You can’t effectively support your loved one if you don’t take care of yourself.

FORGIVE YOURSELF

for mistakes.

Learn from them and move on.

USE HUMOR



to relieve stress whenever possible.

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

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 help you better understand why your loved one acts and feels the way they do, how to navigate the complex mental health system and how to have healthier relationships. Having this knowledge will reduce stress. Also, research has shown that education for family members improves health outcomes for people living with mental illness. By educating yourself, you are making an important contribution to your loved one’s recovery!

GUIDANCE FOR FAMILY MEMBERS:

In crisis situations, family members are often the people who are forced to take actions (calling the police, 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, maybe even abandoned or “written off.” Respect those feelings. Even though a positive conversation may not happen right away, it is important not to avoid contact.

RESPECT YOUR LIMITS. Visiting your loved one in the hospital can be draining and overwhelming. If you can only visit for a few minutes to say “Hi, I love you,” that can be very meaningful.

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 NOT “STEW” IN GUILT. Be with friends. Take your mind off of the situation. There is no shame in giving your mind a rest.

GO TO NAMI FAMILY SUPPORT GROUP MEETINGS, participate in a NAMI Basics or NAMI Family-to-Family course, get connected in any way you can to others who understand your experience.

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.



HEALING RELATIONSHIPS DURING CRISES



Tips FOR HEALING AFTER CRISIS SITUATIONS

ACKNOWLEDGE your loved one's feelings of betrayal and anger.

APOLOGIZE and ask for forgiveness.

EXPLAIN why you had to do what you did, in a non-accusatory way.

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.

DO!

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 (i.e. *"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!*

GUIDANCE 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, obvious or “touchy-feely,” but they are powerful.



Tips TO IMPROVE DISAGREEMENTS ABOUT TREATMENT NEEDS

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 (also see pages 31-33 of this guide).

“For a long time, I would skip meds, flush them down the toilet, just in general had a hard time. As I was struggling, a friend invited me to a NAMI support group. I finally felt as if I was not alone. From there, I was propelled into my road to recovery.”

—Mandy, DVR counselor

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.

NOTE: If you feel your loved one may be a DANGER TO THEMSELVES OR OTHERS, please review page 46-47 of this guide.

DISAGREEMENT ABOUT TREATMENT NEEDS

IDENTIFY COMMON GOALS. Perhaps your loved one wants to stay out of the hospital, work (or stay in a job longer or feel more fulfilled by work), go to 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. So, avoid trying to convince your loved one that they’ll need a certain treatment forever. Instead, frame therapy, medication, etc. 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 your loved one’s partner, not their adversary. For the time being, set aside the goal of convincing your loved one they need treatment. Instead, identify common goals and build trust.

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

GUIDANCE FOR FAMILY MEMBERS: RESPONDING TO DELUSIONS

Delusions are fixed, false beliefs. Delusions sometimes take the shape of paranoia (e.g. “The FBI is chasing me.”) or mistaken identity (e.g. a child claiming that a parent is an “imposter.”) Delusions are not the same as hallucinations (such as hearing voices). Developing a good response to delusions is not easy. If you feel lost, helpless and frustrated, you are not alone. Here are a few guidelines that may help.

INEFFECTIVE RESPONSES:

Arguing. Delusions remain fixed even when the person is presented with evidence to the contrary. Arguing is likely to create distrust and confusion.

Reinforcement. Reinforcing or “playing along” with delusions can cause problems later on. Don’t pretend to share the experience if you do not.

Being dismissive. Being dismissive or ignoring the experience might make the family member feel invalidated, unheard and/or distrustful.

HERE IS AN EXAMPLE to provide a frame of reference for these techniques.

Loved one: *“I need to get out of here to protect myself and everyone else.”*

EFFECTIVE RESPONSES:

Acknowledge the delusions in a respectful, genuine way.

Empathize with the experience. This does not mean agreeing or reinforcing. Empathy means trying to put yourself in the other person’s shoes and expressing that you are trying to understand the other person’s experience.

Explore the person’s feelings and coping methods by asking open-ended, non-judgmental questions.

1. ACKNOWLEDGE: *“I understand that you want to get out. Can I ask why?”*

Loved one: *“The CIA is after me and if I don’t get away, they’re going to come here and I don’t know what could happen.”*

2. EMPATHIZE: *“I can understand why you would want to get out if you feel like the CIA is after you. I don’t know that feeling, but I imagine it would be really terrifying.”*

3. EXPLORE: *“Is that what it feels like for you— terrifying?”*

If your loved one says no, do not push. Be genuinely curious about how things are for them and ask further open-ended questions:

“Have you felt like the CIA is after you before? What helped you feel safer in the past? What could we do now to make you feel safer now?”

LEGAL RESOURCES

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

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

DIVERSION FROM JAIL/PRISON Many counties have special courts that aim to address the underlying issues behind criminal behavior, including courts for people with substance abuse issues or OWI charges, mental illness and veterans. To learn more, contact NAMI Wisconsin.

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); wisbar.org, 800-362-9082

DISCRIMINATION/PATIENT RIGHTS: DISABILITY RIGHTS WISCONSIN (DRW) may be able to help if your situation relates to: *Neglect and patient rights in various settings: schools, residential care, correctional institutions, inpatient facilities* • *Access to long term care* • *Inappropriate institutionalization, inadequate discharge planning* • *Discrimination in employment or housing*; disabilityrightswi.org, (800) 928-8778

HEALTH INSURANCE- LEGAL ISSUES: ABC FOR HEALTH may be able to help with health coverage related issues, including: *Lost or about to lose health coverage* • *Claims, denials or disputes with a private health insurer* • *Notices from BadgerCare saying they won't cover a service*; safetyweb.org, (800) 585-4222

FREE & REDUCED COST LEGAL SERVICES:

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, (888) 278-0633

LEGAL AID SOCIETY OF MILWAUKEE:

Free for eligible Milwaukee residents; lasmilwaukee.com, (414) 727-5300

COMMUNITY JUSTICE INC: Reduced cost legal services for eligible residents of Adams, Columbia, Dane, Dodge, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Rock and Sauk counties; www.communityjusticeinc.org, (608) 204-9642

MODEST MEANS PROGRAM OF THE WI STATE BAR ASSOCIATION: Serves eligible individuals statewide; wisbar.org,

Browse additional options by county:
wilawlibrary.gov/topics/county.php

SELF-ADVOCACY IN THE WORKPLACE

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.

ARE THERE LEGAL PROTECTIONS FOR PEOPLE WITH MENTAL ILLNESS IN THE WORKPLACE?

Yes. Any person with a disability is protected under the Americans with Disabilities Act (ADA) and the Wisconsin Fair Employment Act. In these laws, a disability is defined as a “physical or mental impairment that substantially limits a major life activity” (e.g. sleeping, learning, concentrating, thinking, communicating).

This includes illnesses that are episodic or in “remission” but may return (such is the case with many mental illnesses). The following illnesses are always considered covered by the ADA: major depression, bipolar disorder, post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD) and schizophrenia.

IF I CURRENTLY RECEIVE TREATMENT AND USUALLY FEEL WELL, AM I STILL PROTECTED BY THE LAW?

Yes. When determining whether someone has a disability, the positive effects of treatment cannot be taken into consideration. The law looks at what things were like before treatment or how they would be if treatment stopped.

WHAT IS A “REASONABLE ACCOMMODATION?”

A reasonable accommodation is any adjustment to a job or the work environment that will enable a qualified applicant or

employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodations are not charity; they are the rightful expectation of people with disabilities.

WHAT PROTECTIONS DOES THE LAW PROVIDE?

Your employer cannot:

- Deny a request for accommodation of a known disability (unless it imposes undue hardship on the employer/company)
- Deny job opportunities because you have a disability and/or need an accommodation
- Retaliate following requests for accommodation

DO I HAVE TO TELL MY EMPLOYER ABOUT MY MENTAL ILLNESS BY A CERTAIN TIME IN ORDER TO BE PROTECTED UNDER THE LAW?

No. You are not required to disclose your mental illness before being hired or upon starting the job in order to be protected under the law. You may request an accommodation at any time.



DO I HAVE TO REQUEST AN ACCOMMODATION IN WRITING? No. You also do not have to use the words “reasonable accommodation.” However, it is highly recommended that you do put the request into writing, including the date and your signature.

HOW CAN I PREPARE FOR TALKING TO MY EMPLOYER ABOUT AN ACCOMMODATION? It is best to bring clear ideas about what would help you be more successful at work, rather than expect the employer to have the answers. You can prepare these ideas by connecting 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 • Free consultation regarding disclosing your illness to an employer • Help is available online at askjan.org or over the phone (800) 526-7234

I MAY HAVE EXPERIENCED DISCRIMINATION. WHAT SHOULD I DO? Disability Rights Wisconsin (DRW) may be able to assist you. DRW advocates for people with any type of disability, including mental illness. You or a family member can reach them at (800) 928-8778; disabilityrightswi.org. You could also file a complaint with the Wisconsin Equal Rights Division: 608-266-6860; dwd.wisconsin.gov/er



Tips FOR FINDING A JOB OR MANAGING ILLNESS ON THE JOB

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).

IF YOU RECEIVE DVR SERVICES in Dane, Dodge, Marquette, Sauk, Jefferson or Columbia counties, you can also receive peer support services. Contact Monarch House to learn more: (715) 505-5641

YOUR COUNTY MAY OFFER A PROGRAM CALLED INDIVIDUAL PLACEMENT AND SUPPORT (IPS) supported employment. 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 info (pg. 73-81).

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/directory.

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. *Please contact NAMI Wisconsin for more in-depth information on this topic, including ways to advocate to improve this system!*



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 offender.doc.state.wi.us/lop/. You will need the person's full name and date of birth. To confirm that a loved one is in jail, call your county sheriff's department. You can find a sheriff's office directory at wsdsa.org; (715) 723-7173

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 “game 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** (statewide), fairshake.net, (608) 634-6363 • **INDEPENDENT**

LIVING CENTERS (statewide), contact information on page 82 • **MADISON URBAN MINISTRY** (Madison area), emum.org; (608) 256-0906 • **THE DEMETER FOUNDATION** (Madison area), thedemeterfoundation.com; (608) 298-3563 • **VOICES BEYOND BARS** (Madison area), leadership development and peer support for formerly incarcerated people (608) 270-9711 • **INFALLIBLE HELPING HANDS** (Milwaukee area), <http://www.infahelp.org/>; (414) 219-9046 • **COMMUNITY CIRCLES OF SUPPORT** (Appleton, Neenah-Menasha, Oshkosh, Fond du Lac, Green Bay and Manitowoc), www.circles-of-support.org; (877) 490-3120

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

BE AWARE OF THE SYSTEM’S CURRENT LIMITATIONS. The Wisconsin Department of Correction’s mental health system is built upon a classification system where inmates’ 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) • Inmates in any category can send a written request for additional visits with mental health staff or to be seen for a mental health crisis.

Inmates also have very little choice in providers due to extreme staff shortages. 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.

ADVOCATE FOR CHANGE!

By definition, advocacy is “the act of speaking, writing, or acting in support of something or someone.” There are many ways to advocate. We all have different skills and communication styles.

WHY DOES IT MATTER? Everyone who experiences mental illness deserves the right mental health services and supports at the right time. Because with those key supports in place, recovery is possible. To make that happen, we have to let elected officials, the media and the general public know what is needed.

HOW CAN I SHARPEN MY ADVOCACY SKILLS? NAMI Wisconsin and other organizations offer grassroots advocacy trainings that help you develop the fundamental tools needed for effective advocacy: a clear-cut understanding of why advocacy matters and the ability to use your personal experience as an advocacy tool. NAMI Wisconsin also has materials to help you better understand the mental health system and current issues.

HOW DO I GET INVOLVED/LEARN MORE? Reach out to your local NAMI affiliate and/or NAMI Wisconsin! 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/take-action to learn more.

WHO REPRESENTS ME?

TO FIND YOUR STATE AND FEDERAL REPRESENTATIVES, visit legis.wisconsin.gov, click on “Find my Legislators” and type in your home address.

TO FIND YOUR LOCAL ELECTED OFFICIALS, visit wicounties.org/resources.iml to find a listing of county websites. Each county's website is different, but you can find a tab labeled “The Counties.”

SAMPLE CRISIS PLAN

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 — doctor, 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 DOCTOR'S RESPONSE

#2 ISSUE OR QUESTION

NOTES ON DOCTOR'S RESPONSE

#3 ISSUE OR QUESTION

NOTES ON DOCTOR'S RESPONSE

QUESTIONS FOR NEXT TIME:

COUNTY 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.

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 Street,
Rice Lake, WI 54868
(715) 568-4426
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:

932 Cherry St., Green
Bay, WI 54301-4824
(920) 430-7460
president@
namibrowncounty.org

BUFFALO

CRISIS SERVICES:

(888) 552-6642

HEALTH AND HUMAN

SERVICES: 407 South 2nd
St., Alma, WI 54610
(608) 685-6326

BURNETT

CRISIS SERVICES:

(888) 636-6655

BEHAVIORAL HEALTH & COMMUNITY PROGRAMS:

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

CALUMET

CRISIS SERVICES:

(920) 849-9317

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

Your county's Aging and Disability Resource Center (ADRC) is another extremely valuable resource. Call (800) 362-3002 to obtain your local ADRC's phone number.

COUNTY DIRECTORY

CHIPPEWA

CRISIS SERVICES:

(888) 552-6642

HUMAN SERVICES:

711 N. Bridge St.
Chippewa Falls, WI
54729
(715) 726-7788

NAMI CHIPPEWA VALLEY:

(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: 2652 Murphy
Rd., Portage, WI 53901
(608) 742-9227

CRAWFORD

CRISIS SERVICES:

(888) 552-6642

HUMAN SERVICES:

225 N. Beaumont Rd.
Suite 326, Prairie du
Chien, WI 53821
(608) 326-0248

NAMI SOUTHWESTERN

WI: (608) 485-3211
southwestwisconsin.
nami@gmail.com

DANE

CRISIS SERVICES:

(608) 280-2600

JOURNEY MENTAL HEALTH SERVICES:

49 Kessel Ct.
Madison, WI 53711
(608) 280-2720

HUMAN SERVICES

1202 Northport Dr.
Madison, WI 53704
(608) 242-6200

NAMI DANE COUNTY:

2059 Atwood Ave.
Madison, WI 53704
(608) 249-7188
contact@
namidanecounty.org

NAMI UW-MADISON:

nami.wisco@gmail.com

DODGE

CRISIS SERVICES:

(920) 386-3500
(920) 386-3726

HEALTH AND HUMAN

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

NAMI DODGE COUNTY:

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

DOOR

CRISIS SERVICES:

(920) 746-2588

HUMAN SERVICES:

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

NAMI DOOR COUNTY:

JAK's Place
1623 Rhode Island St.
Sturgeon Bay, WI 54235
(920) 818-0525
jaksplace@att.net

DOUGLAS

CRISIS SERVICES:

(715) 392-8216

HUMAN SERVICES:

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

NAMI DOUGLAS COUNTY-

WI: (715) 398-6471
namidouglascountywi@
gmail.com

DUNN

CRISIS SERVICES:

(715) 232-1116
All other hours,
(888) 552-6642

COUNTY DIRECTORY

HUMAN SERVICES:

808 Main St.
Menomonie, WI 54751
(715) 232-1116

NAMI CHIPPEWA VALLEY:

(715) 450-6484
namicv@yahoo.com

EAU CLAIRE

CRISIS SERVICES:

(888) 552-6642

HUMAN SERVICES:

(715) 839-7118

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:

21 E. 2nd St., Suite 104
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) 362-6823
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) 485-3211
southwestwisconsin.
nami@gmail.com

GREEN

CRISIS SERVICES:

8 am-5 pm, Mon-Fri,
(608) 328-9383

All other hours,
(608) 328-9393

HUMAN SERVICES:

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

NAMI GREEN COUNTY:

(608) 328-9499
namigc@tds.net

GREEN LAKE

CRISIS SERVICES:

(920) 294-4000

HEALTH AND HUMAN

SERVICES: 571 County
Rd. A, PO Box 588
Green Lake, WI 54941
(920) 294-4070

IOWA

CRISIS SERVICES:

(800) 362-5717

UNIFIED COMMUNITY

SERVICES: 1122
Professional Dr.
Dodgeville, WI 53533
(608) 935-2776

NAMI SOUTHWESTERN WI:

(608) 485-3211
southwestwisconsin.
nami@gmail.com

IRON

CRISIS SERVICES:

(866) 317-9362

HUMAN SERVICES: 300

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

Your county's Aging and Disability Resource Center (ADRC) is another extremely valuable resource. Call (800) 362-3002 to obtain your local ADRC's phone number.

COUNTY DIRECTORY

JACKSON

CRISIS SERVICES:

(800) 362-8255

HEALTH AND HUMAN SERVICES:

420 Hwy 54 W., 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

NAMI JEFFERSON:

(920) 728-4627
nami.jeffersonwi@gmail.com

JUNEAU

CRISIS SERVICES:

(608) 847-2400
(608) 847-5649

HUMAN SERVICES:

220 E. La Crosse St.
Courthouse Annex
Room 23
Mauston, WI 53948
(608) 847-2400

NAMI MONROE- JUNEAU:

(800) 924-8416
info@namimonroejuneau.org

KENOSHA

CRISIS SERVICES:

(262) 657-7188

KENOSHA HUMAN

DEVELOPMENT SERVICES:

5407 8th Ave.
Kenosha, WI 53140
(262) 657-7188

NAMI KENOSHA:

(262) 652-3606

KEWAUNEE

CRISIS SERVICES:

Mon-Fri, 8 am-4:30 pm
(920) 388-3777

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. North
La Crosse, WI 54601
(608) 784-4357

NAMI LA CROSSE:

(608) 519-1647
info@namilacrosse
county.org

LAFAYETTE

CRISIS SERVICES:

(608) 776-4800
(888) 552-6642

HUMAN SERVICES:

627 Main St.
Darlington WI 53530
(608) 776-4800

LANGLADE

CRISIS SERVICES:

(715) 845-4326

NORTHCENTRAL

HEALTHCARE:

Antigo Center
(715) 627-6694

NAMI NORTHWOODS:

(715) 432-0180
nami.northwoods@gmail.
com

LINCOLN

CRISIS SERVICES:

(715) 845-4326

NORTHCENTRAL

HEALTHCARE:

Wausau Office
(715) 848-4356

Merrill Center
(715) 536-9482

Antigo Office
(715) 627-6604

Tomahawk Office
(715) 453-5381

NAMI NORTHWOODS:

(715) 432-0180
nami.northwoods@gmail.
com

MANITOWOC

CRISIS SERVICES:

(920) 683-4230
(888) 552-6642

HUMAN SERVICES:

926 S. 8th St.
Manitowoc, WI 54220
(920) 683-4230

NAMI MANITOWOC:

(920) 684-3998
jprotsman@sbcglobal.net

COUNTY DIRECTORY

MARATHON

CRISIS SERVICES:

(715) 845-4326

NORTHCENTRAL HEALTHCARE:

Wausau Center
(715) 848-4356

NAMI NORTHWOODS:

(715) 432-0180
contact@
naminorthwoods.org

MARINETTE

CRISIS SERVICES:

(715) 732-7760

HEALTH AND HUMAN SERVICES (ADAPT CLINIC):

2500 Hall Ave.
Marinette, WI 54143
(715) 732-7760

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 GREATER

MILWAUKEE: 915 N Dr.
Martin Luther King Jr Dr,
Milwaukee, WI 53212
(414) 344-0447
shirleyd@namigrm.org

MONROE

CRISIS SERVICES:

(608) 269-8600
(608) 269-2117

HUMAN SERVICES: 14301
County Hwy B, Bldg. A
Sparta, WI 54656
(608) 269-8600

NAMI MONROE- JUNEAU:

(800) 942-8416
info@namimonroejuneau.
org

OCONTO

CRISIS SERVICES:

8 am-4 pm, Mon-Fri
(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) 362-6823
naminorthernlakes@
yahoo.com

OUTAGAMIE

CRISIS SERVICES:

(920) 832-4646

HEALTH AND HUMAN SERVICES: 401 S. Elm St.

Appleton, WI 54911
Human Services North
Bldg. 3rd level
(920) 832-5270

NAMI FOX VALLEY:

211 E. Franklin St.
Appleton, WI 54911
(920) 954-1550
info@namifoxvalley.org

Your county's Aging and Disability Resource Center (ADRC) is another extremely valuable resource. Call (800) 362-3002 to obtain your local ADRC's phone number.

COUNTY DIRECTORY

OZAUKEE

CRISIS SERVICES:

Fri, (262) 284-8145
(262) 377-2673

HUMAN SERVICES:

121 W. Main St., Port
Washington, WI 53074
(262) 284-8200

NAMI OZAUKEE:

(262) 243-3627
namiozaukee@gmail.com

PEPIN

CRISIS SERVICES:

(715) 672-8941
(715) 672-5944

HUMAN SERVICES:

740 7th Ave. West
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,
Suite 50
Balsam Lake, WI 54810
(715) 485-8405

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
counties@gmail.com

PRICE

CRISIS SERVICES:

(866) 317-9362

HEALTH AND HUMAN SERVICES:

104 S. Eyder
St., Phillips, WI 54555
(715) 339-3054

RACINE

CRISIS SERVICES:

(262) 638-6741

BEHAVIORAL HEALTH SERVICES:

1717 Taylor Ave.
Racine, WI 53403
(262) 638-6744

NAMI RACINE COUNTY:

2300 DeKoven Ave.
Racine, WI 53403
(262) 637-0582
info@namiracine.org

RICHLAND

CRISIS SERVICES:

(608) 647-8821
(888) 552-6642

HEALTH AND HUMAN SERVICES:

221 W. Seminary St.
Richland Center
WI 53581
(608) 647-8821

ROCK

CRISIS SERVICES:

(608) 757-5025

HUMAN SERVICES:

3530 N. County Hwy F
Janesville, WI 53545
(608) 757-5200

NAMI ROCK COUNTY:

(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

COUNTY DIRECTORY

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 or (608) 963-8186
NAMI.saukco2016@yahoo.com

SAWYER

CRISIS SERVICES:

(715) 638-3317

COMMUNITY PROGRAMS:

10610 Main St.
Hayward, WI 54843
(715) 638-3317

SHAWANO

CRISIS SERVICES:

(715) 526-3240

HEALTH AND HUMAN SERVICES:

504 Lakeland Rd., Shawano, WI 54166

(715) 526-4700

SHEBOYGAN

CRISIS SERVICES:

(920) 459-3151

HEALTH AND HUMAN SERVICES:

1011 N. 8th St.
Sheboygan, WI 53081
(920) 459-3155

TAYLOR

CRISIS SERVICES:

(715) 748-3332
(715) 748-2200

HUMAN SERVICES:

540 E. College Ave.
Medford, WI 54451
(715) 748-3332

TREMPEALEAU

CRISIS SERVICES:

(888) 552-6642

HUMAN SERVICES:

36245 Main St.
Whitehall, WI 54773
(715) 538-2311, ext. 266

NAMI TREMPEALEAU

(608) 484-2723
namitremplcounty@yahoo.com

VERNON

CRISIS SERVICES:

(608) 637-7007

HUMAN SERVICES:

318 Fairlane Dr., Suite 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) 362-6823
naminorthernlakes@yahoo.com

WALWORTH

CRISIS SERVICES:

(262) 741-3200, press 0

HEALTH AND HUMAN SERVICES:

W4051 County Rd. NN
Elkhorn, WI 53121
(262) 741-3200

NAMI WALWORTH:

(262) 325-8663

Your county's Aging and Disability Resource Center (ADRC) is another extremely valuable resource. Call (800) 362-3002 to obtain your local ADRC's phone number.

COUNTY DIRECTORY

WASHBURN

CRISIS SERVICES:

(715) 468-4747
(888) 552-6642

HEALTH AND HUMAN SERVICES: 110 4th Ave.
Shell Lake, WI 54871
(715) 468-4747

WASHINGTON

CRISIS SERVICES:

(262) 365-6565

HUMAN SERVICES:

333 E. Washington St.
Suite 2100
West Bend, WI 53095
(262) 335-4583

NAMI WASHINGTON WELCOME CENTER:

2030 Stonebridge Rd.
West Bend, WI 53095
(262) 339-1235; nami@namiwashingtonwi.org

WAUKESHA

CRISIS SERVICES:

(262) 548-7666
(866) 211-3380

HEALTH AND HUMAN SERVICES: 514 Riverview Ave., Waukesha, WI 53188; (262) 548-7666

NAMI WAUKESHA:

217 Wisconsin Ave.
Suite 300
Waukesha, WI 53186
(262) 409-2741
info@namiwaukesha.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:

213 W. Park St.
Wautoma, WI 54982
(920) 787-6600

WINNEBAGO

CRISIS SERVICES:

(920) 233-7707

HUMAN SERVICES:

Oshkosh office
220 Washington Ave.
Oshkosh, WI 54903
(920) 236-4600

Neenah office
211 N. Commercial St.
Neenah, WI 54956
(920) 729-2750

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@namioshkosh.org

WOOD

CRISIS SERVICES:*

Wisconsin Rapids, WI
(715) 421-2345

Marshfield, WI
(715) 384-5555

HUMAN SERVICES:

2611 12th St. South
Wisconsin Rapids, WI 54494
(715) 421-8840

NAMI PORTAGE-WOOD:

(715) 544-9653
namiportagewood
counties@gmail.com

Your county's Aging and Disability Resource Center (ADRC) is another extremely valuable resource. Call (800) 362-3002 to obtain your local ADRC's phone number.

OTHER STATEWIDE RESOURCES

MENTAL HEALTH INSTITUTIONS

Winnebago Mental Health Institute
(920) 235-4910

Mendota Mental Health Institute
(608) 301-1000

CRISIS LINES

Crisis Text Line
Text HOPELINE to 741741

National Suicide Prevention Hotline
(800) 273-8255

SUPPORT/RESPITE

Monarch House- Menomonie
(715) 505-5641

Solstice House- Madison
(608) 244-5077

Parachute House- Madison
(608) 383-8921

Iris Place- Appleton
(920) 815-3217

INFORMATION AND REFERRAL

Do you need information or a referral for rental assistance, utilities, food, mental health or substance abuse issues? Call 2-1-1 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, please call your local county crisis services or 911.

Visit namiwisconsin.org/find-help-near-you/ for more information



STATEWIDE ADVOCACY ORGANIZATIONS

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

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.
mhawisconsin.org • (866) 948-6483

MONARCH HOUSE is controlled and directed by mental health consumers/survivors and exists to help people labeled with a mental illness exercise power in their lives.
www.milkweedalliance.org • (715) 505-5641

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.
wifamilyties.org • (608) 267-6888

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. General information: il-wisconsin.net/centers • (866) 656-4010

NORTHWEST WI: North County Independent Living, (715) 392-9118

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

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

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

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

DANE, DODGE, COLUMBIA, GREEN:

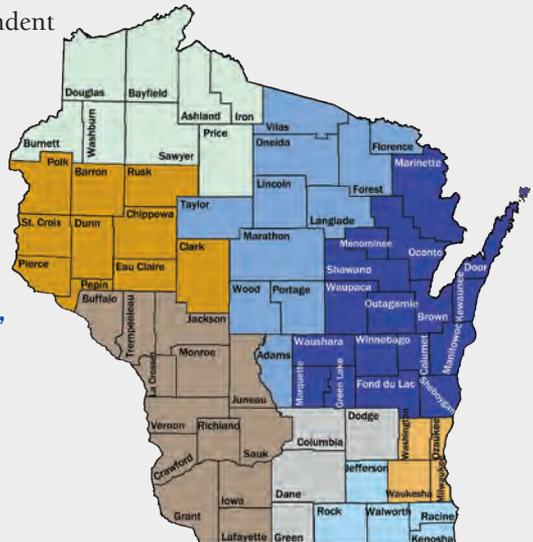
Access to Independence,
(608) 242-8484

JEFFERSON, KENOSHA, RACINE, ROCK,

WALWORTH: Society's Assets,
(262) 637-9128

MILWAUKEE, WAUKESHA, OZAUKEE,

WASHINGTON: Independence First,
(414) 291-7520



Thank you for using this guide! We hope it helps to make your journey a little bit smoother.

You can obtain an electronic version of this guide at namiwisconsin.org/family-and-consumer-resource-guide

YOU ARE NOT ALONE!



National Alliance on Mental Illness

nami | Wisconsin

