

Mental Wealth. That was the name of my wife's team for this year's annual National Alliance on Mental Illness (NAMI) Milwaukee walk. I love that name, it's catchy, clever and stays with you. It's simple and deep, it's quick but it has staying power too. As we wrap up May, our nationally recognized mental health month, I think we should let that concept sink in and marinate.

Mental health care is so often looked at in the paradigm of crisis, emergency, and danger. What I love about the turn of phrase my wonderful wife came up with is the proactive twist and positive nature of it. Instead of passively waiting until things get to a catastrophic level, proactively pushing ourselves to stay "mentally wealthy" as individuals and as a society is such a great approach.

Suicide is the 10th leading cause of death in the United States and accounts for more than 41,000 lives lost each year. Like with other health crises, we are in need of dynamic solutions. Towards those ends, I held a community conversation where members from all over shared their first-hand experiences, their expertise, their insights, and their suggestions. Many people testified, and some contacted me to talk one-on-one, and through these conversations, I have written legislation to address some of the issues facing our community.

I have been working on drafting and developing bills so I can hit the ground running next session. Some of the bills I'm working on include improvements to:

Milwaukee County Mental Health Board:

Although the Board does critical work, it is not as effective as possible. It is oftentimes left out of mental health initiatives and policy work and is held accountable only to the Milwaukee County Executive. My legislation requires the board to hold four public meetings a year, instead of the current requirement of one. It increases transparency of the board's business. It also offers support to the board by requiring the Legislative Reference Bureau to assist in locating resources and to research fiscal implications and estimations.

Diversity:

In order to better serve Milwaukee's diverse population, it is important that health providers are culturally aware and match the diversity of the populations they serve. My legislation would create a Legislative Council study committee to investigate how to increase cultural competency and diversity among professionals in the mental health field.

Office for the Deaf and Hard of Hearing:

I have heard community members voice frustrations about the lack of service for people who are deaf, deafblind, or hard of hearing. In the already complicated process of working toward mental wealth, it is vital that communication is assured. This bill adds a full-time position to the state Office for the Deaf and Hard of Hearing that will work with people who use mental health services.

Funding:

Milwaukee County needs more support and prevention programs and agencies to improve the quality of care given and provide people with the tools they need to remain stable and independent. My legislation would require the Department of Health Services to award grants to agencies and organizations for the provision of mental health and substance abuse related services in Milwaukee County.

Solitary Confinement:

The use of solitary confinement for individuals with severe mental illness in corrections facilities is a human rights violation. It exacerbates the illness and hurts the individual instead of offering them the medical attention they need. My legislation would prohibit confining an inmate struggling with severe mental illness to a solitary cell.

Community members voiced their concerns and complaints, and with these bills, I hope to support and strengthen Milwaukee's mental health (wealth) care system. Please let me know if you have any additional suggestions, 608-266-0650 or Rep.Brostoff@legis.wi.gov. We're all in this together.