Expert Testimony

Introduction:

-- Thank you for the opportunity to speak with you all today. My name is Jacob Diestelmann, I have my doctorate in Counseling Psychology, I am a licensed psychologist here in Wisconsin, and I am currently working as a psychology fellow here in the Marshfield Clinic Health System, and will be transitioning to full psychology faulty later this fall.

-- Prior to my current work here in Marshfield providing rural psychological/mental health services, I trained at a VA medical center in Upstate New York, worked at the University Of Wisconsin Hospital and Clinics and the Veteran's Administration medical center in Madison, along with several other learning and training opportunities in Wisconsin as I completed the entirety of higher education experience at the University of Wisconsin-Madison (encompassing my bachelor's, Master's, and Doctoral degrees). I grew up in a small town in south-central Wisconsin, and memorial portions of my childhood were spent on my grandparent's dairy farm. I briefly outlined these aspects of professional and personal identity because I want you all to know the connections, passion, and compassion I have for serving the people of Wisconsin and improving our systems of mental health care.

-- At the risk of sounding conceited/narcissistic, I believe I embody the spirit of the Wisconsin idea in how my mental health competence and expertise can and should be applied to solve the problems, health concerns, and overall quality of life for all the citizens of the state of Wisconsin. And today, I want to share about the importance of how providers like myself at the Marshfield Clinic are delivering innovative, evidence-based, mental health care that can met the needs of under severed, rural populations, such as our uniquely vulnerable farmers, with novel interventions and creative services delivery models.

-- Since September of 2018, I have spearheaded the development of an integrated behavioral health model in the general internal medicine department here at the Marshfield Clinic. "Integrated primary care combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to their primary medical providers. It allows patients to feel that, for almost any problem, they have come to the right place." And this is precisely the type of service delivery model that will allow increased access, earlier identification, competent and effective interventions, and referrals for addressing and reducing rural and farmer mental health crises and suicide --- particularly compared to our current and traditional models of mental health care.

Taking into account what population research shows -- Only about 20% of those with diagnosable mental health concerns receive care from a specialty mental health or substance abuse clinics, while 21% of the general population are treated in the primary care setting. MEANING --- The majority of people, around 59%, receive no or little focused mental health care at all (Wang et al., 2005).

*** To reiterate, most people with mental health problems seek no care, and many who do seek care simply go to the family doctor; few will ever see a therapist's office or couch.***

*** This research only reinforces that there is a gap that we all know exists for reaching those with behavioral-health, mental-health, and suicidal needs.

-Fortunately, however, approximately 80% of adults will visit their primary care clinic in the course of a year (National Center for Health Statistics, 2012; 93% of children and adolescents).

-- This means, many if not most of these undiagnosed and underserved people will most certainly engage with their primary care provider --- and this offers the opportunity to provide more comprehensive mental health --- and specific risk and suicide crisis preventative and intervention--- care!

-- I want to be clear, while there is a glaring scarcity of mental health providers in Wisconsin generally, the simple solution of just increasing providers and access to traditional mental health will not be sufficient to address the needs of rural populations and farmers in crisis in our state.

Because …

The stigma of being identified as a "mental patient" or having a "mental disorder" prevents many people from seeking help in specialty mental health services. And even when people do seek such services, many will not be accepted for treatment unless they meet strict criteria of being seriously mentally disordered due to a under-resources and over-burdened health care system.

-- A poll conducted by the American Psychological Association, 30% of the adults responding expressed concerned about other people finding out if they sought mental health treatment, and 20% identified stigma as "a very important reason not to seek help" from a mental health professional. (J. Chamberlin, 2004).

-- Thus, the integration of a mental and behavioral health assessment care and intervention into the primary care and internal medicine setting has proven to reach the needs of a broader population served by any one specific healthcare system, and in the Marshfield Health Care System, this means our rural citizens and farmers in distress.

-- Already, in my short 10 months providing integrated behavioral health care --- at only a 25% percent time per week, due to managing my other psychology professional demands --- I can reference over a dozen case examples of people, specifically farmers, who would have never seen a mental health provider other than me due to the fact that I am in their comfort zone and in a safe setting for seeking help, namely their primary care provider's office.

-- And these examples highlight not only the importance of this innovative delivery model of mental health services, it also highlights how an integrated care model can positively impact our traditional mental models of treatment; this is due to improving the efficiency of referrals to higher levels of care, as well as improving cost effectiveness of mental health care dollars, that ultimately allow greater utilization and effectiveness of these funds.

-- A large body of research consistently indicates that anywhere from 4 to 12 primary care providers can be competently integrated with 1 mental health professional and effectively reach a near entirely of those patients with mental health needs in an internal medicine practice.

-- In addition, there is currently a piece of legislation aimed at modifying our state's psychology licensing laws; and this bill will allow early career psychologists to practice under an interim/provisional license while en route to obtaining their fully psychology credential and license. This bill would bring the state of Wisconsin in line with our peers in other states, improve immediate access to mental health services/care, and strengthen the pipeline of mental health providers by attracting and retaining a (more) robust workforce of psychologists into the future.

--In closing, as recently as last week, in my opinion, an embarrassingly gross misunderstanding and mismanagement was revealed when our state senate majority leader responded in an overly defensive and aggressive fashion to valid concerns and critiques about the usage of mental health funds for farmers and their families. My hope is that my testimony and all of statements heard by this task force will result in actual meaningful change – and we can stem the tide of what has been dubbed "Diseases and Deaths of despair" – of specific focus today, suicide, instead of the continued manipulation of a group of people for cheap political points.

-- Thank you for your time and attention.

-- If you have additional questions or comments, you I can provide you with my contact information.

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