

7/30/2019

Dear State Assembly Speaker's Task Force on Suicide Prevention,

Thank you for the opportunity to have talked to you yesterday. I am sending this follow up communication to add to my thoughts shared with you then. As I stated and I am sure you are aware, the CDC has identified that deaths by suicide have increased 30% since 1999. Additionally, 54% of those who died by suicide did not have an identified mental health condition. Several stressors had, however, been identified including stressors in relationships, their job, finances, legal issues, housing, and physical health. So, as I stated yesterday, many people who die by suicide do not enter the Behavioral Health Services door.

What can we do to prevent suicide? The answer should be, "Everything we can." When I worked in the State Disorder Human Services Project several years ago, in the wake of flooding that had occurred at the time, and also in working with farmers throughout my 34 years in the field, what I heard them often say was the disconnect they felt in working with different agencies, organizations, and/or governmental entities. During normal times, the navigation of resources to meet needs can be daunting, let alone when a person, any person, or a farmer, in general, is overwhelmed by stress.

In a Morning Consult research poll backed by the American Farm Bureau Federation and as reported in Newsweek magazine, farmers in Georgia identified their two most common areas of stress as financial and health. However, those two areas impacted multiple other areas of their life, including their relationships. The nature of farm work, the legacy of multi-generational farms, and the related pressure of those together, create demands any working person could become overwhelmed by alone, and yet they are often further complicated by things out of their control, such as severe weather. They also prevent or reduce the opportunity for the work-life balance needed to reduce stress.

Where do we meet our farmers? The answer should be, wherever they needs us. When I say us, I mean all of us, connected to one another in a collaborative effort. I think we are moving toward better collaboration and coordination, yet there are many parts. For us at Marshfield Clinic Health System, it means working on a more integrated system of care, embedding mental health in physical health departments, to enable more immediate warm hand offs of individuals under stress or in distress when they walk in for medical services. It also should mean that we no longer would need to talk about mental health parity, because mental health and physical health would be working hand-in-hand on a daily basis. What that means is a government system that not only encourages integrated care, but fosters and facilitates it.

For us at MCHS, that began by embedding mental health in several medical departments through consultative care services provided in those departments and more recently, with embedding a psychology post-doctoral fellow in General Internal Medicine, something accomplished within Pediatrics and Medical Pediatrics in our organization for some time. Specific to suicide prevention, the integration of care is being further developed at MCHS, by building a plan for the implementation of Zero Suicide within our organization and throughout the system, beginning with the Marshfield campus.

As you may know, Zero Suicide is a means for training workforce within an organization to screen for suicide, with the support of the organization's leadership. Our leadership at Marshfield Clinic has supported the implementation of this initiative here, a task that could be daunting in such a large organization. The idea fosters the very connection that farmers have indicated as needed to me those many years ago during the flooding and since then in my individual work with them. By assessing them for suicidal ideation and identifying positive responses when they are coming in for

medical care, we are meeting the individual farmer where he does seek services, at least for medical care. Once someone screens positive on a suicide screen, the goal is for the individual to be given a warm handoff, regardless of where they are getting their care, to a crisis assessment of risk team (CART team). The CART team who would make further assessment of the farmer's or any patient's suicidal ideation, will then work with the farmer to develop a personalized response plan, and follow up and coordinate referrals and services, as developed for that farmer in the individual plan. Those plans may include things like: identifying and supporting people at risk by connecting them to someone who teaches skills for coping and problem-solving to help them manage their challenges and concerns; promoting safe and supportive environments, such as safe storage of medications and firearms; offering activities that bring people together to feel connected and not alone; connecting them and assuring follow through with resources to address very specific areas of stress; and connecting people at risk to effective coordinated mental and physical health care.

With these goals in mind, specific areas of stress would be identified, such that each individual farmer would be connected to and the CART team would follow up, to assure the farmer has talked to and/or met with the appropriate resource(s) to address their specific stressor(s). This may include making sure they follow up with financial services, legal services, etc. and, if appropriate to their needs, to specialty Behavioral Health Services. Further, it means the opportunity to coordinating services between the private and public sector and facilitating further connections between resources if or as needed.

Community Coordination Plans, as required for County behavioral health systems in the Crisis Intervention Certification, should not only include a listing of local behavioral health providers, but integrate those providers into a coordinated system of care. What does that mean? It means systems of care developed, such that when there is need to transition a person from one system to another, it is coordinated rather than separated, coordinating care as needed as part of individual person's response plans, when that person has suicidal ideation or needs follow up care to hospitalization, when not within their own system of care.

Another thing I have often heard in my years working in mental health is how there seems to be a disconnect between such services. Again, if coordinated services prevents any individual from death by suicide, then it is one part of doing "everything we can" to meet their needs and prevent suicide.

Thank you for your time yesterday and today and for your continued support of preventing suicide for our farmers and for all Wisconsin citizens.

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