Behavioral Health

2021-2026

Alyss Smith | Casper, WY
How to Find Balance

"The road to recovery from bipolar depression is long, bumpy, and a ton of work. Recovery isn't a destination though, it's a balancing act. It's an ephemeral space of stability, and reaching for it is a fulltime job."

Alyss has experienced severe suicidal ideation. Since that experience, she has invested her energy into finding the best tools to support her mental wellness.

"Eating well, creating, getting outside, and meditation are things that I do daily if possible. Self-reflection gives me clues for how to cope with my current emotional state. Medication has changed my perspective dramatically. Caring for another sentient being (my cat) has given me purpose. All of these tools come together to prevent me from unraveling."

Desired Future

A behavioral health system that produces access to quality care and recovery services; a cultural shift away from stigma; healthy and thriving citizens regardless of behavioral health status across the lifespan; conditions in the community that support mental wellness; and a reduction in trauma both for individuals and communities.

Existing Efforts

Residents across the state acknowledge and value behavioral health as a priority. There is increasing awareness of the importance of mental health in addition to physical health.

Agencies and coalitions are working to maintain and improve access to mental health and substance abuse services. They are implementing suicide prevention efforts in community-based settings, and improving data collection and use to inform future efforts.

Medical health care systems are beginning to incorporate more behavioral health efforts into their existing workflows.

What Else Can be Done
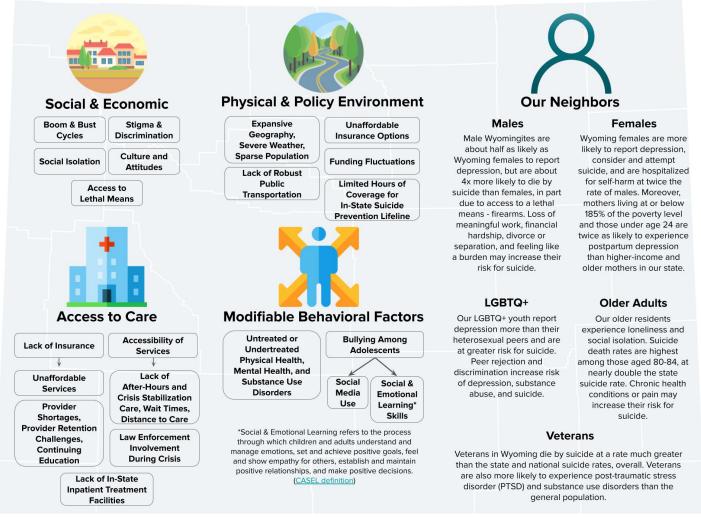
Continue and enhance efforts that address:
- Social supports
- Stigma
- Help-seeking
- Lethal means reduction
- Accessibility and affordability of quality behavioral health services
- Behavioral health provider shortages
- Policy and system changes, such as policies that strengthen the crisis system, including mobile responses and hotlines

Together, we can work toward a healthier future for all Wyomingites. Using our collective experiences and working together for change will help us get there.

What Influences Behavioral Health and Suicide in Wyoming?

Behavioral health is a broad term to describe the promotion of mental health, resilience and wellbeing; treatment of mental health and substance abuse or use disorders; and support for those who experience and/or are in recovery from these conditions (SAMHSA). If not treated and managed appropriately, behavioral health conditions can have deadly consequences. Additionally, Wyoming consistently ranks worst among states for suicide deaths. Notably, 65% of suicide deaths result from the use of a firearm (Wyoming Vital Statistics, 2007-2017).

The below graphic highlights some of the common factors that influence behavioral health challenges and suicide in Wyoming. This view allows us to see the social, economic, environmental, and access-to-care factors that can create barriers to prevention and treatment options, in addition to modifiable behavioral factors. Some populations experience a greater burden of or risk for behavioral health conditions and/or suicide. Those are also noted.

Social & Economic

- Boom & Bust Cycles
- Stigma & Discrimination
- Social Isolation
- Culture and Attitudes
- Access to Lethal Means

Physical & Policy Environment

- Expansive Geography, Severe Weather, Sparse Population
- Unaffordable Insurance Options
- Lack of Robust Public Transportation
- Funding Fluctuations
- Limited Hours of Coverage for In-State Suicide Prevention Lifeline

Our Neighbors

Males

Male Wyomingites are about half as likely as Wyoming females to report depression, but are about 4x more likely to die by suicide than females, in part due to access to a lethal means - firearms. Loss of meaningful work, financial hardship, divorce or separation, and feeling like a burden may increase their risk for suicide.

Females

Wyoming females are more likely to report depression, consider and attempt suicide, and are hospitalized for self-harm at twice the rate of males. Moreover, mothers living at or below 185% of the poverty level and those under age 24 are twice as likely to experience postpartum depression than higher-income and older mothers in our state.

Access to Care

- Lack of Insurance
- Accessibility of Services
- Unaffordable Services
- Lack of After-Hours and Crisis Stabilization Care, Wait Times, Distance to Care
- Provider Shortages, Provider Retention Challenges, Continuing Education
- Law Enforcement Involvement During Crisis
- Lack of In-State Inpatient Treatment Facilities

Modifiable Behavioral Factors

- Untreated or Undertreated Physical Health, Mental Health, and Substance Use Disorders
- Bullying Among Adolescents
  - Social Media Use
  - Social & Emotional Learning* Skills

*Social & Emotional Learning refers to the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make positive decisions. (CASEL definition)

LGBTQ+

Our LGBTQ+ youth report depression more than their heterosexual peers and are at greater risk for suicide. Peer rejection and discrimination increase risk of depression, substance abuse, and suicide.

Older Adults

Our older residents experience loneliness and social isolation. Suicide death rates are highest among those aged 80-84, at nearly double the state suicide rate. Chronic health conditions or pain may increase their risk for suicide.

Veterans

Veterans in Wyoming die by suicide at a rate much greater than the state and national suicide rates, overall. Veterans are also more likely to experience post-traumatic stress disorder (PTSD) and substance use disorders than the general population.

The contributing factors and populations were determined using the best available Wyoming data, scientific literature, and expert opinion.

Priority-Setting Process

To learn more about the priority-setting process and overall priority recommendations, please view the Priority Recommendations document.

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State Health Improvement Steering Committee

Wyoming Department of Health

What Should We Do?

We do better together. Everyone has insight to contribute, experience to share, and knowledge to guide the path toward improving population health in our state. When we work together, we develop better processes, make better decisions, and build partnerships for collective action to improve health.

How can we **improve and promote wellbeing and resilience** in ourselves and in our communities? How can we **improve mental health** for all? What can we do to **reduce substance use disorders**? What will it take to **eliminate suicide**?

In this guide, three possible approaches/options are shared. They could be used in whole or in part, individually or in combination, to produce better health outcomes. Deliberating these approaches/options helps us find common ground on what we should do.

1 Improve and Promote Resilience and Wellbeing

This is a prevention-oriented approach that asks us to move "upstream." By improving resilience and wellbeing, we can support mental wellness and lower the risk of acute crisis.

Examples of what could be done	Some challenges or considerations
Improve positive social connectedness - social connection is an essential tool to combat isolation and loneliness.	This strategy will be less effective if we are not able to improve connectedness *between people*, *between people and community organizations*, and *among community organizations and social institutions*.
Build community resilience through family & social supports to minimize exposure to adverse childhood experiences, improve community crisis response, and implement effective community response to suicide - resilient communities are able to recover more quickly from social and economic disruptions, reducing threats to mental health, and improving overall wellness and stability.	The amount of funding or resources needed to enhance community resilience will vary by community. Communities have varying levels of readiness to support a range of resiliency efforts.
Expand social & emotional learning (SEL) opportunities - SEL skills enable children and adults to develop healthy and supportive relationships, manage emotions, demonstrate and receive empathy, and foster personal and collective resiliency, and can be offered in a range of settings (e.g., school, home, workplaces).	Establishing more SEL learning in early care and school based systems could burden already overloaded systems and providers. Workplaces may not have the resources or capability to incorporate SEL learning into their operations.
Reduce stigma and discrimination - normalizing behavioral health assists people in seeking care without fear, shame, or embarrassment. Eliminating discrimination in communities and behavioral healthcare settings can foster quality care for all individuals.	Without grassroots/community level support, changes in attitudes and beliefs surrounding behavioral health (e.g., attitudes about substance use disorder or mental health care) will be difficult to shift.
Increase help-seeking behavior - getting connected to the right care when it's needed can improve behavioral health outcomes and reduce the chances of a situation escalating to crisis. Supporting people in making the decision to seek care improves the chances that they seek the right care at the right time.	More people seeking help could increase demand for mental and behavioral health services, which may have limited or restricted capacity. Promoting help-seeking behavior when the system can't accommodate the demand might cause more frustration and deter people or leave them with unmet needs.
Reduce opportunities for self-harm through improving safe storage of firearms and poisonous substances and improving awareness about the benefits of safe storage - in Wyoming, firearms and poisonous substances contribute to the vast majority of suicides. Improving safe storage minimizes risk when someone experiences a crisis.	Without honest, vulnerable conversations about firearms and poisonous substances, there will be limited change. Reducing opportunity for self-harm may constrain health care needs (e.g., lower-quantity prescriptions that require individuals to go to the pharmacy more often).

What Should We Do?

2 Enhance Treatment and Recovery

This approach focuses on strengthening treatment and recovery services. It acknowledges that quality services are needed and should be readily available.

Examples of what could be done	Some challenges or considerations
Invest in current provider retention and training, which might include increasing rural training in medical education, training on telehealth reimbursement, implicit bias training, and suicide screening and referral training, as well as expanding EMT and paramedic training in behavioral health and telehealth - Wyoming may never fully eliminate provider shortages. However, we can invest in the providers we have to promote high quality care.	Current providers may already be burdened with continuing education requirements. There may be other constraints as well, such as experiencing high need for training but low resources to access training.
Improve availability of existing services through initiatives that improve insurance enrollment, promote child psychiatric telehealth services, expand peer support and recovery services, expand/modify clinical appointment times, and promote the suicide prevention lifeline - time and time again, residents express concern about the availability of existing services. Innovation to improve or expand availability will increase access to services that do exist in our communities.	Existing insurance options may not be affordable and might limit options for improved enrollment, existing services might not be able to enroll new patients or expand/modify clinical service hours, and peer support and recovery transition services may be harder to initiate and maintain in smaller communities.
Improve health and behavioral health system coordination - people are whole and their care should reflect that. Improving system coordination can increase access to services, improve quality of care, and assure person-centered outcomes.	Without both systems' full commitment to greater coordination, services will remain fragmented. It's not fully known what specific actions each system needs to take for greater coordination of care, and it may take significant time and resources to investigate further.
Sustain and promote expanded use of telehealth for behavioral health - telehealth services have increased greatly due to the COVID-19 pandemic as another tool to make care accessible, especially to rural patients and those who experience transportation barriers. Patients can interact with their provider using phone and video-based options, reducing patient burden to seek on-site care. Telehealth may also increase access to specialists for routine care.	Telehealth services may still be inaccessible or unaffordable to many where broadband or other Internet options are not available or affordable or where devices are not available to individuals. Additionally, some patients may not trust telehealth options for privacy or other reasons.
Enhance or expand crisis stabilization - having access to crisis services - such as crisis hotlines, walk-in or inpatient services, mobile units, or extended care - can minimize risk to individuals experiencing a behavioral health crisis. Improving the availability of services can save lives and support individuals with receiving the care they need during and after the crisis.	Expansion of crisis stabilization infrastructure and services could be costly. Working, instead, to assure existing services are resourced effectively could mean shifts in funding that could negatively affect some community mental health and crisis stabilization providers.
Reduce individual and community transportation barriers - improving access to a variety of transportation options can increase access to care, especially when distance to care may cause a person to delay or not seek necessary services.	Addressing individual and community barriers may be costly, and it's not clear how those costs would be financed.

What Should We Do?

3

Change Policy and Systems

This approach prioritizes changes in policies or systems, which can reduce risk factors and enhance protective factors at organizational, community, and societal levels.

Examples of what could be done	Some challenges or considerations
Improve referral systems between and among health care systems and social services providers - social and economic barriers are interconnected with the ability to access care and maintain basic needs. Strengthening referral systems and supports can help people meet those needs and provide more holistic care.	This could be time and resource-intensive. Which system or how each system is responsible for improvements requires more investigation, and that could delay our ability to improve the referral systems. If both systems commit to this, it may mean shifting resources away from other critical priorities.
Expand trauma-informed practices in all sectors - understanding, recognizing, and responding to the effects of trauma improves service delivery and patient/client engagement and can lead to better health outcomes. It can be applied in clinical and non-clinical settings.	This action assumes that all sectors understand the importance of and embrace trauma-informed practices, when that may not be the reality of some sectors.
Improve billing systems - billing and cost are often barriers to seeking and obtaining necessary care. Making improvements to billing systems can streamline billing for providers and make it easier for patients to navigate payment systems.	This could be time and resource-intensive. It is unclear which billing systems need improvement and which entities might bear responsibility for improvements. On its own, improving a billing systems does not necessarily equate to affordable care.
Decrease availability of alcohol and drugs - this is an evidence-based practice for reducing the harmful consequences of excessive alcohol use and drug abuse.	This could be considered government overreach by local or state-level constituents. Policy options, such as increased excise taxes, might be required to effectively decrease availability.

Questions and Considerations for Deliberation

There is a lot to consider about what we could do to positively affect change. As we deliberate what we should do, let's consider:

1. Which actions seem most relevant or attainable? And are those the same actions that would produce the greatest impact?
   a. On the other hand, is there anything that seems irrelevant that should be removed?

2. Are any of the actions unclear or in need of further development?

3. Are there actions that are missing that should be added?

4. Do the actions adequately address the problem and community concerns?