# Wisconsin Mental Health Programs...

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# Psychiatric Care Prior to 1884

- Prior to 1884, psychiatric patients were seen as burdens. They were either abandoned and left to beg on the street, or locked up in asylums.
- Many were thought of as "wild animals" who had lost their reason. They were often restrained and received little treatment.
- The upper class would make special trips to view these "animals", similar to going to the zoo today.
- This began to change in the 18<sup>th</sup> and 19<sup>th</sup> centuries with the introduction of humane (moral) treatment approaches.

### **Public and Private Asylums**

- As this practice expanded, so did the patient populations at these public psychiatric facilities.
- Overcrowding led to a decrease in care and created an opportunity for the creation of private facilities to care for psychiatric patients.
- The first private facility in the United States was the Brattleboro Retreat in Burlington, Vermont (1834), celebrating their 175<sup>th</sup>anniversary this year.
- The Brattleboro Retreat viewed mental illness as a medical condition, not a character flaw.
- At Brattleboro, treatment methods consisted of fresh air, therapeutic and physical activities, and a supportive staff.


# The First Psychiatric Hospitals in Wisconsin 1854 - The first legislation for the care of the insane in Wisconsin was enacted, providing for a "State Lunatic Asylum" to be located near Madison • 1857 – Wisconsin State Hospital for the Insane, Mendota, WI (Mendota Mental Health Institution) • 1873 – The Northern Hospital for the Insane, Oshkosh, WI (Winnebago Mental Health Institution) • 1880 – Milwaukee Hospital for the Insane, Wauwatosa, WI (Milwaukee County Mental Health Complex)

• 1884 - Milwaukee Sanitarium, Wauwatosa, WI (Aurora Psychiatric Hospital)

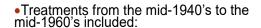
### (1895 - 1919)

- Dr. Richhard Dewey introduced the "cottage system" in which patients resided in smaller, self-contained cottages, based upon whether they were deemed curable or incurable.

   This allowed the patients to feel more at home and aided in their
- Dr. Dewey also inaugurated a program of training for attendants in the care of mental illnesses for their patients (unusual for the time).
   This style of treatment proved to be very popular and the hospital
- expanded to accommodate 52 patients by the end of the 19th century.
- In the first half of the 20th century, treatment of psychiatric patients shifted from custodial care (making them comfortable) to an expectation that patients could be cured.
- In the late-30's to the early-40's, there was a shift psychiatric practices from the use of sedative medicine towards more "shock" treatments and other "curative" practices.
- Tincture of opium was used to relieve agitation and depression.
- Sleep Therapy, using Sodium Amytol and Medinal to promote long continuous periods of sleep, sometimes between one and two weeks

### 1919 - 1942

- Malarial therapy and typhoid vaccine were used to produce fevers
   It was observed that insane patients improved after surviving a high fever from typhoid fever or TB infections
- Electroshock therapy was used to treat patients with psychosis
- Insulin Shock Therapy (either causing convulsions or putting the person in a superficial coma) was used to treat people afflicted with psychosis, particularly schizophrenia
- $\label{eq:metric} \frac{\text{Metrazol}}{\text{--}} \text{ injections to induce convulsions in order to "cure"} \\ \text{--} \text{schizophrenia (side effect: spinal fractures in almost $^{1}\!/_{2}$ the}$
- Curare was then used to modify the convulsions associated with 
  Metrazol treatments

- -- Carbon dioxide inhalation for treatment of psychoneurosis
- ■- The use of thyroid medication in the treatment of relapsing catatonia
- -- Lobotomy (about 20 patients), performed at what is now Aurora St. Luke's Medical Center
- ■- Use of <u>lithium</u> for treatment of manic states
- ■- Use of <u>psychotropic medications</u>
- ►- Increased use of <u>Psychotherapy</u> and <u>Family Therapy</u>
- ■- Occupational and Recreational therapy for patients in order to get them more involved in their treatments

### Medicaid vs. Medicare MEDICAREMEDICALD Paid for by a Trust Fund funded with Payroll Taxes Paid for by Federal, State, Benefits people with Disabilities and Local Taxes Program differs State by State Same Program Nationwide Prescription Drug Coverage Benefits people over the age of 65 Benefits people with low incomes **Outpatient Hospital Care** Participants pay very little for part of coverage Inpatient Hospital Care Participants receive regular Dental and Vision Exams Divided into 4 Parts: A, B, C & D ©2014 Seidell SEAN SEIDELL ART - SCIENCE

## Wisconsin Division of Medicaid Services (DMS)

- BadgerCare Plus A health care coverage program for low-income Wisconsin residents including children, pregnant women, and adults.
- Family Care Partnership Program The Family Care Partnership Program is an
  integrated health and long-term care program for frail elderly and people with
  disabilities
- Family Care Program Family Care is a Medicaid managed long-term care program for frail elders and adults with disabilities. The program provides a wide range of health and long-term care services.
- Medicaid for the Elderly, Blind or Disabled (EBD Medicaid)
  - EBD Medicaid provides health care coverage to people who are age 65 and older, blind or who have a disability.
- Medicaid Purchase Plan (MAPP) MAPP offers people with disabilities who are working or interested in working with the chance to buy health care coverage from the Medicaid Program
- Medicaid State Plan The Medicaid State Plan is the officially recognized statement describing the nature and scope of Wisconsin's Medicaid program.

# Comprehensive Community Services (CCS) Serves all ages Supports individuals with mental health and substance use Intended to meet needs outside inpatient settings CCS: Consumers | Wisconsin Department of Health Services

# Community Support Programs (CSP)

- ► For Adults living with serious and persistent mental health illness
- Coordinated professional care and treatment in the community
- Designed to be capable of providing services that can be tailored to individual needs
- Community Support Programs (CSP) | Wisconsin Department of Health Services

# Community Recovery Services (CRS)

<u>Community Recovery Services (CRS) | Wisconsin Department of Health Services</u>

- CRS helps individuals with mental illness
- Three main Services:
  - Community Living Supportive Services
  - Peer Support Services
  - Supported Employment Services
- Offered in 13 Counties in Wisconsin

