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## Working to Increase Access to Mental Health Care in Wisconsin

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Access to mental health care is a crisis in the United States and much of the rest of the world. There are a number of underlying factors which have led to this predicament, including an incomplete (but positive) emerging understanding that mental illness impacts a substantial percentage of individuals, and that with appropriate intervention, positive outcomes are achievable. According to the Centers for Disease Control and Prevention, about 25% of Americans experience some form of mental illness and close to 50% will develop at least 1 mental illness within her or his lifetime.<sup>1</sup> In addition, there has been an incomplete, although positive, reduction in the stigma surrounding an admission of mental illness and the openness of individuals seeking treatment—both of which have contributed to an increased demand for mental health care and profes-

sionals. Further, public/governmental policy and health care system strategies have undervalued investment in both personnel and infrastructure for those individuals seeking care. All of these forces have resulted in an aging mental health professional workforce and lack of access, which is arguably the single most important impediment to overall health and well-being in society today.<sup>2</sup> These difficulties are further exacerbated in less populated areas of the United States where access to mental health professionals is even more challenged.<sup>3</sup>

Unfortunately, only a few initiatives have been offered to remedy these difficulties.

During the past 5 years, however, the Medical College of Wisconsin (MCW) has embarked upon a strategic plan to address this issue in our state that we hope can be replicated in other locations as well. The first step in this process was to create a unique regional medical education program that allows a full class of students to complete their entire medical training in proximity to areas in Wisconsin that possess an overall lack of a physician workforce. MCW-Green Bay matriculated its first class of medical students in July 2015, and MCW-Central Wisconsin welcomed its first class of students in July 2016.

MCW recognized, however, that merely providing positions for medical students was only a part of the solution. The creation of

additional psychiatry residency positions was necessary for the regional medical school students to support a continuous link from graduation to graduate medical education (GME) to matriculation into the profession—directly in the communities where they had received their medical education and training. According to the Association of American Medical Colleges, 68% of doctors who complete all of their training in 1 state end up practicing there.<sup>4</sup> This would suggest a likelihood that psychiatry residents training in less populated areas of Wisconsin would remain in Wisconsin to provide mental health care to the people of those regions. To that end, MCW created regional medical school campuses with an expressed intent to establish regional residency programs by the time the first class of students graduated in May 2018.

In late April, MCW reached an important milestone in achieving this vision of increased mental health care access in Wisconsin, when the Accreditation Council for Graduate Medical Education (ACGME) announced it had given an initial 5-year accreditation to new MCW-sponsored, 4-year psychiatry residency programs, which will train 3 residents per year in central Wisconsin and 4 residents per year in northeastern Wisconsin.

Although MCW's School of Medicine specifically invested resources to initiate the cre-

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ation of these regional campuses and the new residencies, it is important to note that none of these achievements would have been possible without partnerships. Among the most significant is the Veterans Administration (VA), which clinically and financially will support some of the infrastructure and a number of the residency positions in northeastern Wisconsin. The Wisconsin Department of Health Services has been an essential partner as well, via its award of 2 grants of more than \$370,000 each to support the development of these new psychiatry residency programs. And more than \$3.3 million was awarded to our health care system partners by the state legislature to help establish these programs. Our partners in northeastern Wisconsin include Milo C. Huempfer Green Bay VA Community-Based Outpatient Clinic, Winnebago Mental Health Institute, Wisconsin Resource Center, Bellin Psychiatric Center and Brown County Community Treatment Center; and in Central Wisconsin, Ministry St. Mary's Hospital (Rhinelander), Ministry St. Michael's Hospital (Stevens Point), Wausau and Wisconsin Rapids VA Community-Based Outpatient Clinics, North Central Health Care, Forrest County Potawatomi Health Care, Wood County Human Services, Portage County Health and Human Services, Bridge Health Clinic (Wausau), and Froedtert Hospital (Milwaukee).

The benefits of these partnerships are innumerable. Medical students enrolled in MCW's regional campuses will rotate their training through some of the same clinical sites as those where the residents will train, allowing the students the opportunity to work with residents as required by the Liaison Committee on Medical Education.

Although MCW is endeavoring to innovate in many areas of medical education, establishing these new mental health residencies attached to our regional campuses is likely to be the most significant in improving the health of the citizens of Wisconsin. If even one of the residents from these programs decides to stay in Wisconsin each year and practice in the region where they train, this will result in improved access to mental health care within a decade—which is enormously important. At the heart of this effort is the realization that these two new residency programs will increase the training of psychiatrists in Wisconsin by more than 40%, which assuredly will improve access to mental health care for many of Wisconsin's citizens.

Solutions to difficult problems often face significant inertia, and as a result, innovative, outside-the-box thinking never sees the light of day. Innovation and ingenuity is required to solve Wisconsin's most difficult health care challenges, and we believe that through

research and education, lasting solutions can be attained. We are extremely excited to see the impact these new programs will have on the communities we are privileged to serve. A tremendous debt of gratitude is owed to our partner organizations and legislative leaders for their vision, commitment and tenacity in ensuring that these new residencies became a reality.

## REFERENCES

1. CDC Report: Mental Illness Surveillance Among Adults in the United States. Centers for Disease Control and Prevention. [http://www.cdc.gov/mentalhealthsurveillance/fact\\_sheet.html](http://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html). Last reviewed Dec 2, 2011. Accessed Dec 15, 2016.
2. Hyde PS. Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues. US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration; Jan 24, 2013. <https://store.samhsa.gov/shin/content/PEP13-RTC-BHWOR/PEP13-RTC-BHWOR.pdf>. Accessed Dec 15, 2016.
3. Evans TW, Berkman N, Brown C, Gaynes B, Weber RP; Investigators. RTI International—University of North Carolina Evidence-based Practice Center, for Agency for Healthcare Research and Quality, US Department of Health and Human Services; May 2016. *Disparities Within Serious Mental Illness*. <https://www.effectivehealthcare.ahrq.gov/ehc/products/619/2236/mental-illness-disparities-report-160524.pdf>. Accessed Dec 15, 2016.
4. Beitsch R. To Address Doctor Shortages, Some States Focus on Residencies. The Pew Charitable Trusts website. <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/08/11/to-address-doctor-shortages-some-states-focus-on-residencies>. August 11, 2015. Accessed Dec 15, 2016.

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