Message from Acting Commissioner Nancy Navarretta

I am honored to have been nominated by Governor Lamont to lead DMHAS as its Acting Commissioner. Throughout my many years of service in the behavioral health community I have recognized how inclusive, culturally competent services for diverse populations impact recovery, so it is especially meaningful to me that my first newsletter as Acting Commissioner comes during National Minority Mental Health Awareness Month. I am pleased to highlight the impactful and, in some cases, internationally-recognized work that DMHAS and its partners are doing to ensure equity in the services we provide.

Mental health conditions do not discriminate based on race, color, gender or identity. Anyone can experience the challenges of mental illness regardless of their background. However, a person’s culture and identity can affect their access to mental health treatment. National Minority Mental Health Awareness Month was established in 2008 to start changing this reality by increasing mental health awareness and eliminating stigma among diverse communities.

This newsletter provides a small snapshot of the work DMHAS is doing system-wide to serve the mental health needs of underrepresented communities. As always, if you have any questions or suggestions please feel free to get in touch.

Community Conversations

By Samia Hussein, Office of Multicultural Healthcare Equity (OMHE)

As COVID-19 spread and the country grappled with a reckoning on systemic racism and violence, health inequities that lead to poorer outcomes for Black Americans have become more glaring. Earlier this year, DMHAS launched a series of virtual Community Conversations, titled “Healing Strategies: Public Health Crisis, COVID-19, and Racism - A Conversation with Black and Brown Males Ages 12-22.” The series aims to initiate discourse and action regarding current events related to COVID-19, racism, and building community wellness. Conducted in partnership with faith-based, academic, and community organizations, the Office of the Governor, and the Department of Children and Families (DCF), the goal is to disseminate recommendations regarding strategies for addressing racism and bias for local and larger systems improvements and to build and bridge community alliances.

During these unprecedented times, it is important that our youth and young adults feel valued and heard through ongoing supportive and inviting dialogue. These virtual conversations serve as a safe space for the youth and young adult males in our communities to engage in dialogue on the Public Health Crisis, COVID-19, and Racism. In preparation for these conversations, adults were asked to have an initial discussion with their youth or young adult prior to the event about the mixed emotions that may come up for them during the conversation and to debrief following the discussion.

While the main overall theme is Healing Strategies: Public Health Crisis, COVID-19, and Racism, each conversation has a specific focus. Since September of 2020, four Community Conversations have been held, with 375 community members statewide participating. The next virtual event is scheduled for Thursday, September 23, from 6:00 - 8:00 p.m. and focuses on a Multigenerational Conversation with Black and Brown Women and Girls.
The Hispanic Clinic at Connecticut Mental Health Center

By Lucile Bruce, Connecticut Mental Health Center

Culture is the heartbeat of the Hispanic Clinic, where clients find not just high-quality mental health care but also an extended family where people speak their language and understand their values. The clinic’s staff members not only provide a range of mental health services but also connect clients with whatever supports they need, including primary care, food, housing, immigration services, and other community resources.

According to Dr. Andrea Mendiola, a clinic psychiatrist, the COVID-19 pandemic has been difficult for everyone and clinic clients have faced a challenging combination of problems. In the first few months, many lacked technology (some still do). Clinicians worked heroically to help clients establish the online accounts they needed to access mental health services. They met people in parks, assisted with technology set-ups, and worked with clients to establish plans for how they would attend virtual appointments. Thanks to support from DMHAS and the CMHC Foundation, tablets were purchased for use in the clinic to facilitate client-clinic connections. Dr. Mendiola acknowledges progress has been made, but the Hispanic community lags behind the general population in terms of its pandemic recovery. Many clients continue to work in high-risk settings. The disappearance of vital community supports, especially family visits and church services, have taken a toll on Hispanic Clinic clients. Anxiety and depression have gotten worse. Many clients, especially those who are undocumented, are afraid to venture into the community to get vaccinated. Dr. Mendiola estimated that while roughly 20% of her clients had COVID, a much higher percentage have at least one close relative who has gotten very sick from COVID.

Still, despite the damages wrought by the pandemic, “It also showed us how resilient the Hispanic community is,” said Dr. Mendiola. “My clients will say, ‘I have lived in violence and poverty in my country. I crossed the border. I was kidnapped. This pandemic is nothing. We are going to get over this. It is a small step that we’re going to survive.’ And that resilience showed us how strong the community is, and that we need to support them and help them thrive.”

The Hispanic Clinic of the Connecticut Mental Health Center is a collaborative endeavor between the Yale University Department of Psychiatry and DMHAS.

For more information, click here.
The Imani Breakthrough Project: Addressing Mental Health and Addictions in Black and Brown Communities

By Dr. Ayana Jordan, Dr. Chyrell Bellamy, and Team, Yale Psychiatry

The Imani Breakthrough Recovery Program is a faith-based recovery initiative that takes place in churches and is designed to be culturally, spiritually, and trauma-informed, to assist individuals recovering from opioid use/abuse and other drug or alcohol problems. It is made up of two parts:

A group component consisting of 12 weeks of classes and mutual support focused on wellness enhancement and the five Rs: roles, resources, responsibilities, relationships, and rights, and their importance to recovery and community connection.

A wellness coaching component – During the 12 weeks and up to 1 month after, Coaches provide weekly check-ins to support people in their recovery goals.

As drug overdose rates among both Black and Latinx people with Substance Use Disorders (SUD) continue to increase, it is imperative that we address the healthcare inequities that contribute to this disparity gap, so that effective interventions can be tailored to the needs of Black and Latinx populations. To tackle the unique challenges of decreased treatment initiation, engagement, and adherence to addiction treatment for Black and Latinx people with SUDs, in collaboration with key stakeholders (Black/Latinx people with and without SUD), we developed Imani (meaning “Faith” in Swahili) Breakthrough in 2017 through a community based participatory process. Built upon the foundation of spirituality, of high cultural significance among Black and Latinx communities, Imani groups are delivered in churches and are administered by trained church representatives, including a person with lived experience of a SUD. By providing culturally informed education, mutual support, and intensive wraparound coaching, in a safe and familiar environment, Imani Breakthrough has been provided to over 1000 persons to date in Connecticut and preliminary evidence shows it directly addresses the barriers that impede access to the most effective MAT available.