



DMHAS Update

May 2023

Message from Commissioner Nancy Navarretta

Inside this issue:

Integrated Care	2
Loneliness & Isolation	3
Tilcon CT Raises Awareness	4
National Prevention Week Recap	5

Greetings! May is National Mental Health Awareness Month, a time to raise awareness about mental health and wellness, share resources, and work to eliminate stigma and discrimination. With events happening statewide to bring attention to this important issue, we will have a full recap in our June newsletter. Please feel free to [share your events and pictures](#) so that we can highlight the great work being done across the DMHAS system of care and in Connecticut communities.

In this issue, we will highlight our commitment to integrated care, as well as a clever new campaign from an unlikely partner. We will also recap the events of National Prevention Week and share important information about the U.S. Surgeon General's call to action around the epidemic of loneliness. As always, feel free to reach out with ideas, questions, or feedback. I enjoy reading your comments!



Diverse Executives Leading in Public Health



Congratulations to DMHAS' Director of Multicultural Health Equity, Samia Hussein, on being accepted into the Association of State and Territorial Health Officials (ASTHO) [Diverse Executives Leading in Public Health Program](#).

This highly competitive leadership development program increases and strengthens participants' visibility and exposure in public health systems, access to key networks, and leadership development opportunities by:

- Empowering participants to be more visible in governmental public health.
- Expanding access to key networking opportunities for participants.
- Enhancing participant personal leadership identity.
- Creating strategic leadership development plans.
- Developing peer support network connections.

Congratulations to Samia on this great achievement!

Integrated Care

Submitted by Julianne Giard

DMHAS has a long history of striving for integrated mental health and substance use services for individuals with co-occurring disorders, and that tradition continues today. Gone are the days of parallel or sequential treatment of co-occurring conditions. With a significant percentage of individuals receiving services that have co-occurring disorders, there has been a concerted effort to renew our collective work on the full implementation of integrated services across DMHAS services and facilities.

What do we mean by integrated care? Aren't we already doing it? To answer the first question, integrated care needs to occur at every step of the process: screening for mental health and substance use issues; if there is a presence of co-occurring issues in the screening, then assessment of both types of conditions is necessary; if diagnoses are made for both mental health and substance use issues, then the treatment plan needs to include both. Goals, objectives, and interventions may look different for each type of disorder depending on where and how the person wants to focus their effort. Interventions should always occur with both conditions in mind. And discharge planning will focus on both as well.

To answer the second question above, sometimes integrated services are happening. When we review our statewide data collected from DMHAS facilities, there is a much higher number of individuals with co-occurring disorders relative to years ago, which is a good sign. This indicates screening, assessing, and diagnosing for both types of conditions is happening to a great degree. More and more, clinicians and paraprofessionals are leveraging their skills in either mental health or substance use services to also provide the second half of the needed services. Individual therapy, group therapy, case management, family education and support, mobile crisis, and other interventions need to be offered with a focus on both conditions. Often, that happens in the same session and sometimes one session may focus on mental health and the next one more on substance use. The various evidence-based practices (e.g., motivational interviewing (MI), cognitive behavioral therapy (CBT), Dialectical Behavior Therapy (DBT), Assertive Community Treatment (ACT), Community Support Programs (CSP), supported employment) can all include a focus on both types of disorders. There are no barriers to doing this.

DMHAS will be holding its second spring conference on Integrated Care on June 16, 2023 for all DMHAS staff. Please watch for the notice of registration coming soon. There are a variety of resources and information on [DMHAS' website about integrated services for co-occurring disorders](#).

For more information, please contact Harry Gerowe, Behavioral Health Clinical Supervisor, Evidence Based Practices and Grants Division, at Harry.Gerowe@ct.gov.

Integrated treatment is the best treatment for co-occurring conditions and it is anchored by the four C's:



Our Epidemic of Loneliness and Isolation

In a [new Surgeon General's Advisory](#), U.S. Surgeon General Dr. Vivek Murthy warns about the public health crisis that loneliness, isolation, and disconnection pose to the American public. Loneliness and isolation are widespread, with approximately half of U.S. adults experiencing loneliness. Disconnection fundamentally affects our mental, physical, and societal health. In fact, loneliness and isolation increase the risk for individuals to develop mental health challenges in their lives, and lacking connection can increase the risk for premature death as much as smoking up to 15 cigarettes a day:

- * Approximately half of US adults report experiencing measurable levels of loneliness.
- * Loneliness and social isolation are more widespread in the US than many other major health issues, including smoking (12.5%), diabetes (14.7%), and obesity (41.9%).
- * Social connection has been on the decline for decades, since long before the COVID-19 pandemic. In 2021, almost half of Americans (49%) reported having three or fewer closer friends, compared to 27% reporting the same in 1990.
- * Anyone at any age and from any background can experience loneliness and isolation, but some groups, including people with poor physical or mental health, disabilities, financial insecurity, those who live alone, single parents, and younger and older populations, face unique barriers to building and maintaining social relationships and may be at higher risk for social disconnection.

Addressing loneliness is as vital to protecting our health as addressing obesity, tobacco, or addiction. The Surgeon General's Advisory lays out a National Strategy to Advance Social Connection, which has never been done before in the United States. It includes six pillars detailing recommendations that individuals, governments, workplaces, health systems, and community organizations can take to increase connection in their lives, communities, and across the country. By strengthening our relationships, increasing connection, and rebuilding the social fabric of our nation, we can improve the health of people across the country.





Tilcon Raises Awareness of Mental Health

Tilcon recognizes that the construction industry is one of the leading industries for mental health challenges and have been working to recognize, educate and support their team and the community.

Facts:

- ◆ Around 15% of all construction workers in the United States have a substance use disorder compared to 8.6% of the general population of adults.
- ◆ With 53.2 suicides per 100,000 workers, construction has among the greatest suicide rate of any industry.
- ◆ Nearly 60% of construction workers reported mental health struggles, but only a third said they would communicate this to their employers.
- ◆ The stigma around mental health discussions, particularly among men, who make up nearly 90% of the construction industry, causes individuals to resort to unhealthy coping mechanisms.

During the past year, Tilcon has starting including this topic at annual kick-off meetings. Throughout May, Tilcon promoted mental health awareness by adding mental health awareness slogans and resource information to some of their Ready-mix Trucks and Green Fleet Dump trucks. By increasing awareness, sharing publicly, and providing resources, we can eradicate the stigma around seeking help.



National Prevention Week Recap

DMHAS was recently joined by partners at the Departments of Children and Families and Public Health to celebrate the wrap-up of National Prevention Week (May 7-13) at the Connecticut Science Center in Hartford. Prevention Week mascot Stella the Starfish, mental health mascots Gizmo and Gadget, and partners in prevention from throughout the state joined together on a beautiful Saturday afternoon to raise awareness and celebrate prevention effort statewide.

National Prevention Week is an annual health observance dedicated to raising awareness and action around the importance of substance use prevention and positive mental health. The purpose of National Prevention Week is three-fold:

- ◇ To involve communities to raise awareness of substance use and mental health issues as well as showcasing effective evidence-based programs;
- ◇ To foster partnerships and collaborations with local, state and national organizations dedicated to improving public health;
- ◇ To promote and disseminate quality substance use prevention and mental health promotion resources.

Thanks to all who joined us! For more pics please visit our [Facebook page](#). #PreventionHappensHereCT

