

# HealthyMinds HealthyCommunities

Mental Health Challenges in Fairfield County, Connecticut  
Report from the 2013-14 Mental Health Conversations



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# Why talk about mental health?

Newtown is one of the 23 cities and towns in Fairfield County, Connecticut. The December 2012 Sandy Hook Elementary School tragedy reverberated throughout the nation and our region. On the first day of the 2013-14 school year, an adolescent in Greenwich took his life. Over the following six weeks, three more teenagers died by suicide.

Mental illness is one of the few remaining taboo subjects in our society. Yet one out of five Fairfield County residents experience a mental health problem—approximately 187,000 children, adolescents, young adults, adults, and seniors.

Many mental illnesses are highly treatable, allowing people to lead healthy, safe and productive lives. But the continued stigma and discrimination surrounding mental illness inhibits too many from getting help, and isolates individuals and families from their support network, adding to their distress.

It is time to obliterate the taboo against mental illness, and help every resident of Fairfield County enjoy good mental health. We hope you use this report to begin your own conversations.

If you are inspired, we invite you to join us in building a healthy, thriving Fairfield County.



Juanita T. James  
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# Contents

<b>Answering</b> the president's call	<b>2</b>
<b>Challenge:</b> Increase awareness of mental illness	<b>4</b>
<b>Challenge:</b> Fight stigma and discrimination	<b>6</b>
<b>Challenge:</b> Inform the public about how to seek help	<b>8</b>
<b>Challenge:</b> Increase access to quality care	<b>10</b>
<b>Challenge:</b> Meet the unique needs of diverse groups	<b>12</b>
<b>Action Steps:</b> Creating mentally healthier communities	<b>15</b>



# Answering the president's call

On June 3, 2013, President Barack Obama called for a National Dialogue on Mental Health as a response to the December 2012 Sandy Hook Elementary School shooting in Newtown, Connecticut.

The goals included:

1. Get Americans talking about mental health in order to break down misperceptions, promote recovery, and create healthy communities
2. Find innovative, community-based solutions to mental health needs
3. Develop clear action steps for communities to move forward in a way that complements existing local activities.

In southern Fairfield County, three organizations worked together to answer the president's call for a National Dialogue on Mental Health.

Fairfield County's Community Foundation initiated and funded a wide-ranging series of Community Conversations on Mental Health. The Southwest Regional Mental Health Board, Inc. and local chapters of the National Alliance on Mental Health spearheaded promoting, organizing and holding the conversations.

These Community Conversations included:

- 10 to 15 people working together for the good of their community
- Guided discussions moderated by a trained facilitator
- A series of two to four meetings leading to recommendations for local action.

Over six months, from October 2013 to March 2014, community members across southern Fairfield County came together to discuss the mental health challenges of their community, and developed recommendations for feasible solutions.

## Mental Health Snapshot of Connecticut

- **18.6%** of adults experienced some form of mental illness in the past year<sup>1</sup>
- **8.3%** of 12-17 year olds and of 18-25 year olds had a major depressive episode in the past year<sup>1</sup>
- **7.9%** of young adults 18-25 and **3.2%** of all adults 18+ have a serious mental illness<sup>1</sup>
- **14.6%** of high school students seriously considered suicide in the past year, and **6.7%** made at least one attempt<sup>2</sup>
- **3.7%** of adults 18+ seriously considered suicide in the past year<sup>1</sup>
- **4%** of women have an eating disorder<sup>3</sup>
- In high school, Hispanic males and 9th graders are at highest risk for disordered eating<sup>3</sup>
- The number of calls made to the under-18 crisis line covering southern Connecticut jumped **58%** between July and December 2013, compared to the previous year.<sup>4</sup>

<sup>1</sup> 2012 National Survey on Drug Use and Health; <sup>2</sup> 2011 Youth Risk Behavior Survey; <sup>3</sup> 2014 Silver Hill Hospital Community Health Needs Assessment; <sup>4</sup> Child Guidance of Southern Connecticut

“I am an individual who has a mental illness. I have had excellent treatment and I have had horrendous treatment. I have a great deal of passion to do what I can to change what I believe needs to be changed in the system.”

—Community Conversations participant

## Engaging the community to raise awareness and be heard

According to Margaret Watt, Executive Director of the Southwest Regional Mental Health Board, the Community Conversations were not town hall meetings where a hundred residents attended to complain. Rather, they were small groups that met several times.

“Everyone got a chance to share and learn, and be a part of the solution,” she said.

Community residents participated in 14 conversation series held in Bridgeport, Fairfield, Greenwich, New Canaan-Darien, Norwalk, Redding-Ridgefield-Wilton, Stamford, and Stratford.

Audience-specific conversations were organized for higher risk or marginalized groups, including senior citizens, teenagers, the LGBTQ community, homeless individuals, and Hispanic immigrants (conversations for African-Americans and Haitian Creole-speakers are anticipated).

The broad range of participants included high school students, parents, senior citizens, teachers, social workers, psychologists, and elected officials. Margaret Watt said participants were

“people who are passionate, and who care enough to give six hours of their time.”

Community members ranging in life stages from high school students to retirees volunteered to serve as Community Conversations facilitators. Facilitator Ken Ferguson said, “These conversations are important. I hope they will continue and spread across the state.”

Facilitators included lawyers, insurance company employees, people in recovery, National Alliance on Mental Illness members, social workers, pastors, and students.

“It’s fabulous these conversations are taking place,” said Liz Summa, who facilitated two lively conversation series. “They give people the opportunity to really make a difference in their communities. People are finally making mental health an issue.”

Participant Marcea Koffsky said, “It was really great because you got to hear from a parent, a social worker, a teacher, a psychologist. It was a very active group that came with different ideas, but we quickly settled on youth. I learned an enormous amount about what is and what is not available, and how many of our youth are slipping through the cracks.”

### Community Conversations by the Numbers

**14** conversation series totaling 49 meetings

**72.5** hours of dialogue

**190** community participants

**30** trained volunteers facilitated

# Challenge: Increase awareness of mental illness

A recurring theme in many conversations was the need to increase recognition of mental illness. In particular, it was widely felt communities should build awareness about the mental health of school-aged children.

The average age of onset of mental illness is 14, according to the National Institute of Mental Health.

In Connecticut, 46.3% of children ages 13-18 will experience some form of mental illness in their lifetime (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013).

Despite this prevalence, mental illness is not commonly discussed outside of a therapist's office, resulting in misperceptions and missed opportunities to get help.

In Connecticut, less than half of people with mental illness—46.8%—receive treatment (SAMHSA, 2013).

The problem was summarized by participants in one conversation group:

*"Historically, mental illness has been viewed and treated in isolation, affecting only the individual struggling with mental illness... this approach has not worked, and our children and community need help. Our parents, teachers and administrators, and children are struggling to recognize, understand, and address mental illness... In light of this mental health crisis, we recognize the need to provide our community and schools with education to understand and address mental health."*

This concern was echoed widely by residents of many towns. Genevieve Eason, a Wilton resident, said, "Being the parent of a first child, I would not necessarily know what normal or typical teenage behaviors are, or know the signs of a bigger problem."

Many participants noted teachers have frequent opportunities to observe children at this critical age. However, teachers need a "better understanding of what to look for," said Nora Duffin, co-founder of the Rachel Sottosanti Memorial Scholarship Foundation, established in memory of a Stamford teenager who died by suicide in April 2009 at age 19.

A social worker agreed "there needs to be intervention in the school system. People need to stop looking away or saying, 'It is not my business.' Kids are left inside their families."

## "Seek Help for Your Children"

One participant encouraged parents to seek help for their children when problems arise.

As a teenager, the participant said she suffered from what she later understood to be depression. At 16, she was caught experimenting with drugs and alcohol and her parents were called to school. The principal offered to provide counseling, but her father said, "No. We'll take care of this at home."

"My heart dropped to the floor," she said. "Like any teenager, I could not speak to my parents. I could not tell them how unhappy I was. And the one chance was right in front of me." She said, "I was left with no one to talk to. It took me years to get over feeling it's wrong to ask for help. It wasn't until my twenties that I got help."

The participant said she does not blame her parents. She wants other parents to know that they can't fix everything. "Your kid is not going to be able to be honest with you one hundred percent."

## Warning Signs for Parents, Caregivers, Teachers

Even youngsters in elementary school can exhibit signs of anxiety and depression.

These range from slipping grades to not wanting to engage in activities they used to enjoy, said Mary Joggerst, LCSW, of the Child Guidance Center of Southern Connecticut.

“Children isolating themselves, using substances, tearfulness, and cutting are signs there could be a mental health issue,” she said. “They may refuse to go to school or not want to leave their parents, be oppositional at home or school. Some children and adolescents express thoughts of suicide.”

Liz Summa, LCSW, said, “If Johnny is a loner, maybe something is going on with Johnny. Maybe this kid is having suicidal ideation. But if nobody talks to him, they won’t know.”

## Recommendations to increase awareness of mental illness

The need to educate parents, students, and teachers about mental health was consistently expressed. Groups throughout the county made additional recommendations, including:

- **Build awareness.** Organize annual mental health fairs or clubs at schools, libraries and in communities. Hold open discussions regarding suicide prevention. Provide training programs such as Question, Persuade, Refer (QPR). Just like CPR, QPR is an emergency response to someone in crisis and can save lives.
  - **Distribute information.** Develop and distribute school and community mental health toolkits with information regarding symptoms, resources and contacts. Link mental health resource information to school websites.
  - **Provide community education.** Provide mental health presentations for parents. Incorporate mental health into student curriculum and teacher professional development. Ensure School Resource Officers and local police officers receive mental health training through programs such as Mental Health First Aid or Crisis Intervention Training.
  - **Develop children’s skills.** Teach children how to identify and manage their emotions. Provide opportunities to practice emotional well-being, such as brain breaks and yoga.
- **Create proactive social support.** Ensure all students have a positive personal connection with at least one friendly adult at school, as well as peer-to-peer connections. Encourage proactive awareness by teachers and school personnel and collaboration with parents to address observed issues.
  - **Increase early detection and access to care through schools and doctors.** Expand access to behavioral health services in schools by creating School-Based Health Centers (SBHCs) at all middle and high schools. SBHCs can provide outpatient counseling, mental health screening, and support groups. Recruit graduate students to intern and further extend town or school services. Enlist the support of pediatricians and schools to promote screening for early detection.

## School-Based Health Centers

The Connecticut Association of School-Based Health Centers (CASBHC) is a statewide network of 83 school-based health centers (SBHCs) operating in 22 Connecticut communities, including Bridgeport, Danbury, Norwalk, and Stamford. Some schools have “family centers” on site.

SBHCs provide outpatient health services to students on school grounds, including behavioral health services.

Jesse White-Frese, Executive Director of CASBHC, said SBHCs can help remove the stigma for students seeking mental health services, because “they can be going in for a headache or a mental health visit, and the other students don’t know.”

While students under age 18 need parental permission to seek healthcare at the centers, the law allows service to be provided in a crisis situation, such as “if the person was going to hurt themselves or someone else,” said Ms. White-Frese.

# Challenge: Fight stigma and discrimination

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“Mental illness is an illness, whether biological or due to environmental conditions; it is NOT a character flaw. The stigma that surrounds mental health must be addressed. Society has taught us to associate mental health with so many negative connotations. This leads to shame dictating how we deal with these struggles. People of all walks of life can be affected by a mental illness or, as it is often referred to, a brain disorder. Mental health and physical health should be viewed as equals.”

—Problem statement generated by a conversation group from Stamford

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The stigma surrounding mental illness was identified by participants from Bridgeport to Greenwich as a barrier preventing people from seeking care.

Stratford teenager Syed Saud said, “The media does not portray what someone who is mentally ill really is like. They will portray a serial killer and not talk about problems that many people can relate to.”

Fellow participant Harrison Brooks said, “The public connects mental illness with people involved at Sandy Hook and Columbine.”

Individuals who live with mental illness experience discrimination and even “outing” from what respondents in Fairfield termed “uneducated communities and media.” As a result, many people are unlikely to come forward for help.

## Lack of Understanding = Lack of Support

One mother reached a point when she had to send her teenage son to live in a residential facility—a difficult decision made “in his best interest, together with a psychiatrist who had followed him for many years.”

Instead of support, she encountered widespread disagreement among family and friends, including hateful and prejudiced comments on social media.

“This was the stigma we dealt with,” she said. “There is a perception of mental illness that you’re ‘off the charts.’ Because his symptoms didn’t manifest externally, parents and other people in the community would come up to me and tell me they didn’t agree with my decision.”

Little did they know he was having suicidal thoughts.



As one mother said, “For me, I would scream from the rooftops to get help for my daughter. But I know for her, if she knew other people heard about her struggles, it would be devastating, because the stigma is there and people can be so cruel.”

An area social worker whose anorexia was a result of years of physical and sexual abuse agreed. “I would talk openly, but there’s still the shame. Not much has changed.”

## Recommendations for fighting stigma and discrimination

Recommendations included tying together regional advocacy groups, targeting elected officials and other stakeholders, and creating a mental health coordinator or task force at town and city levels.

In Stratford, a group noted that when people with mental illness tell their stories, such as in presentations organized by the National Alliance on Mental Illness, audiences can “put a human face on the issue.”

Raising awareness and understanding of mental health is spreading across Connecticut. Governor Dannel P. Malloy’s 2014-15 budget proposed \$250,000 for a statewide anti-stigma campaign. Hartford Hospital’s “Stop the Stigma” campaign is visible on highways.

In Fairfield County, the Primary Care Action Group—including area hospitals, health departments, and the Southwest Regional Mental Health Board—is hosting an electronic campaign during the month of May, aimed at increasing awareness. It will also widely distribute a calendar

of educational activities and guides to area mental health and substance abuse services.

In Wilton, high school student Isabel Zayas started a LETS (Let’s Erase The Stigma) club in 2013 and is hosting the national LETS conference in Stamford in 2014.



# Challenge: Inform the public about how to seek help

A central theme of the conversations in many Fairfield County towns was how to know who to call for help.

In the majority of cases, people had not heard of resources such as 211, Connecticut's free, 24/7 telephone infoline and companion 211ct.org website. Anyone can call 211 at any time and be referred to local services including utility assistance, food, housing, child care, after school programs, elder care, crisis intervention, mental health services and mobile crisis teams that specialize in psychiatric emergencies and can travel to the caller. People were also unaware of local resources and lists.

## Recommendations for informing the public about how to seek help

This issue requires educating communities about 211 and other mental health services. As a result of the Community Conversations, some towns have already begun efforts to increase the visibility of 211 on all websites and public information, and to develop lists of local mental health resources.

Further efforts, including involving schools and pediatricians, are needed. Participants in the Redding, Ridgefield and Wilton conversations recommended a 211 poster design campaign for school-aged children.

Throughout Connecticut, the Regional Mental Health Boards as well as the Regional Action Councils can provide lists of resources. In southern Fairfield County, the website [HealthyMindsCT.org](http://HealthyMindsCT.org) provides a comprehensive listing.

For those just beginning their journey to mental wellness, particularly young adults, [TurningPointCT.org](http://TurningPointCT.org) is a new web resource funded by the Department of Mental Health and Addiction Services. It was developed by Southwest Regional Mental Health Board, and is being promoted by the Department of Education and the Department of Children and Families.

### "Horrible Experience" for Mom and Son

One mother described her difficulty navigating the system for her son. At age 12, he told her he was having suicidal thoughts and feeling urges to harm himself. "He was scared," she said.

She called a psychiatrist her son had previously seen for anxiety, but reached his answering machine. The on-call doctor called back and said to get her son to a place for an evaluation. She didn't know about 211, and didn't where where to go, so they went to a hospital emergency room.

"He was evaluated by some psych guy who was on call, but did not seem to have expertise on the presenting problem," she said. "My son was terrified and humiliated. We had to keep telling the story over and over to different people. It was a horrible experience."

Her son was given a follow-up appointment for the next week with someone new. The new doctor put her son "on a cocktail of meds that exacerbated his symptoms."

It took a few months before her son was able to see his original psychiatrist, who diagnosed him accurately. After several years of medication and weekly therapy, her son is stable.

## 211 Connects Callers with Services and Mobile Crisis

**To locate any mental health or substance abuse service, or other community resources:**

Call 211. For private insurance, visit your company's website.

**For a child psychiatric crisis:** Dial 211 at any time of day or night to be connected with the Emergency Mobile Psychiatric Service (EMPS), provided by Child Guidance. Press 1 at the prompt.

**For an adult psychiatric crisis:** Dial the direct line for mobile crisis listed below, or dial 211 and ask for the number of your local mobile crisis team.

**Direct Line for Fairfield County mobile crisis teams serving adults:**

Bridgeport area: 203-551-7507 or 800-586-9903

Danbury area: 203-739-7007 or 888-447-3339

Stamford area: 203-358-8500 or 800-586-9903

*All mobile crisis services are free and confidential. The crisis team can provide immediate counseling over the phone, can travel to the caller's location, or can take the caller to the hospital, as needed.*



# Challenge: Increase access to quality care

Both public and private mental health resources exist throughout the county; however, communities identified multiple barriers to access.

Challenges include a shortage of Intensive Outpatient Programs, long waiting lists for outpatient programs, inadequate funding for school social workers, scarce services and support groups for young adults, and shortages of school psychologists, psychiatrists and bilingual providers.

Inpatient psychiatric services, particularly for children, are not always available. Referrals can be given to various psychiatric facilities, yet beds are not always available and insurance/financial constraints prevail.

Financial concerns affect families unequally. One family agonized over how to pay for treatment, and whether they could afford to take time off work to travel to more affordable services far from their town. In contrast, a mother said, "I was lucky to have the resources to be a stay-at-home mom and get my daughter the help she needed."

Ironically, as noted in Silver Hill Hospital's 2014 Community Health Needs Assessment, people with mental illness who qualify for state services often have access to more wrap-around care—including support services for housing, education, and employment—than those with private insurance.

## Catch-22 Barriers to Quality Care

In an interview, a Community Conversations participant recounted her family's ongoing struggle to provide effective care for her 16-year-old daughter who suffers from mental illness.

"Navigating the system has been beyond difficult, especially trying to coordinate with the school system," she said.

Problems started in the 8th grade when her daughter fell into a major depression. Initially, she came home from school exhausted. Then the once-outgoing and artistic student stopped socializing. She spent time in her room and on her computer, and distanced herself from family.

She also developed obsessive-compulsive behaviors, her self-esteem plummeted, and her anxiety and depression increased. The mother found a note expressing "so much pain.... She was thinking of ways to kill herself."

Her daughter's therapist referred the family to an intensive program that helped. However, the provider was out-of-network and expensive, and the family's insurance wouldn't pay for treatment.

The family sought an alternative in-network provider in vain. The insurance company refused to compromise, so the therapy—which had been effective for the girl—has been deferred.

As a result, the daughter's future has devolved to a matter of survival. The family went to her high school to request help getting her into a therapeutic school. Instead, she was moved to the school district's alternative high school, where her condition has deteriorated even further.

The mother has sought help from the Attorney General and the Office of the Healthcare Advocate. She finds it infuriating there is therapy that helps her daughter, yet they cannot access it even though the family has insurance.

## Recommendations to increase access to quality care

Community recommendations included creating collaborations between public and private provider agencies, building regional advocacy capacity, using data to build a case for insurance reimbursement issues, identifying alternative health insurance options that would better cover mental health expenses (medicine, therapy, hospital stays), and providing mental health services in schools and in homeless shelters.

At the state level, two current initiatives launched in the wake of the Sandy Hook tragedy hold promise for system-wide change:

- The Young Adult Behavioral Health Services Task Force, established under Public Act 13-3, examined the provision of mental health and addiction services in the state with focus on services for people ages 16-25.

In April 2014, the task force released a report of its findings and 47 recommendations organized around seven overarching goals:

1. Enhance identification of early-onset mental health disorders for Connecticut's children, adolescents, and young adults
2. Increase pediatric mental health care provider evaluation and treatment capacity (workforce capacity)
3. Address pediatric mental health care provider quality by enhancing training and expertise in evidence-based evaluation and intervention

4. Decrease behavioral healthcare system fragmentation
5. Increase behavioral healthcare ease-of-use for families in need
6. Enhance mental health capacity in schools to address safety, student behavioral management issues, and early identification and treatment, and
7. Continue discussion on involuntary outpatient commitment laws in Connecticut.

- Public Act 13-178, passed during the 2013 legislative session, directed the Connecticut Department of Children and Families (DCF) to produce a comprehensive, integrated behavioral health plan for Connecticut's children ages 0-18.

DCF, supported by the Child Health and Development Institute (CHDI), held forums across the state to gather public input on mental health services for children, and met with existing stakeholder groups such as Keep the Promise.

The plan was released in October 2014 and can be downloaded from [Plan4Children.org](http://Plan4Children.org).

# Challenge: Meet the unique needs of diverse groups

While issues of awareness, stigma, information about resources, and access to services cut across all sectors of the community, other challenges were specific to a particular group.

The recommendations made by participants in the Community Conversations targeting specific communities such as Norwalk Community College, senior citizens, the LGBTQ community, residents of a homeless shelter, and the Latino community in Bridgeport were quite varied.

In New Canaan-Darien and Stratford, where adult and teen discussion groups met separately, the recommendations from each group reflected their distinct focus.

## Students struggling with the “achievement culture” in affluent towns

Students at New Canaan High School focused on the pressure-cooker environment of their town, noting the perceived requirement to be “really smart, an athlete, graduate, and go to college.”

They talked of competition within their families and throughout the community and described an overall atmosphere of “demands from parents, siblings, everywhere.” They noted anxiety is pervasive from middle school through adulthood, observing that “we’re not trying to slack, we’re just trying to breathe.”

Living by the unspoken message that “everyone’s perfect” makes things worse, students said.

## Recommendations to turn down the achievement culture pressure

In their discussions, they identified specific ways to alleviate the “high-stress and high-pressure situations” at their high school, including suggestions to alter required school courses, homework loads, and grading policies.

They also recommended various ways to provide support “in areas other than academics,” and increasing the visibility of the school psychologist.

## One Daughter’s Price to Attain Perfection

A Wilton mother cited her town’s achievement culture as a contributor to the mental health issues her eldest daughter faces.

“There’s a need to succeed in academics, extra-curricular activities, sports, the arts, and community service,” she said. “There’s so much pressure in their school and within themselves.”

The mother believes her daughter’s constant striving to be a perfect student led to depression and anxiety. “She would cry and get upset if her work wasn’t perfect. She always put a lot of pressure on herself to excel.”

With therapy, her daughter improved, but at age 17 she suffered a major bout with depression. She had to be hospitalized on New Year’s Eve. The mother speculated the breakdown had to do with returning to school after the winter vacation.

Fortunately, her daughter was put on a successful regimen of medication and therapy. She is currently doing well on a Gap Year program and is actively participating in her therapy.

The mother still worries, however, that her daughter will revert to putting undue academic pressure on herself once she starts college in another state.

## Supporting Hispanics living “in the shadows”

“Hispanic immigrants face the barriers of language and culture and living out their lives in the shadows,” said Esteban Francisco Sebourne, who co-facilitated a Spanish-language conversation in Bridgeport.

Participants focused on the large homeless population, limited resources in the community, and stressors such as lack of employment that contribute to mental health problems.

“Individuals have no opportunity for work,” said Mr. Sebourne. “It plays on their psyche and can lead to mental difficulties.”

Participants noted the disparities in identification and treatment suffered by the Latino population, as well as the shortage of Spanish-speaking providers.

One participant waited two hours for mental health services at a local hospital, only to finally meet with someone who was not a mental health clinician but simply an employee who spoke Spanish.

The group felt business leaders and legislators are inadequately informed about these issues. Business productivity can suffer, and policy can inadvertently keep Hispanics in the shadows.

The lack of support for Hispanic students suffering from mental illness or related problems was also felt within the public school system.

According to Silver Hill Hospital’s 2014 Community Health Needs Assessment, Hispanic youth have higher rates of both considered suicide (16.7%) and attempted suicide (13.5%) than other high school students in Connecticut.

Latina teenagers are at particular risk, with 21% attempting suicide—twice as many as African-American or Caucasian teenage girls.

Hispanic teens are also at increased risk of disordered eating compared to other teens, with males showing a higher rate than females.

## Recommendations for moving Hispanics out of the shadows

Recommendations included providing mental health services in the shelters, creating more resources for youth, and making community leaders aware of the unique challenges of identifying sufferers and delivering services among immigrants who may not be open about their problems.

The group also recommended a public education campaign using culturally-appropriate strategies, such as radio public service announcements and drive-by announcements using megaphones on cars in low-income, Spanish-speaking neighborhoods.

Similarly, another marginalized group—shelter residents in Norwalk—noted the ill effects on mental health from living in a shelter, being dispossessed and unemployed, and facing financial burdens such as paying for medication and amassing down payments for housing.

## Triangle Community Center

In Fairfield County, the Triangle Community Center (TCC), 618 West Avenue in Norwalk, [ctgay.org](http://ctgay.org), is the only local organization focused exclusively on the LGBTQ community.

TCC hosts programs providing health and human services to Fairfield County's LGBTQ community, including youth groups, peer support, social programs, and resources for substance abuse and addiction. "Basically, all the groups we offer support mental health," said Executive Director Anthony Crisci.

## Creating safe spaces for the LGBTQ community

Lesbian, gay, bisexual, transgender, and questioning people face unique risks to their mental health and well-being due to stigma and discrimination.

Participants at the LGBTQ Community Conversations held at Triangle Community Center in Norwalk agreed these effects "are compounded when an individual has more than one marginalized identity, including social, ethnic, language, culture, age, citizenship."

Overall, the LGBTQ community is at much greater risk of depression, anxiety, suicide, substance abuse, bullying, and violence than its peers, according to the Centers for Disease Control and the National Alliance on Mental Illness.

Community members noted that "for mental health and/or spiritual care, affirming providers are not visible."

## Recommendations to create safe spaces for the LGBTQ community

The group recommended increasing and promoting an ally network, including promoting a Safe Space campaign; developing a registry of gay-affirming providers; supporting Gay-Straight Alliances at schools and, more broadly, in communities; establishing minority/cultural LGBTQ centers; and promoting gender-free bathrooms in business and religious organizations.

## Addressing isolation among senior citizens

Connecticut's population is aging, with 13.7% of Fairfield County age 65 or older.

The Institute of Medicine estimates approximately 20% of older adults have at least one behavioral health problem. Based on this estimate, Silver Hill Hospital calculates over 125,000 seniors in the county are likely suffering from depression, substance abuse, or both (2014 Community Health Needs Assessment).

There is also growing recognition of hoarding as a mental illness affecting seniors throughout the county.

Community Conversations participants focused on the need for affiliation among senior citizens, in order to support those who are difficult to engage or isolated, whether due to mental illness, age, disability, or other factors.

## Recommendations to decrease isolation among senior citizens

To meet this need, a primary recommendation was creating a "warm line" for seniors and others who are lonely, potentially to be run both by and for older adults, and coupling it with a friendly visitor program.

To assist in detecting mental health problems, participants recommended promoting the message that everyone needs a regular mental health checkup.

The group also noted the importance of integrating volunteers into programs that are running with low levels of staff support.



# Action Steps: Creating mentally healthier communities

Throughout Fairfield County, the Community Conversations have raised awareness about mental illness, given residents a voice, and identified recommendations for local action.

Steve Blumenfeld was a facilitator of the Fairfield conversation and is a member of the National Alliance on Mental Illness. He said participants were “highly engaged and vocal. They spoke about what mental health and illness meant to them, how it affected them, their needs and the needs of society, and possible solutions.”

An important outcome of this grassroots initiative has been community engagement and activism. Participants in many of the conversation groups are actively supporting the follow-up work on these issues in their towns.

Some have become active in the Catchment Area Councils, run by the Southwest Regional Mental Health Board, and many have requested follow-up meetings with their group to check on progress.

A couple of participants in the fall 2013 Community Conversations even became trained as facilitators, then facilitated conversations for other communities in winter 2014.

Initiatives are underway to address each of the major challenges identified by the community:

**Awareness:** Communities are increasingly aware of mental health. Fairs are being organized by Fairfield County schools and towns; Mental Health First Aid and QPR trainings are being widely offered; and frequent showings of films such as *No Kidding? Me, Too!* and *The Anonymous People* are raising consciousness.

In Stamford, a Mental Health Summit was recently organized by Stamford Public Schools and the city’s Department of Health. Civic organizations and elected officials can and should play an important role.

**Stigma:** In May 2014, area hospitals, health departments, providers, and civic organizations are co-sponsoring a county-wide anti-stigma and public education campaign via email. Ongoing trainings and presentations by the National Alliance on Mental Illness and the American Foundation for Suicide Prevention volunteers help remove stigma and can be organized upon request.

For information about events and trainings, visit [HealthyMindsCT.org](http://HealthyMindsCT.org), a resource offered by the Southwest Regional Mental Health Board.

**Information about resources:** To address the identified lack of knowledge about 211 as a gateway to services, New Canaan has already begun highlighting this resource in its print materials and website, while Greenwich is developing a “Know Your Town” card specifically for local behavioral health services.

The Southwest Regional Mental Health Board’s expanded and revised guides to regional behavioral health services have been widely disseminated to elected officials, town social services agencies, provider agencies and public libraries. They are also being distributed to school districts and doctors’ offices with support from the Regional Action Councils.

Information is also available at [HealthyMindsCT.org](http://HealthyMindsCT.org) and [TurningPointCT.org](http://TurningPointCT.org).

To ensure that 211 provides the best possible service, the agency's CEO was invited to a listening forum in our region at the end of April. Suggestions such as having school children design 211 posters are being proposed in Redding, Ridgefield and Wilton.

**Access to care:** In 2014, the Connecticut legislature passed Public Act 14-115. It expanded the role of the Office of the Healthcare Advocate in assisting families struggling to navigate the maze of mental health services by developing an information and referral system.

A statewide integrated child behavioral health plan has been developed.

Community members throughout Fairfield County cities and towns intend to advocate for the expansion of School-Based Health Centers to all local towns.

Newtown is proposing mental health screenings in its schools, to aid in early detection of possible signs of mental illness.

The need for more services, shorter waitlists, and culturally competent services requires ongoing attention and increased funding.

**Diverse communities:** Community members are working on the goals outlined in the conversation groups.

In New Canaan, students are presenting their recommendations to their school administration.

At Triangle Community Center, a registry of affirming mental health providers is being developed, and other recommendations are being incorporated into the upcoming State of the Community event.

Other community groups will continue to meet to look at issues in the Hispanic community, a warm line for older adults, and more.

In the Redding, Ridgefield, Wilton area, a new National Alliance on Mental Illness support group is being started by the participants in the Community Conversations. This is in direct response to the identified need for support for individual and families affected by mental illness.

The findings of the Community Conversations dovetail with the results of recent analyses, such as Silver Hill Hospital's 2014 Community Needs Assessment, and with the information being gathered at present by the Connecticut Department of Children and Families.

In Southwestern Connecticut, these findings will feed into the Regional Needs Assessment process conducted biannually by the Southwest Regional Mental Health Board and the Regional Action Councils. As such, they will have the ability to influence policies and programs directly.

Furthermore, other Regional Mental Health Boards in Connecticut have expressed interest in holding or adapting Community Conversations in their regions.

Although these findings will be used at the regional and state level, the issues identified through these grassroots conversations represent a call to action that affects everyone.

Mental health must be a priority, not only for those involved directly, but for our local elected officials, Boards of Education, faith-based communities, philanthropy and all concerned residents.

## About the Southwest Regional Mental Health Board

The mission of the Southwest Regional Mental Health Board is to ensure a high-quality behavioral health system that promotes recovery and well-being for all residents of southwestern Connecticut.

The Southwest Regional Mental Health Board, Inc. is a citizens' advisory group, created by State mandate to assess and promote mental health and addiction services in southwestern Connecticut. For more information, go to [HealthyMindsCT.org](http://HealthyMindsCT.org).

## About the National Alliance on Mental Illness

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

NAMI advocates for access to services, treatment, supports and research, and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need.

NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy and support group programs.

Fairfield County is represented by the Connecticut organization, NAMI-CT, as well as Fairfield and Stamford/Greenwich affiliates.

For more information, visit [nami.org](http://nami.org).

## Links

### **InfoLine/211**

[211ct.org](http://211ct.org)

**Healthy Minds CT**, a regional resource from the Southwest Regional Mental Health Board

[HealthyMindsCT.org](http://HealthyMindsCT.org)

### **American Foundation for Suicide Prevention**

[afsp.org](http://afsp.org)

### **Office of the Healthcare Advocate**

[ct.gov/oha](http://ct.gov/oha)

### **CT Prevention Network**

[ctprevention.org](http://ctprevention.org)

### **Mental health resource for teens, young adults**

[TurningPointCT.org](http://TurningPointCT.org)

## About Fairfield County's Community Foundation

We bring together passionate people and trusted resources to create lasting change in Fairfield County.

We envision a vital and inclusive community where every individual has the opportunity to thrive. Our mission is to promote philanthropy as a means to create change in our region, focusing on innovative and collaborative solutions to critical issues impacting the community.

Individuals, families, corporations and organizations can establish charitable funds, or contribute to existing funds focused on specific areas of need—including mental health—or communities in Fairfield County.

We provide philanthropic advisory services, bring to the table community leaders, partners and experts to tackle regional needs, and lead countywide initiatives. Our Center for Nonprofit Excellence helps local nonprofits become even more efficient and effective.

We are in compliance with the Council on Foundations' 41 national standards for community foundations.

Thanks to our generous fundholders and supporters, we have awarded \$180 million in grants to nonprofits in Fairfield County and beyond. Please visit [FCCFoundation.org](http://FCCFoundation.org).



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