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Recovery Community Affairs

## RE-COMMITTING TO PROGRESS

A Message from the Office of the Commissioner

As you know, May is the month dedicated to raising awareness of mental health as an integral component to overall health and well being. Agencies are beginning to advertise different events they are sponsoring in their areas to raise consciousness around mental health issues and to recognize the many accomplishments of their staff and to celebrate recovery among the people they serve. Look for them on our website soon at [www.ct.gov/dmhas](http://www.ct.gov/dmhas). On a statewide note, the NAMI Walks event will take place May 16<sup>th</sup> at Bushnell Park with registration beginning at 9 a.m. and the walk commencing at 10 a.m. (And don't forget Recovery Walks, celebrating recovery from drug and alcohol problems sponsored by CCAR in September.)

Every month is mental health month when you are working at DMHAS, but perhaps the national designation makes May a good time to reflect on the work that we do. I had occasion a few weeks ago to be chatting with some of my colleagues here at OOC about days gone by. Most of us have been involved in the system in one way or another for more than twenty five years and we discussed how much has changed in how we do business. We recalled a time when spending time in an institution, in many cases a *long* time, was a given. The idea of recovery was rarely spoken. As we reminisced about some of the common practices towards treating people back then, I was struck by how indifferent the system was to the injustices they involved, though grateful that attitudes have shifted enough that most of us would be appalled to consider their use today—kind of like smoking on an airplane. I shared a pang of embarrassment that I had aided and abetted in some of these indignities early in my career.

Our knowledge about creating a respectful and truly recovery oriented system of care is still evolving. We have made great progress in involving persons in recovery at all levels of change and using their lived experience of recovery to inform our decisions as to what helps and what hinders. We are getting better at giving people choices in their care and providing the supports that make real differences in their lives. The Access to Recovery program is a good example. Our delivery of clinical treatment is being enhanced by a focus on the whole person—culture, gender, co-occurring disorders, trauma issues, employment, and a person centeredness that promotes valued roles in the community.

Yes, we still have a long way to go. I can only wonder what conversations may take place years from now about how we do business today. How did we tolerate such levels of homelessness, poverty, unemployment, incarceration, and poor physical health? Why didn't we do more to combat discrimination and prejudice which are the root causes of the lack of economic opportunity and social inclusion? What activities did we implement to support healthy communities in general, so that the persons we served experienced greater well being and satisfaction? What was our role in influencing those conditions early in life that shape a healthy individual?

May is the month to reflect on our good work. Let it also be a time to re-commit ourselves to the challenges of the future.