

Thomas A. Kirk, Jr.  
Commissioner

Message from the Office of  
the Commissioner

March 20, 2008



Julienne Giard  
Co-Occurring Project Manager

**INSPIRED**

**Inspire – "To stimulate energies, ideals, or reverence."**

**Reverence – "A feeling or attitude of deep respect tinged with awe."**

I couldn't sleep. Despite being very tired from several hours of driving that day, I kept thinking about the people I had met. I was inspired by what I had observed and experienced: the welcoming environment and dedicated staff, the evidence of improvements, the skilled clinician facilitating the group, and the courageous people who were learning to cope with their mental illnesses and addictions, to help each other, and to pick up the pieces of their lives. This is not a unique scene as it happens every day across the DMHAS healthcare system, and it is inspiring.

The next day my mind turned to all the positive things happening in Connecticut to better serve individuals with co-occurring disorders: more accurate screening for mental health *and* substance use disorders at admission; more programs displaying and distributing educational materials on both mental health and substance use disorders; more programs licensed to provide both mental health and addiction treatment; more programs stepping forward to actively work on integrating their structures, assessment processes, treatment services, staffing and training opportunities; new financing mechanisms offered through DMHAS' healthcare system to facilitate integrated services; continued and expanded academic partnerships focused on integrated services; and new and expanded workforce development strategies.

I thought of some of the things we still need to work on to help people recover and successfully manage their co-occurring disorders: ensuring all individuals that need a comprehensive assessment get one; integrating more addiction counseling into mental health treatment and more mental health counseling into addiction treatment; providing family and friends with education on co-occurring illnesses and support; and more peer support opportunities.

And I went on to think about our need for a "social epidemic" of *recovery-oriented and integrated services*.

What do I mean by that? Social epidemics are *ideas, behavior, messages and products* that behave like outbreaks of infectious diseases. In other words, it's the notion that behavior can be contagious and transmitted from one person to another as easily as the flu or the measles can (Gladwell, 2002). Imagine for a moment what a social epidemic of integrated services would look like. What kinds of things would we do more of...or do less of...or not do at all...or do all the time?

From wherever you "sit," what do you observe in the DMHAS healthcare system that *inspires* you? What do you observe that stimulates your energies and ideals and causes you to feel "deep respect tinged with awe?"

How can you use your resources, opportunities, skills, and talents even more to help create a social epidemic of those things that inspire you, and that will lead to recovery-oriented and integrated services for people with co-occurring mental health and substance use disorders?

Comments welcome at [julienne.giard@po.state.ct.us](mailto:julienne.giard@po.state.ct.us)