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Message from Maria

When I was in graduate school, a professor often stressed how hard it is to ask for help. She had us try an exercise; here it is if you’d like to give it a go. Next time you’re walking along a busy sidewalk ask someone if they can tell you the time of day. She asked us to pay attention to

Why Here and What Can Be Done?

Our little corner of Connecticut is quaint, peaceful and picturesque, add in the lack of traffic and some of the most warm and wonderful people anywhere - and some may just call it a utopia. However, beneath all that beauty there is an ever-growing issue; access to behavioral health care. According to a 2016 report from the Substance Abuse and Mental Health Services Administration (SAMHSA), people in rural communities have a similar and often higher need for these services but “have less access to the behavioral health continuum of care than do people in urban areas.” SAMHSA says there are three key issues that play a role: Availability, Accessibility, and Acceptability.

Litchfield County has the designation of a rural region as measured by population density. Most health and human services are located in Torrington, a thirty-minute drive from some towns in the county. This is particularly difficult for anyone requiring public transportation as that is quite limited in our region. Availability is a challenge in hospitals and clinics in rural areas given the difficulty in recruiting and retaining providers.

When looking at the challenges associated with acceptability, it is important to note that in some rural communities, there may be a normalization of substance abuse and certain types of mental illness, such as depression. Smaller communities offer less anonymity and privacy and often people will not seek out services because they do not want anyone to know what they are going through.

Suicide is one of the top ten causes of death in the United States, with
how that felt. This seemingly simple and benign task caused a little jolt of anxiety in many of us. We could all quickly relate and understand that asking for help for the ‘big’ stuff amplifies those feelings a hundred-fold. I often think about the courage and effort it takes to make ourselves vulnerable in asking for help for something as stigmatized as a substance abuse or mental health issue. And how many folks, for fear of judgment, rejection or confronting pain don’t ever get to benefit from the healing that takes place in therapy.

As this month’s article points out, we live in an exceptionally beautiful part of the world. But, if you’re suffering with depression, anxiety or addiction, it can be very easy to isolate and remain in that dark place. Accessing care – already difficult given the aforementioned challenges – gets even trickier when geography adds another layer of barriers. We’ve worked to address some of those barriers with offices in locations that are accessible and welcoming. Even then though, it can be hard to take that first step. But the good news is that there are solutions. We can all – each one of us – help with this. We can learn the signs to recognize mental illness and addiction. We can use terms like ‘survivor’ instead of ‘victim’ to describe a person who has endured trauma. We can offer a kind, listening ear. We can ask one another; “how are you doing… really?” “Can I sit with you as you make that call? Look up resources with you? Give you a ride to an appointment? Watch your kids while you go to a meeting?” We can honor the courage and strength it takes to ask for help. Those actions make our beautiful communities a little closer - and care more accessible.

All my best to you,
Maria