

MENTAL HEALTH AWARENESS MONTH

2024 Issue 1

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Dear Readers,

Welcome to the DMH Mental Health Awareness Month Newsletter! This year, we'll have two issues, the second will come out on May 13th. Join us as we explore a number of different mental health topics and showcase our staff and community partners. We'll also learn more about the mental health system of care in Vermont and how to access its supports.

In this first issue, we'll talk about Abenaki Recognition and Heritage Week, World Maternal Mental Health Day, and National Nurses Week. Plus, we have an interview with Adam Hall from the Champlain Valley Office of Economic Opportunity (CVOEO) about mental health and experiencing homelessness as well as an overview of the Vermont crisis system of care.

As the Commissioner of the Department of Mental Health, I see firsthand the ways that mental health affects people and entire communities. This month reminds us to talk openly about our mental health, foster understanding, and share resources!

I am looking forward to growing and learning together this Mental Health Awareness Month,



Commissioner Hawes and DMH team members at the Vermont State House

Emily Hawes,
Commissioner,
The Vermont Department
of Mental Health

Staff Spotlight: Celebrating National Nurses Week with Tim McCants

National Nurses Week in May is a time to honor those who are the backbone of our healthcare system. This year, we're spotlighting one of DMH's very own: Tim McCants, a nurse at Vermont Psychiatric Care Hospital (VPCH). Tim's journey in mental health began in 2007 at the Vermont State Hospital in Waterbury, starting as a psychiatric technician. After VSH closed due to Tropical Storm Irene in 2011, he traveled the state to assist patients until 2013. After joining VPCH in 2014 as an Associate Mental Health Specialist, Tim became a Registered Nurse in 2020 and now serves as a Psych RN II. He's currently studying to become a Psychiatric Mental Health Nurse Practitioner.

When asked what he's most passionate about in his work, Tim highlighted his dedication to improving the patient experience. He explained, "I'm always learning new skills to help patients feel heard and understood. Building this understanding is key to forming real therapeutic relationships, which ultimately leads to the best quality of care." Tim's typical day is packed with various tasks, from observing and recording patient behaviors to working with different teams to coordinate patient care. He is a strong advocate for each patient and views every interaction as a chance to offer support, education, and care.

Reflecting on his time at VPCH, Tim highlighted the hospital's efforts to consistently improve the hospital environment for everyone, patients and staff alike. He says, "Even though there are challenges sometimes, the dedication of my coworkers to solve problems and keep things running smoothly is truly inspiring."

When faced with tough days, Tim gains perspective by

considering his patients' daily struggles, and by staying focused on his purpose. When talking about nurses struggling with their mental health, Tim says it's important to have good relationships with coworkers and support each other. He also says it's essential to make time for things that make you happy. Tim likes to read, travel, exercise, bake and decorate cakes and pastries.

Tim has accomplished a lot to be proud of: advancing from an MHS to an RN, receiving the VPCH Employee of the Month award twice, and creating two impressive artworks showcased at VPCH.

One is a large painting in the Recovery Services Hallway, and the other is a giving tree mural in the lobby, which now serves as part of an anonymous donation program for patients in need. However, what truly brings Tim the most joy is witnessing patients' progress towards recovery. "When patients first come to VPCH, they're often very unwell, but as we work with them, we start to see moments of clarity and improvement. Watching them regain their personality and overcome their illness fills me with pride because I played a part in their journey."

Tim's story reminds us of the hard work and compassion nurses show every day. Let's thank the nurses in our lives for their dedication to helping others during National Nurses Week and year-round!



Tim engaging in one of his favorite hobbies: fishing!

Joanne Crawford: The Challenge of Abenaki Resilience

"After all the Vermont's Abenaki have been through since [Samuel de] Champlain's visit in 1609, one is struck by their remarkable will to survive as a people in the face of incredible odds. Their experience has been, in many ways, similar to those of small tribes the world over:

Frequently they find that they must forfeit their indigenous identity and be pressed into a mold that allows them no latitude or motivation to rise above the lowest rung of the social ladder. From an autonomous people with pride and a strong sense of their own identity as a people, they all too often are transformed into a deprived underclass with neither pride nor a sense of identity.

*The Abenaki have chosen another way. Like many indigenous peoples in almost all parts of the globe, they have decided that they have a right to their own identity and should be allowed to work out their own way of being different. When a whole people give up and disappear as a people, just because their continued presence is inconvenient or upsetting to some, all of humanity is in trouble. The Abenaki have not given up and disappeared, and we can all take encouragement from that fact."*¹

These powerful words from The Original Vermonters speak to the resilience of the Abenaki people here in Vermont. The authors, William A. Haviland and Marjory W. Power, through their research, highlighted the monumental challenges faced by the Original People since the arrival of Samuel de Champlain. The above passage celebrates the Abenaki people's ability to adapt for the sake of survival in the face of almost insurmountable odds. This resilience in the face of extreme challenges and struggles have been recognized by historian Colin Calloway:

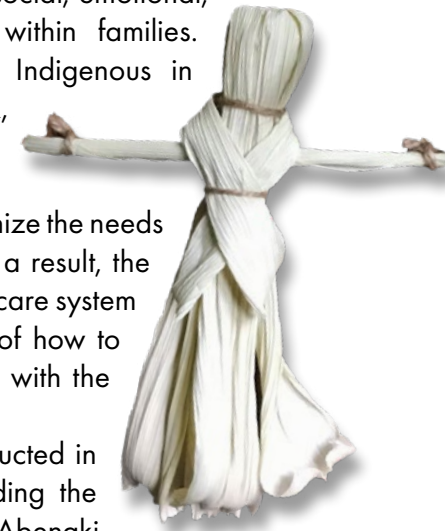
*"In Vermont, even as many families continued to live in the Abenaki way, poverty, prejudice, and dependence on the white economy characterized their lives and promoted the tendency to conceal one's Indian identity. Abenaki children who attended white schools exposed themselves to ridicule if they admitted they were Indian, and to punishment if they dared to speak their native language."*²

Enduring centuries of hiding in plain sight has allowed the Abenaki people to persist, yet it has taken a toll on their

wellbeing. The accumulated trauma from their historical struggles has led to alarming rates of chronic disease, substance use, domestic abuse, depression, poverty, and homelessness within the community. Unfortunately, the very resilience that sustained the Abenaki now poses their greatest challenge. A deep-seated mistrust has prevented many from seeking physical or mental health care; perpetuating social, emotional, and physical challenges within families. Reluctance to identify as Indigenous in surveys, intake paperwork, and assessments due to mistrust leaves a void in data that can help us recognize the needs of the Abenaki people. As a result, the physical and mental health care system lack a true understanding of how to effectively support or work with the Abenaki people.

A qualitative study conducted in the spring of 2020 regarding the wellness of the Vermont Abenaki community revealed the following conclusion regarding addressing the community's physical and mental health needs:

*"Abenaki communities have a mistrust of formal education, law, health care, and mental health institutions due to institutionalized racism and oppression. Participants emphasized this point by sharing their apprehension and mistrust of traditional helping organizations. Health care professionals working with the Abenaki community need to be educated to understand the root causes of substance abuse and mental health disorders. The high prevalence of SUD and mental health in Indigenous communities is connected to historical trauma, structural racism, and loss and erasure of cultural identity, as participants within this Abenaki Indigenous community shared. Health, mental health, and wellness services need to be delivered by culturally competent providers who are invested in developing meaningful and trusting relationships with the Abenaki community to foster trust."*³



Abenaki Corn Husk Doll



Mental Health Myth Busting!

Myth: Mental health conditions are uncommon.

Fact: One in five Americans experiences mental illness in their lifetime, with one in twenty-five facing a serious mental illness each year. Mental health issues affect people of all ages, races, income levels, and religions.



Abenaki Wampum Turtle

Building trust won't be easy but it's necessary if we want to better serve the Abenaki people, whose physical and mental health needs have been unacknowledged and overlooked for far too long. The initial steps involve providing healthcare providers with training opportunities focused on working with Vermont's Abenaki population and updating assessments to be more inclusive and accessible.

1. The Original Vermonters by William A. Haviland and Marjory W. Power

2. The Western Abenaki of Vermont, 1600-19800 by Colin Calloway

3. Health Equity for Abenaki Indigenous People: Improving Access to Quality Mental Health and Substance Use Services by Maria Mercedes Avila, Christine Begay Vining, Joshua Allison-Burbank, and Christine Velez. Health Equity Volume 6.1, 2022.

In addition to her role at the Department of Mental Health, Joanne Crawford works with Vermont healthcare organizations throughout the state to provide training around Indigenous health and wellness. She is currently a Schweitzer Mentor and member of the Health Disparities Cultural Competency Group at the University of Vermont Larner College of Medicine, and Chair of the State of Vermont Abenaki Equity Workgroup.



World Maternal Mental Health Day: Supporting Perinatal Wellbeing

May 1st brings attention to an important but often overlooked issue: the mental health of expecting and new parents. Perinatal Mood & Anxiety Disorders (PMADs) are mental health problems that can affect parents during pregnancy and after birth, making them the primary complication related to having a baby.

In Vermont, research shows that up to 1 in 4 new parents may experience symptoms of depression and/or anxiety. PMADs aren't just about feeling sad or down after having a baby; they cover a range of emotional struggles. These can include feeling overwhelmed, easily upset, or constantly tired but unable to sleep; having scary thoughts; and not feeling like yourself. If left untreated, PMADs can have a lasting impact on families.

Even though most research focuses on mothers, it's crucial to understand that PMADs can affect all people, no matter their gender. Dads, partners, foster parents, adoptive parents, and caregivers can all feel stressed with the arrival of a new baby. Studies show that 1 in 10 dads can experience paternal postpartum depression (PPPD). This number goes up to 50% if the birthing parent is also dealing with depression during pregnancy or after giving birth. About 18% of fathers may develop anxiety during this time too.

So, what can we do to take care of ourselves after welcoming a new baby?

- **Prioritize rest:** Consider taking shifts with your partner/other caregivers.

- **Every parent needs a break:** Make time to engage with your interests and hobbies.
- **Stay connected:** Ask for and accept support from family, friends, and your community.
- **Communicate openly:** Talk about how you're feeling with people in your life.
- **Take care of your body:** Eat nutritious foods and stay hydrated.
- **Seek professional support:** Consider speaking to a therapist for support and coping strategies.
- **Couples support:** Explore couples therapy for tools and support.

Resources for Vermonters

Support Delivered: Support Delivered is a program that helps Vermonters understand and cope with PMADS. It offers a range of coordinated services and support. Learn more at supportdeliveredvt.com.

Help Me Grow Vermont: HMG Vermont connects expecting and new families to mental health clinicians who are experts in treating PMADs. Text HMGVT to 8983211 or by calling 211, option 6 to reach them.

Need Help Now?

If you or someone you know is thinking about suicide, dial 988 for the 988 Suicide and Crisis Lifeline or text VT to 741741 for the Crisis Text Line. Trained counselors are available 24/7.

Call or text the National Maternal Mental Health Hotline (open 24/7) at: 1-833-852-6262 for free, confidential support before, during, and after pregnancy.



Mark Your Calendars!

What is NAMI Walks Vermont?

Lace up your sneakers for a 2.5K walk through Burlington, and make strides to combat the stigma surrounding mental health!

Here's what to expect:

1. Increase awareness and break down the barriers of mental health stigma.
2. Raise funds to support NAMI's vital programs and services in Vermont.
3. Connect with an incredible community that believes in Mental Health for All.

When is it?

Saturday, June 1, 2024

Registration starts at 12 p.m.

Walking begins at 1 p.m.



Where is it?

Participants will register and start walking at the First Unitarian Universalist Society of Burlington.



Mental Health Myth Busting!

Myth: People with mental illness can't handle work or school.

Fact: People with mental health conditions can lead productive lives and engage in work or school like anyone else.

Mental Health and Unhoused Populations: An Interview with Adam Hall

Homelessness continues to be a growing challenge in Vermont. Given the increasing rate of unhoused individuals in the state, DMH with the Office of Economic Opportunity (OEO) provided funding to community partners for Projects for Assistance in Transition from Homelessness (PATH) Outreach. The PATH Program provides services for people with serious mental illness experiencing homelessness, by funding services like outreach, screening, rehabilitation, and housing support.

Among these community partners is the Champlain Valley Office of Economic Opportunity (CVOEO). We spoke with Adam Hall, the Homeless Outreach Coordinator at CVOEO, to learn more about the connection between homelessness and mental health challenges, and the valuable role that community support can play as a resource.

Adam's passion for his work isn't just professional; it's personal. While he didn't use CVOEO's services during his own time without housing, their mission and

"It's all about building trust, forming genuine relationships, and finding community,"

community-focused approach struck a chord with him, making it a great fit for him as a career path. In his current role with CVOEO, Adam stresses the importance of creating authentic relationships. "I believe that seeing people as 'other' stops us from truly connecting," He explained, "I try to see each person I meet not just as someone receiving services, but as a potential future board member, colleague, or neighbor."

In discussing the connection between mental health and homelessness, Adam compared the struggles of being unhoused to enduring methods of torture. "Folks without shelter face daily struggles like hunger, isolation

and loneliness, sleep deprivation, and exposure to the elements," Adam said. "These experiences create a vicious cycle. If you're not struggling with mental health challenges before becoming unhoused, you probably will after exposure to these circumstances."

But Adam knows it's not just about finding people a place to live; it's about giving them the support they need to heal. "Living in survival mode takes a toll," he explained, noting the PTSD, distrust, and skepticism that can develop from experiencing homelessness. "It's all about building trust, forming genuine relationships, and finding community," he said. Adam then recounted a recent experience at the Elmwood shelter where a client hesitated to leave after finding permanent housing because they'd formed such strong bonds there.

When it comes to supporting unhoused individuals in our communities, Adam's advice is simple: relationships are a two-way street. "Instead of just offering assistance, take the time to sit down, listen, and learn from folks' experiences," he urged. He believes in a shift towards respect and connection, rather than quick fixes. "If you feel comfortable, ask someone how they're doing, or what else they might need, and if they don't feel like opening right away, that's okay – building trust takes time. Let's not be too quick to give up on people."

As we work to support unhoused individuals in our communities, let's consider these insights. There is power in community-driven responses to homelessness, as Adam says, "real change starts with real connections and treating each other with respect."



Adam Hall

The Vermont Crisis System of Care Part One: Someone to Call and Someone to Respond

Like physical health crises, mental health crises can be devastating for individuals, families, and communities. We can't always predict when someone will have a crisis, but we can help them understand the services available to them. DMH believes a successful crisis system of care has someone to call, someone who responds, and somewhere to go. In this edition of the newsletter, we will learn about the first two components: someone to call and someone to respond. In the next newsletter, we will learn about the third component: somewhere to go.



Someone to Call: The 988 Suicide and Crisis Lifeline

The 988 Suicide and Crisis Lifeline is available 24/7 through calls, texts, and chats. It provides free, confidential support to callers. Vermonters dialing 988 connect with in-state responders for real-time assistance. The Lifeline also serves as the central dispatch for the statewide Mobile Crisis teams. People call to talk about various topics such as: substance use, financial worries, relationships, sexual identity, navigating abuse or domestic violence, mental and physical illness, loneliness and more. When you call the Lifeline:

1. First, you'll hear a message telling you you've reached the 988 Suicide and Crisis Lifeline in English and Spanish. You will then be given the option to connect to the Veteran's line or the LGBTQ Youth Crisis line.

2. A little music will play while you're connected.
3. A skilled, trained crisis counselor will answer the phone.
4. This crisis counselor will listen to you, learn how your problem is affecting you, provide support, and share resources that can help you.



Someone to Respond: Vermont Mobile Crisis

Vermont's Mobile Crisis program provides immediate support to people facing mental health and/or substance use challenges. Instead of waiting at the Emergency Department, MobileCrisisteams can come to you wherever you are – at home, school, or in your neighborhood. When you call Mobile Crisis, a two-person team comes to help. The team contacts you beforehand and they come to where you are or wherever you'd like to meet. Mobile Crisis is available to everyone, regardless of insurance or age and provides quick responses, assessments, de-escalation, and safety planning.

In Vermont you can access Mobile Crisis services by calling your designated agency's crisis line, or by texting/calling 988. You can also visit gethelpvt.org for more information. The services are available in multiple languages, and accommodation is made for people with disabilities or special needs. Following your initial interaction, the Mobile Crisis team connects you with services and resources and provides follow-up support to see how you're doing.



Which of these statements about mental health and gardening is false?

- A. Putting your hands in the soil releases feel-good chemicals in the brain and grounds the nervous system.
 - B. It's estimated that around 1 in 10 U.S. adults engage in a gardening hobby on a regular basis.
 - C. Healthy bacteria that live in the soil have been found to potentially increase serotonin levels and reduce anxiety.
 - D. Studies show that people who participate in community gardening tend to have better social and relationships and connections to their communities.
- B.** is false. It's estimated that 1 in 3 U.S. adults engage in a gardening hobby on a regular basis. That's about 120 million people!



Mental Health Myth Busting!

Myth: You can never get better from a mental illness.

Fact: Recovery is possible with the right treatment plan, even for chronic conditions.