

# Hilltop Mental Health and Wellness Commission Meeting

Wednesday, August 25, 2021

**Attendees:** Maggie Larson, Todd Marsh, Don Austin, Kenny Vincent, Suzanne Weete, Ashley Wright, Mary Boisse, Nancy Michaud

**6:04 pm Meeting called to order by Todd Marsh**

**Reviewed minutes of 8/2/2021**

- Corrections: None
- Motion to approve: Don Austin approved, Ken Second, all in favor.

## **Review Commission Goals**

Suzanne Weete reviewed mission/objective of commission:

*To examine, study and implement systems which foster, promote, and support mental health, wellness and recovery support to all city and school employees, students, and citizens of the Hilltop City. While creating a mental health, wellness, and substance recovery friendly Somersworth*

- This group is mini-ambassadors of a cross-sector of the community and the purpose is to examine and study what the culture is in Somersworth in regard to mental health and substance use disorder — we need to speak freely because these conversations generate ideas. From there we can generate a vision of what we would like Somersworth to have and be able to support the community
- Implementing systems is not the real goal of this group—that will occur after this group; we are taking a higher, more elevated look with this commission to help identify assets, barriers and changes needed within the systems. Systems-change will come into play after this group with the larger group of stakeholders that are identified and who move forward with this group after it's sunset
- During these meetings and conversations, think about who in your community is an influencer/leader, those that have passion and understand what we are trying to accomplish so that they can help make it happen!

## Comment/Discussion from commission:

- Don't have the treatment facilities here; don't have sober house programs here; we don't have the therapies that are needed here; the system in NH, not just Somersworth, is very broken. There isn't anywhere for people trying to access help to go.
- How difficult it is to get the Gov. and legislation to take a commitment on mental health. The money isn't used for it. People with mental health issues are in prison; they are in jail.
- Why is this happening? Fear of the unknown maybe?
  - Education (or lack thereof)
  - People are very careful with how they approach these difficult topics—especially in schools and government.

- A lot of “well we don’t do that, but they do”... “actually we don’t do that either, don’t know who does” – passing off of the ‘hot potato’/problem to others without following-up or making sure people are connected with what they need
- STIGMA
- We aren’t always meeting the needs—so where are the gaps?
  - What types of things can we do about those gaps?
  - We need to identify what is causing the systems to fail.
  - We won’t get there today, but this is the ultimate goal of this commission.
- We are better off in Strafford County than anywhere else in the state.
  - Drug court, social service programs, etc. – we have a lot of resources in our region
- People don’t care about people who have mental illness unless you are directly impacted. But now that it is costing lives, now we pay attention.
- We need community conversation of those brave folks that can tell a story of their realities they have faced.

### **Activity: What does the perfect Somersworth look like?**

Reviewed the resources that were identified as existing in Somersworth. Group discussed what actually exists within the Somersworth community, rather than being resources available for Somersworth residents in surrounding communities like Dover and Rochester.

Members were asked to consider what a ‘perfect Somersworth would look like’ for different people in different areas of the community. If someone was experiencing a “mental health challenge” or if someone has a mental health or substance use disorder; what does the community look like for them or their families? What is available to them in the community, at different places like schools, businesses, in their neighborhoods or other aspects of their lives?

#### Schools:

- |                                                                       |                                                                                            |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| ○ Neighborhood advocates                                              | ○ Teachers/parents recognizing and knowing how to respond and communicate to the situation |
| ○ Peer groups                                                         | ○ Kids feel they can talk openly, and their peers know how to respond and communicate      |
| ○ Family support groups                                               | ○ SEL (Social Emotional Learning)                                                          |
| ○ Family engagement and check ins                                     | ○ Flexibility of expectations: meeting kids where they are at; if they can they would      |
| ○ Peer based programs                                                 | ○ “No wrong door”/“No wrong room” approach for asking for help                             |
| ○ Strong connections with outside partners                            | ○ Hosting community nights for students/families to access resources                       |
| ○ Flexibility of expectations                                         | ○ Coping skills                                                                            |
| ○ Access to mental health services that are not dictated by insurance |                                                                                            |
| ○ Safe spaces                                                         |                                                                                            |
| ○ Training for teachers                                               |                                                                                            |
| ○ Social workers/ clinicians                                          |                                                                                            |
| ○ My Turn (program)                                                   |                                                                                            |
| ○ Education for parents                                               |                                                                                            |

### Businesses:

- Acceptance and opportunity
- Recovery friendly workplace
- Less fear of job loss
- Resources so people know who to call
- Employees have a safe space with access to situational counseling or sharing
- Employers have policy and procedures in place
- Employers recognize the value of fostering mental health & wellness, not just the cost
- Employees comfortable disclosing mental health challenge
- Education on interacting with people having mental health challenges and MH/SUD
- Time off for mental health and wellness
- Diverse and welcoming
- Training on warning signs connection to community resources
- LADAC on staff
- Connected with greater community and local resources
- Supportive and educated
- To be able to get the resources you need for help

### People who have been directly or indirectly impacted:

- 1,000 points of help
- Criminal justice programming
- Training for police and fire
- Family support
- Support groups
- Access to treatment
- Awareness of where to go
- Transition programs
- Opportunities to be outside and play
- Accessible resources so people know who to call for help
- Homeless shelter
- Sober housing
- Housing
- A village of support
- Recovery supports
- Recovery centers
- Community centers
- Needle exchange programs
- People having access to supports you wouldn't expect need them
- Supportive housing
- Places of support (houses, medical, schools, police/fire/EMT)

### Other:

- Endless money
- Hilltop Health and Wellness Commission
- Community has no stigma and understands Mental Health and SUD
- Interconnectedness
- Strong social norms supporting wellness

### Discussion:

We recognize that Somersworth has some great resources, programs and assets & some of the things listed above exist; but not all of them.

Why don't these things exist? What are some of the barriers to creating a 'perfect Somersworth'?

- Money
- Community presence
- Different housing and other opportunities covered by health care/insurance
  - When you look at systems like Mass-Health in Massachusetts, there are programs that make accessing services easier – we don't have those here
- Transition plans for people coming out of treatment, going back to work or moving from different types of housing
  - Securing stable housing
- Different support levels being available
- Emphasis on peer support
- Stigma → people don't want to see it, "not in my back yard" and 'people don't know what they don't know'
- Limited treatment providers for the population in need
  - Specialists are difficult to find for ANY health issues, but especially when it comes to different types of mental health disorders or challenges
  - PTSD
- Bias – conscious and unconscious
- Knowing where to refer people to so they can be connected with services
  - Going back to the discussion around "we don't do that"

#### **Next Steps:**

- Looking more at 'where are we now'
- Data – let's explore some data more closely

#### **Picking a regular meeting date & time:**

- Reviewed the results from the survey that was sent out to members
- Members agreed that the 3<sup>rd</sup> Wednesday of the month would work best
- 6 pm – 7:30pm was the best time

#### **Motion to adjourn the meeting:**

- Don Austin
  - Seconded by Ken Vincent
- Meeting adjourned at 7:36

Respectfully submitted,

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Mary Boisse