**Scott Brabant**
Board Chair

**Luis B. Pérez, LCSW**
President & CEO

**Testimony before the Appropriations Committee regarding:**

**H.B. 6662 AN ACT DECLARING RACISM AS A PUBLIC HEALTH CRISIS AND ESTABLISHING THE COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH**

**Public Hearing**
**Friday, March 26**

Good afternoon Senator Osten, Representative Walker, Senator Miner, Representative France and distinguished members of the Appropriations Committee:

Thank you for the opportunity to provide testimony. My name is Suzi Craig and I wish to share comments in regards to H.B. No. 6662: An Act Declaring Racism as a Public Health Crisis and Establishing the Commission on Racial Equity in Public Health, and **we have suggestions on how to improve this proposed bill.**

As the Chief Strategy Officer and Registered Lobbyist for Mental Health Connecticut (MHC), a 113-year-old nonprofit, MHC supports the concerted effort to officially declare racism as a public health crisis and then enact systems in place to address the inequities that have plagued residents for too long.

MHC's mission is to partner with individuals, families, and communities to create environments that support long-term health and wellness. The word "environments" in our mission statement is critical because it is central to everything we do.

The state of Connecticut is also an environment that can either support or deplete its residents' long-term health and wellness. Public Health is defined as, "the science and art of preventing disease, prolonging life and improving quality of life through organized efforts and informed choices of society, organizations (public and private), communities and individuals."[1]

Like all environments, our state is a complex eco-system that relies on many different things to provide health and sustainability. The proposed bill for HB 6662 calls for appointments from 16 Commissioners but this does not include the Department of Mental Health and Addiction Services (DMHAS). How can this be? Black, brown, and what's typically classified as minority populations make up a large percentage of individuals served by DMHAS and, in general, trauma as a direct result of experiences in all areas of the health system are a daily and persistent occurrence.

That said, our asks are as follows:

[1] Winslow, Charles-Edward Amory (1920). "The Untilled Field of Public Health". Modern Medicine. 2 (1306): 183–191.

1. Add the "DMHAS Commissioner or the Commissioner's designee" as a required appointment to this bill

2. Add "right-fit service utilization," which could be either a decrease or increase when determined as the proper choice to address a specific need, to Sec. 2(k) as a metric by which to measure success

MHC has been conducting our own enquiries into the intersection of racism and mental health, and the effects a system has on the humans within it when it is designed to oppress some and enrich others.

We've uncovered several areas of research that point to **cultural mistrust** sitting at the core of health inequity, particularly one's access to services, path to treatment, and length of stay in higher levels of care. Cultural mistrust is defined as "the tendency to hold a generalized mistrust for people and systems that represent mainstream White America."[2]

Some notable findings include:

- Institutions as the justice system and social services appear white and oppressive to people of color, making them hesitant to participate in services like mental health treatment[3]

- With cultural mistrust present, clients who are court-ordered treatment may feel like they are being forced to attend and that their culture is being condemned by the Anglo-American system[4]

- Cultural mistrust serves as a self-protective function against further oppression, but may be misinterpreted by clinicians as pathology, leading to misdiagnosis of schizophrenia[5]

- Minority patients have a habitual mistrust of the health system (physical and mental), and fear that going in for help will lead them to losing their jobs, children, and sense of control; People of color fear double discrimination from the mental health system, with discrimination from being of a minority group being layered on discrimination from having a mental illness; People of color feel that the mental health system views them only as their disorders and not as complex human beings[6]

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[2] "Facilitating Engagement of African American Male Adolescents in Family Therapy: A Cultural Theme Process Study," *Journal of Black Psychology*. Jackson-Gilfort, Liddle, Tejeda, and Dakof, August 2001
[3] "Cultural mistrust, opinions about mental illness, and Black students' attitudes toward seeking psychological help from White counselors," *American Psychological Association.* Nickerson, Helms, & Terrell, 1994
[4] "Trauma-Informed Approaches to Juvenile Justice: A Critical Race Perspective," *Juvenile Family Court Journal.* Crosby, March 2016
[5] "Cultural mistrust: An important psychological construct for diagnosis and treatment of African Americans," *American Psychological Association.* Whaley, Arthur, 2001.
[6] "Mental health care among blacks in America: Confronting racism and constructing solutions," *Health Services Research.* Alang, January 2019

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MHC applauds the efforts of this legislature to actively construct new structures that will allow this state to address racism as a public health crisis. We are particularly encouraged to see the bill identify **cultural humility** (something MHC has been exploring and applying with our own staff since June 2020) as the ultimate goal, which is a more progressive state of equity than the original construct of cultural competency.

Once again, we support HB 6662 and its intention to elevate the impact of racism to its highest level, as a public health crisis, and to deconstruct our current system of inequity. And, we ask that you consider our suggestions outlined in this testimony to help further strengthen this proposal.

Thank you for the opportunity to submit testimony, and for your continued service to Connecticut.

Suzi Craig
Chief Strategy Officer
Registered Lobbyist