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A change after making change happen

By: SCOTT WHIPPLE , Herald Press staff

NEW BRITAIN - A respected state leader on matters of mental illness and substance abuse retires Nov. 20. After 20 years with Community Mental Health Affiliates Inc., Executive Director Mark Muradian is stepping down. A search has begun for a replacement.

A nonprofit, community-based provider of comprehensive behavioral health services in northwest and central Connecticut, CMHA operates 25 locations in 13 communities. The organization offers many services, including inpatient and outpatient programs, substance abuse treatment services and prevention and education programs.

CMHA board chairwoman Diane Chace wished Muradian well.

"He has overseen mergers with four behavioral health organizations and the opening of a group home for boys this past summer," she said. "We are grateful for his leadership and commitment during this period of unprecedented growth."

Muradian holds an accounting and management degree from Johnson & Wales University, a Bachelor of Arts degree in psychology from Iowa Wesleyan College, a Master of Science degree in psychology from the University of Bridgeport and a doctorate in public administration from Nova Southeastern University in Fort Lauderdale, Fla. Before joining CMHA, he held administrative positions in mental health organizations and has clinical experience in mental health as well as teaching experience in business, economics and psychology.

He intended to have a business career, he said, but after taking courses in psychology realized he had found his vocation.

In recognition of Mental Illness Awareness Week, which begins today, the Herald Press met with Muradian in his Russell Street office. We asked him about his career, current advances in understanding mental illness and substance abuse, the status of CMHA and where he believes the behavioral health industry is headed.

Herald Press: Why are you retiring?

Muradian: I'm 59. I've been in this job a little over 20 years and have been in this field for almost 35 years. I reached the point in life where I wanted to re-evaluate where I was going. My major goal was to position this organization for the future. So it was a good time for me to move on.

Q: What are your plans?

A: I'll be doing some management consulting, helping other organizations that can benefit from my education and experience. I'll be spending more time in Rhode Island. I have family there. [laughs] Whatever my wife, Carol, says we should be doing.

Q: Can you talk about changes in mental health treatment you've seen over the years?

A: The biggest change has been the shift of treatment of persons with mental illness from hospitalization to the community. At one time the state had three psychiatric hospitals; now we just have one, Connecticut Valley Hospital.

Q: Why this shift?

A: People don't need to be in hospitals any more. There have been innovations over the past 20 years in psychiatric medications. So the setting has become less restrictive.

Q: What stands out in your mind about your 20-year career?

A: When I first came to CMHA we had a million-dollar budget with a staff of 35. We now have a \$27 million budget and a staff of 400. That includes psychiatrists, psychologists and social workers. We developed the capability of moving people into this community in a safe, secure environment for them - giving them flexibility and opportunities they never would have had if they had been in a hospital or institution. One of our major goals is for these people to lead as normal a life as possible.

Q: Can you give me an example?

A: I'm proud of the fact that we employ up to 90 people in the janitorial business we operate. They clean up to 900,000 square feet of office space. Some of these people may not be working full time, but they're working 20 hours a week leading a fairly normal, productive life.

Q: Have the patients you see -

A: We call them "consumers."

Q: Have their problems changed over the years?

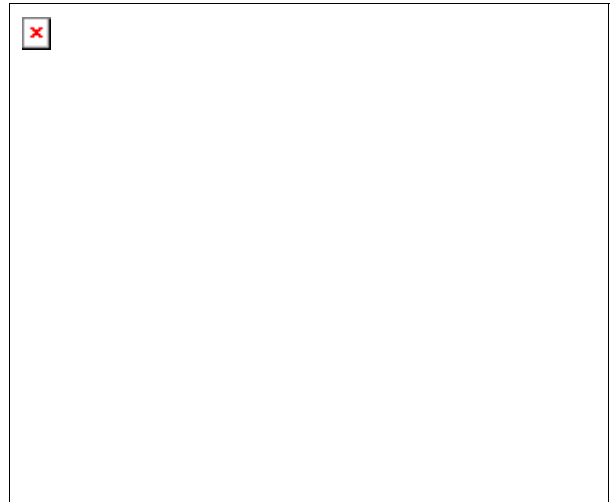
A: A higher percentage of people are coming to us with both mental illness and substance abuse. That's another big shift. Now it's not just heroin - it's alcoholism and addiction to opiates, also a secondary type of problem -depression, anxiety or [being] bipolar. We're seeing a combination of components.

Q: How do you explain this change?

A: Heroin is very cheap these days. That makes it accessible.

Q: What won't you miss about your job?

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A: The regulatory environment. We have close to two dozen licenses with various departments for treatments. There's a tighter scrutiny on health care. Greater accountability. More reports to fill out. Even nonprofit agencies like ours are affected.

Q: What will you miss most about CMHA?

A: The people.

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