Testimony Regarding Mental Health

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Mental Health Working Group
Bipartisan Task Force on Gun Violence Prevention and Children's Safety
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Senator Harp, Representative Wood, and members of the Mental Health Working Group,

We are testifying today on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families.

We may never know exactly what role, if any, mental illness played in causing the tragedy in Sandy Hook. Undoubtedly many of the affected parents, families, friends, first responders, and community members will need access to acute and ongoing mental health services to help them heal in the coming weeks and years. We urge this group to help **ensure that those affected by the events in Newtown receive the highest-level evidence-based treatments** for trauma, PTSD, and other issues that arise.

Yet the conversation that this horrific situation has begun extends much further than the question of the role of mental illness in violent acts, or how to address the immediate needs of the affected community. **For decades, hundreds of thousands of Connecticut's residents have struggled to access the affordable, quality mental health services they need** to lead happy, healthy lives. They suffer from endless battles with insurance companies over coverage, and limited numbers of providers with necessary expertise and client openings, as well as stigma and discrimination that prevents them from seeking help and hinders their ability to recover and participate in community life. We have an opportunity to critically examine the sources of the access, quality, and affordability problems in the current mental health system, and to take comprehensive action to solve them.

Children face these challenges even more acutely, and the personal and societal costs of failing them are even greater. Nearly half of young people are currently experiencing, or will in their lifetimes experience, a mental disorder, and one in five will experience a seriously debilitating mental illness.[1] Yet it is estimated that only about half the children who need mental health care receive it.[2] To promote access and utilization of mental health services that improve the lives of children, this task force should consider proposals that:

- ***Promote early screening and interventions***. The sooner problems are diagnosed, the less costly and more effective the interventions will be. Particularly among children, who are less able to explain what may be wrong, or identify the need for therapies to address traumatic events, caring adults – parents, teachers, nurses, and doctors – must be equipped with the skills and given the opportunity to screen for emerging mental health issues.

[1] Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Sui L, Benjet C, Georgiades K, Swendesen J. "Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Study- Adolescent Supplement (NCS-A)." *Journal of the American Academy of Child and Adolescent Psychiatry* 10 (Oct 2010) : 980-989, available at: http://www.nimh.nih.gov/statistics/1ANYDIS_CHILD.shtml

[2] Merikangas KR, He JP, Brody D, Fisher PW, Bourdon K, Koretz DS. Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. *Pediatrics*. 2010, 125(1):75-81, available at: http://www.nimh.nih.gov/statistics/1NHANES.shtml

- *Address insurance-related access barriers in the public and private systems.* Diagnosing more children with mental health concerns does nothing without readily available programs to help address those issues. No child should be prevented from accessing vital services because he cannot locate a provider who accepts his private insurance or Medicaid. No young adult should be denied needed treatments by an insurer who deems them not medically necessary. Federal regulations implementing the 2008 Mental Health Parity Law will soon be finalized, and the state must move forward in making sure that mental health parity is a reality, not an unrealized promise.
- *Build on the success of Connecticut's Behavioral Health Partnership.* The CTBHP is a partnership of the Departments of Social Services, Children and Families and Mental Health and Addiction Services to address the mental health and substance abuse needs of children, families and adults on Medicaid and CHIP (HUSKY). During the six years since this model was created it has enabled increasing numbers of children and families to access evidence based and community focused interventions. It is critical that the state maintain and strengthen its commitment to the Partnership.
- *Reduce the stigma around mental illness*. Many people with mental illness and mental health challenges do not seek the help they need because of a fear of stigma and discrimination from peers and their community. Whether it is a young adult who does not reach out to say that something is wrong because he does not want to be seen as "different," or a parent who fails to locate services for a child in need out of a concern the child will be labeled and sidelined by a school, even the best screening and access to services will not solve our state's mental health problems if people do not utilize available options. Initiatives such as anti-bullying campaigns and positive school climate plans can help make schools more supportive and welcoming for children with all sorts of differences. We can do more to think about how our broader communities can be supportive and inclusive.
- *Treat mental illness as a health issue, not a criminal one*. Children and adults should not enter the criminal justice system because the mental health system has failed them, or they were unable to access services outside of state commitment. In addition to addressing financial and insurance barriers, we must also promote the expansion of community-based services so that parents in need have places to seek help outside the court room. We must also ensure that school and other professionals are trained in alternatives to police interventions during mental health crisis situations, for example, utilizing Emergency Mobile Psychiatric Services rather than the police when appropriate.
- *Support School-Based Health Centers.* Schools are a critical part of the mental health care delivery system, providing approximately 70-80% of mental health services received by children in Connecticut. School Based Health Centers provide individual, group and family counseling for mental health issues in more than 40,000 visits on a yearly basis.[3] Offering services in schools can both reduce stigma and facilitate access, getting more services to hard-to-reach populations. The state recently approved increased funding to establish new centers, but progress in getting them started has been slow, and there remains significant unmet need even after this expansion.
- *Provide more mental health professionals in schools.* With growing emphasis on testing and academics, as well as increased time spent on administrative tasks like filing Individualized Educational Plans (IEPs) for students with disabilities and monitoring anti-bullying initiatives, students have less and less access to mental health services from in-

[3] "Protecting the Health of Connecticut's Young People," *Connecticut Association of School Based Health Centers*, (October 2010), available at: http://www.ctschoolhealth.org/Announcements/view.asp?id=54

building professionals such as school counselors, social workers, psychologists, and guidance counselors. This task force ought to consider how it can enable schools to hire more mental health professionals, and/or reduce the time this staff spends on paperwork (while maintaining adequate accountability and oversight over important areas like school climate, discipline, and special education).

- *Address provider shortages*. Very few psychiatrists are trained in treating very young children and children in the middle years. When combined with the shortage of transportation and geographic barriers, this shortage of providers poses a significant challenge for many parents seeking help for their children. The state must examine the extent of this problem and seek solutions to encourage expanded access and the training of more qualified providers.
- *Ensure our most vulnerable children do not fall through the cracks*. Children in the state's foster care and juvenile justice systems have mental health needs and trauma histories at rates much higher than the general population. Whether it is ensuring full access to evidence-based, trauma-informed programs during periods of intense DCF and CSSD involvement, or working harder to ensure continued access to mental health supports and services during transitions into the community and independent living, we must do better. We must also look more carefully at how we can improve the coordination of services between agencies, smoothing the path for the population of young adults with significant mental health needs who face a complex transition from DCF to DMHAS as they "age out" of the youth system, and ensuring that a juvenile justice history does not preclude young people from accessing DCF voluntary services as they leave state supervision.

Reversing decades of state and national underfunding and inattention to mental health issues will not be easy, but it will reap significant rewards in improved outcomes for children and families, a healthier population, and a stronger fiscal picture for the state. Now is the time to act.

Thank you for this opportunity to submit testimony and please do not hesitate to contact us if you have questions or need further information.