



Good afternoon Senator Handley, Representative Sayers and members of the Public Health Committee,

My name is Ann Nelson. I am speaking with you today on behalf of my thirteen year old daughter, Emily (above), as well as the more than 2,700 individuals with mental illnesses and their family members who are represented by the National Alliance on Mental Illness in Connecticut (NAMI-CT). I am grateful to have the opportunity to testify concerning Proposed Bill S.B. 1, *An Act Increasing Access to Affordable, Quality Health Care*. I am strongly in support of this bill's initiative and purpose, and would like to share my suggestions on how it might best serve Connecticut families with children/adolescents with mental health disorders.

Firstly, I would like to thank all of you here who have endured and persevered in bringing mental health parity to Connecticut. Unfortunately, despite Connecticut parity legislation, discrimination continues to persist in our provision of health care to individuals with mental illness. I know this because it has happened to my family on numerous occasions. Let me elaborate on one of these most memorable occasions.

On the advice of my daughter's private psychiatrist, I took my daughter, Emily, to the emergency room of a large Connecticut hospital. Emily was a danger to herself, her younger sister and our family as a result of psychosis, mood instability, anxiety and aggression. The emergency room psychiatric staff agreed that Emily required urgent inpatient hospitalization, but there were no pediatric psychiatric beds available. Emily was admitted to a general pediatric floor, where she waited for three days until an

appropriate bed was available for her on the children's psychiatric floor. I escorted my then 8-year old daughter, alongside an armed security guard, to the locked children's psychiatric facility. Upon admittance to this unit, I was told by Emily's social worker that she was permitted only 48 hours in that unit, and would then be discharged to home. Our private managed care company, in the absence of Emily's clinical record and knowledge of her extensive psychiatric history, decided that 48 hours would be the suitable amount of time for Emily's inpatient treatment and recovery. Emily remained unstable in the hospital, yet her social worker was tormented daily by our insurance company to discharge her. It was not until Emily developed a cardiac abnormality as a result of one of her psychiatric medications, that our managed care insurance company ceased demanding Emily's discharge. Emily had now become a pediatric cardiac case, and was no longer carrying the discriminating diagnosis of mental illness. Emily's diagnosis became legitimate in the eyes and pocketbooks of our managed health care plan when it shifted from mental illness to cardiac instability. Emily was discriminated against because she had mental illness.

Can't we do better for our children in a state known to have one of the best parity laws in the nation? I believe that this bill, part of a larger initiative of health care reform, begins to answer yes to this question. The word *reform*, as defined by Webster is, "to make better by removing faults; to make better by putting a stop to abuses or malpractices; to cause or persuade an individual or organization to give up misconduct and behave better". The key words in this definition are "**make better**".

We have an opportunity before us to change or "make better" the delivery of mental health care to our children and adolescents with mental illnesses in Connecticut. Below I have provided you with several facts about children/adolescents with mental health disorders. My desire, similar to that of Al Gore's in his documentary *An Inconvenient Truth*, is to take us out of a state of either denial or despair, to a Connecticut armed with education and knowledge. Here are your weapons:

- Ten percent of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school and with peers (Mental Health: A Report of the Surgeon General, 1999).
- In any given year, only 20% of children and adolescents with mental disorders are identified and receive mental health services (Mental Health: A Report of the Surgeon General, 1999).
- Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated to be effective for many childhood disorders. (Mental Health: A Report of the Surgeon General, 1999).
- Untreated, these disorders can lead to devastating consequences for children, including youth suicide, school failure and involvement with the juvenile justice and criminal justice systems. Approximately 50% of students with a mental disorder age 14 and older drop out of high school -- the highest dropout rate of any disability group (U.S. Department of Education, 2001).
- Suicide remains a serious public health concern and is the third leading cause of death in youth aged 10 to 24. More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined (National Strategy for Suicide Prevention, 2001).

Research shows that 90% of people who die by suicide suffer from a diagnosable and treatable mental illness at the time of their death (Mental Health: A report of the Surgeon General, 1999).

- 70% of youth involved in state and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired (Blueprint for Change, National Center for Mental Health and Juvenile Justice, 2006).

We have to do better. I am pleading with you today, as we look to reform our entire health care system in Connecticut that you promise to **make better** our mental health system. While working toward health care reform, you must protect the current health care mandates that exist in the state, maintain and improve mental health parity, and keep from any diminishing of the Medicaid program. We continue to have inequities despite all of the work that has been done in these areas, and it would be detrimental to the health and well-being of thousands of CT citizens who desperately need mental health services to move backwards now.

Thank you,

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