

Testimony before the Appropriations Committee

September 3, 2009

Department of Mental Health and Addiction Services Budget

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Good afternoon, distinguished Chairs and members of the Public Health and Human Services Committees.

My name is Kathleen Donlon and I live in New London, CT.

I have been my brother's conservator and primary caregiver for the last decade. I am here to speak on behalf of my brother, Steven Donlon regarding the proposed closing of Cedarcrest Hospital.

Steven was inducted in 1980 into the Unification Church, a cult run by the Rev. Sun Young Moon, where he endured mental trauma and mind control until he was forcibly rescued by my family and deprogrammed by professionals.

At 27 Steve was diagnosed with schizoid-affective disorder. In the last 20 years, Steve has been admitted on 12 separate occasions to Cedarcrest Hospital.

In 1999 Steve had a seizure. An MRI at Hartford Hospital revealed a colloid cyst in the third ventricle of his brain, a type of brain tumor. His neurologist told me that Steve would need periodic MRIs and follow-up assessments to monitor the tumor, as it grew. Steve had a dual diagnoses, schizoid-affective disorder and brain tumor.

At Cedarcrest Hospital, with a team consisting, in part, of Steve's psychiatrist, Dr. Pierro, his neurologist, Dr. Chesnow, and his physician, Dr. Agawal, Steve received comprehensive treatment for all his health issues, and ultimately achieved his best baseline. He was able to leave Cedarcrest, and move into the community at a group home in Mystic, CT. after his last admission in 2006.

Steve now lives in a convalescent home in Bloomfield, CT.

Recently, Steve's condition had deteriorated to the point where I had to take him to Hartford Hospital for an assessment. I was told that it was unlikely that they would have a bed for Steven at The Institute of Living or Cedarcrest Hospital. I called Dr. Haber, Research Director of The Institute of Living, who was able to assist me in getting Steve assessed and admitted into the Institute of Living.

Steve was admitted for only one week, in which time his medications were greatly increased and he was deemed ready to return to the convalescent home. Steve is now in lock-down and is unable to leave on a day pass, even though he was NOT considered a risk the previous week when he was in crisis and I took him to the Institute of Living. Steve is over-medicated and passive and is not improving. His quality of life has been greatly impacted by this solution.

There is a grave need for the type of treatment that Steven received at Cedarcrest, and there are no other facilities that give that type of comprehensive treatment to the mentally ill. The prevailing approach is to use "chemical restraints", which keeps patients like my brother from getting better and re-entering the community. If such patients have no place to go for treatment, they will be released into the community, where their quality of life will deteriorate and impact the community's quality of life, as well.

If Cedarcrest Hospital is closed, there will be no real alternatives for patients like Steven. The resulting reduction in the number of beds available for acute care will further impact the patients who most need treatment.

The closing of Cedarcrest Hospital will eliminate a much needed facility, and, without an alternative for comprehensive treatment, my brother and others like him will have nowhere to turn. This will put an extra burden on existing facilities which are not staffed or equipped to treat acute mental illness, and tend to over-medicate and "warehouse" patients like Steven.

Please consider the needs of those with acute mental illness who cannot get proper treatment in currently available facilities. If Cedarcrest is closed, there must be an available alternative.

Thank you.