

**Testimony before the Program Review and Investigations Committee
June 21, 2011
Adolescent Health in Connecticut**

Good afternoon, Senator Fonfara, Representative Rowe and members of the Program Review and Investigations Committee. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, or NAMI-CT. We are the largest member organization in the state of people with mental illnesses and their families. I also serve as co-chair for the Keep the Promise Coalition, a statewide, mental health advocacy Coalition dedicated to ensuring that a comprehensive, community mental health system is created and sustained in Connecticut.

We applaud the Committee for its focus on evaluating state funded services for meeting the health care needs of Connecticut adolescents, and are especially supportive of the emphasis on improving the health of adolescents and examining programs such as community and school-based health centers.

It is essential that mental health be included as part of the evaluation of overall health, and that mental health and substance use disorders be understood as chronic diseases that are preventable, treatable, and often co-occurring with other physical illnesses.¹

We would like to stress three pertinent areas with strong implications for adolescent health: **the lack of access to community mental health prevention and treatment services; the critical role of school based health centers in delivering mental health services; the need for better data collection and monitoring of youth with mental health needs transitioning from the children to the adult mental health system.**

In Connecticut, most of our children's mental health funding is spent on children who require the most acute and most expensive services. In 2000, 70% of state spending on behavioral services was spent on just 19% of all Connecticut's children needing mental health services.² Still today, the large majority of children and youth in need of mental health services do not get them. In Connecticut and nationally, there remains a severe shortage of child and adolescent psychiatrists (about 1.6 providers for every 1000 children with a severe psychiatric diagnosis).

Private insurance coverage of behavioral health services for kids is grossly inadequate -- forcing children and families with mental health needs to shift to state-funded services to get appropriate care and/or rely on the state to cover the costs of expensive crisis services.

- Only one child in four who need mental health care receives it
- One in 14 Connecticut high school students have attempted suicide, and about one in four have experienced symptoms of depression.

Evidenced based practices have demonstrated long lasting effects. Early intervention and appropriate treatment can prevent the development of more serious, costly disorders across the lifespan. At a minimum, private insurance companies should be required to cover medically necessary and appropriate mental health services and treatments for children.

We also know that children with mental health problems are less successful in school. Elementary school students with mental health problems have poor attendance and rates of suspension and expulsion three

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), *Ensuring U.S. Health Reform Includes Prevention and Treatment of Mental and Substance Use Disorders – A Framework for Discussion; Core Consensus Principles for Reform from the Mental Health and Substance Abuse Community*, May 26, 2009.

² The State of Children's Mental Health in Connecticut: A Brief Overview" (Connecticut Voices for Children. 2000)

times higher than their peers.³ Up to 44% of youth in high school with mental health problems drop out of school.⁴

Research shows that Connecticut's achievement gap, the worst in the nation, will not improve unless schools attend to students' social and emotional needs while promoting academic success. About 75% of all children receiving mental health services do so in a school setting. School mental health services have been shown to improve academic outcomes, lessen discipline referrals, increase attendance and graduation rates, and decrease the likelihood that at risk children will make their way into the juvenile justice system. Furthermore, they have been shown to reduce the costs associated with untreated mental health problems and school dropouts.

According to the New Freedom Commission, schools are the "most universal and natural setting" for providing mental health services to kids. They are associated with less stigma and distrust, which is critically important, especially when considering that low-income and minority youth have even greater difficulty accessing mental health services and the health disparities associated with that fact.

Some additional facts to support of our key concerns:

- Approximately 67-70% children and youth in the juvenile justice system have a diagnosable mental health disorder.
- Children with mental illnesses, particularly depression, are at a higher risk for suicide with an estimated 90% of children who commit suicide having a psychiatric disorder. Suicide is the third leading cause of death for children and youth in the state.
- Children from low-income households have a higher risk of developing mental health problems. 21% of low income children age 6-17 have mental health problems, and 57% of these come from households at or below the federal poverty level.⁵
- Youth transitioning from DCF to DMHAS who are not engaged in services and planning for their futures are more likely to drop out of school, become homeless and unemployed, abuse drugs, attempt or contemplate suicide, and engage in criminal activity.

Thank you for time and attention. I am happy to answer any questions that you may have.

³ Blackorby, J. & Cameto, R. (2004). Changes in school engagement and academic performance of students with disabilities. *Wave 1 Wave 2 Overview* (pp. 8.1 – 8.23). Menlo Park, CA:SRI International.

⁴ Blackorby, J. et al (2003). The academic performance of secondary school students with disabilities. *The Achievements of Youth with Disabilities During Secondary School*. Menlo Park, CA:SRI International.

⁵ "Access to Children's Mental Health Services under Medicaid and SCHIP" (Urban Institute. 2004)