

Dear Sir or Madam,

I would like to submit the following written testimony in support of House Bill 5992 ***“AN ACT CONCERNING THE TREATMENT OF PERSONS WITH PSYCHIATRIC DISABILITIES”***.

My interaction with the mental health system in the state of Connecticut, is the result of my son's disability, with schizophrenia. He is 31 years old, and was diagnosed at age 20 while a junior at the University of Vermont. The last 12 years have been challenging, but he has made good progress at times, even completing his Associates Degree in May of 2010.

Over the last two years, he unfortunately had a relapse, had gone off of his medications, was hospitalized at CVH, treated, and released again into the community. This has brought the issues related to interacting with the mental health system in Connecticut to the forefront for myself, and our family as an individuals living with this situation. As a family, my son's mother, sister, and I, do the best we can to try to encourage and help my son, but as would be expected, he needs professional help. As a 31 year old, unable to work because of his disability, he is classified as permanently disabled, and receives Social Security disability benefits. His insurance is Medicare/Medicaid, because he can not work, or afford private insurance. Unfortunately as a family we are not wealthy enough to provide the quality of care he needs privately. There have been instances where he has been hospitalized, (unfortunately at Backus Hospital in Norwich, which is one of the worst facilities I have ever seen, in regards to their capability to treat an individual with my son's particular schizophrenic disorder) and released virtually untreated, without anywhere to stay, because his insurance determines his length of stay through inadequate assessments, and criteria, and will not cover continued treatment costs. He was allowed to discontinue treatment at Southeast Mental Health Authority in 2010, even though his case was well documented, to indicate that he has no insight into his disease, and doesn't know he needs treatment. While he is recovering again, he walks a fine line, unable to really make the decisions he needs for his long-term care, but well enough to function so as to not need in-patient hospitalization.

This is a personal crisis for our family. At the same time, it brings the decay, indifference, and inadequacy, of Connecticut's mental health system into the spotlight. We have a life in the balance. My son's condition is such that while unmedicated, he lives poorly - at one point, in a trailer with little food, no heat, running water, an extension cord for electricity from a neighboring family. Regardless of our efforts to convince him otherwise. He was unkempt, and dirty. He was paranoid and would not interact with his family. He was a danger to himself and others, but regardless of our efforts to get him treated, the mental health system in the state of Connecticut ignored this, placing his life, and potentially the lives of others in danger. If he were an animal the ASPCA would initiate legal action against us, his family, for allowing the neglect and abuse to persist - we would be arrested, and tried like criminals. But, because he is a human being, and Connecticut's laws, along with the decay, inadequacy, and indifference of the mental health system, interfered with our right to get him treated, and we are basically forced to sit and watch as things fall apart, while he was in danger of hurting himself, or someone else due to his behavior.

There are a number of factors that contribute to these types of situations, and we are not alone in suffering through this type of ordeal. Connecticut has no mandatory outpatient treatment laws in place to assist families, loved ones, and other concerned individuals who live with those experiencing various forms of debilitating psychiatric disease, and for one reason or another go without much needed and beneficial treatments. Of the New England states, only Connecticut, and Massachusetts, have failed to enact AOT laws. Of our other neighboring states, New York, has a model law enacted. New York's Kendra's Law (<http://mentalillnesspolicy.org/kendras-law/kendras-lawoverview.html>) is a model for AOT laws around the country.

Additionally, because of the restrictive nature of access to medical health records, including treatment requirements, we are forbidden from discussing my son's issues and requirements with his medical providers. We also do not receive any notification when he stops receiving treatment for his disease. We are a family trying to take care of someone who needs care, and are shut out of the system. I can't count the number of times that I have been told by nurses, social workers, and other treatment providers that they will not share information with me unless my son signs a release. How do you get someone who in their mind, does not need treatment, to sign a release?

What do we need to do to change the policies in the State of Connecticut, to allow families, concerned relatives, and other loved one's, to help a person in need, before they reach the point of no return? What do we need to do to prevent avoidable tragedies from occurring, because someone who needs treatment wasn't able to get it, and those who knew it was needed were forced to stand by helplessly, shut out of the system?

I am appealing to the State of Connecticut Legislature to enact the laws needed in this state to ensure every individual who needs treatment receives it, and that every immediate family member who has a right to know (mothers, fathers, brothers, sisters), receives full disclosure of treatment requirements, and compliance, so that we can be aware of the exposures when they exist, and address issues before they spin out of control, into avoidable tragedies.

Sincerely,

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