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Thank you for the opportunity to provide comments regarding **SB 374**, *An Act Requiring Behavioral Health Assessments to Children*, to the members of the Committee.

As a practicing clinical psychologist who has been working with children, adolescents, and families for over 20 years, I have great interest in the proposed legislation. I believe our state should spend time studying how our children gain access to mental health treatment.

While all in our state are horrified by the tragedy in Newtown in December, I must agree with my colleague, Dr. David Bernstein, who provided testimony to the state advisory task forces regarding school safety and security. Dr. Bernstein aptly referred to the Newtown incident as a “Black Swan;” that is, a very rare occurrence. While we can certainly learn from this tragedy, we should remind ourselves that we still have no official police report of the events of the incident.

In addition, if we are reviewing children’s mental health issues *because of* the Newtown incident, we should also remember that it is very difficult to predict, with accuracy, who will be violent.

With that said, the current proposed legislation presents several areas of concern, from my perspective:

1. A mandate by the state forcing behavioral assessments for children intrudes on the rights of parents. As a practicing psychologist, I can attest to the fact that most parents are keenly aware when their children are having problems, and seek out treatment when necessary. In addition, pediatricians- a major source of referrals to my practice- are also competent to refer their patients

to mental health professionals when needed without a state mandate. The problem is access to mental health services, not assessment.

2. It is difficult to judge the nature of the “behavioral assessments” referred to in the proposed legislation since there are no details regarding who will perform them, the level of training of the evaluators, and which standardized instruments, if any, will be administered. If the state is considering such a large-scale government-mandated assessment program, every assessment tool would have to be confirmed valid and reliable by a panel of experts, and the state would need to be prepared for lawsuits from parents who might disagree with the results.

There is also no indication in the proposed bill regarding who will pay for the mandated assessments. Once again, it seems unnecessary to take on an assessment program of this magnitude, when the real issue is access to care.

3. My sense of working with state or public school mental health professionals is that they barely have enough time to assess and provide treatment for the children who actually need services, let alone begin “assessing” children who do not. It would appear to me that the state would need to hire a great many more “assessors” to carry through with such a mandate as indicated in the proposed legislation.

If we turn, instead, to what, I believe, is the real issue of concern- access to mental health care- there are several areas we might consider:

1. The most serious mental health problems don't show themselves until the late teens or early 20's, when privacy laws prevent mental health professionals from involving parents. If we consider that, even though parents may still be paying, either through insurance or self-payment, for their children's mental health treatment, once their teen turns 18 years old, the mental health provider can no longer speak to the parents about the patient without a written release of information.

In my practice, I anticipate a teen's 18th birthday with the patient and his/her parents. If my clinical judgment tells me it will be necessary for me to continue contact with the parents after the patient has reached

the age of majority, I will ask the patient to sign a release of information, or, if there is concern about the teen's judgment due to more serious problems, recommend to the parents a guardianship. This approach may not be one that could easily be mandated, but it is sound clinical practice.

2. Greater access to mental health care means more practitioners. Unfortunately for Connecticut, with the highest annual licensure fee in the nation (\$565 per year), as well as high taxes and many regulations, our state does not attract high level mental health professionals. The legislature needs to seriously take a long look at the fact that our state seems to shout, "Don't move or work here."

As a point of reference, please consider that I am also licensed in New York, and my annual licensure fee in that state is \$59.

3. In our current day, many children who are referred to me are already on psychotropic medications, and there has been no public, comprehensive discussion of the potential adverse effects of these medications on children and adolescents. We are not addressing behavioral health concerns if we simply medicate children, without attempting counseling that also involves parents.

Finally, I suggest that, before we enact new laws, we review those that currently exist in order to bring about greater access to mental health treatment. For example, a study of IDEA and state special education statutes is timely, as is the practice of consolidation wherever possible.

Thank you again for the opportunity to comment on the proposed legislation.

Respectfully Submitted,

Susan Berry, Ph.D.
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