

March 7, 2013

Greetings, Public Health Committee

My name is Diane Connors. I've come here today to speak in opposition of Bill 374. THANK YOU in advance, for reading this.

First of all, what Bill 374 proposes is an unwarranted invasion of child privacy as well as an intrusion of parental rights. It should be stopped in its tracks for those reasons alone.

However, due to the nature of what it proposes, I want to use this time to address issues of practicality and reality as it relates to this bill and the topic of mental healthcare.

Mandatory mental health assessments aren't an answer to anything, including accurately identifying people with mental health illness. Though this bill doesn't propose it, such testing will fail to meet a goal of "assuring services". Why?

If any legislator wants to discuss my testimony further, I certainly have much more detailed information that I can share.

#### Assessments

- 1) *Subjective* mental health assessments are more involved than screenings, less involved than full evaluations. However, none of the three options is foolproof, and can give "false positives" for mental illness. No child, no family, deserves the emotional rollercoaster of a false positive diagnosis of their child. The stress that would be imposed upon them, be it in the form of getting very expensive 2<sup>nd</sup> and 3<sup>rd</sup> opinion testing done, or battling pressure to get a child unwarranted services or medications, is unnecessary.
- 2) Here are some quotes that make my point. The web link to the professional website where they are posted, is listed below.

**"There are no objective tests in psychiatry - no X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder."** — *Allen Frances, Psychiatrist and former DSM-IV Task Force Chairman*

"DSM-IV is the fabrication upon which psychiatry seeks acceptance by medicine in general. Insiders know it is more a political than scientific document... DSM-IV has become a bible and a money making bestseller—its major failings notwithstanding." — **Loren Mosher, M.D., Clinical Professor of Psychiatry**

"Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in DSM-IV are terms arrived at through peer consensus." — **Tana Dineen Ph.D., psychologist**

Here is a link <http://www.cchrint.org/psychiatric-disorders/psychiatrists-on-lack-of-any-medical-or-scientific-tests/>

Right here in our own state, the *UConn Health Center* website, [kidsmentalhealthinfo.com](http://kidsmentalhealthinfo.com) has very comprehensive information about children and mental health. However, for all of the excellent information, even they admit that the area of psychiatry is imperfect. *They also completely fail to address the harsh realities of obtaining the care that they direct you to, in these times of severe service cutbacks and closures.* Some quotes from that website, worth sharing, include these:

*"Many parents and professionals are uncomfortable labeling children with a mental health diagnosis, but like any health related problem, diagnoses are useful to help both identify and understand the nature and degree of your child's problem. Diagnoses by themselves never fully describe your child and have limits."*

*"Diagnostic systems that are used are not perfect and more than one diagnosis is often necessary to fully capture your child's issues."*

*"As with any diagnostic process, things can be missed or not understood and although many mental health professionals do their best to get to know your child, misdiagnosis can occur. If you have worries or concerns about your child's diagnoses, it is always helpful first to share your concerns with your mental health professional, or if necessary, to get a second or third opinion. "*

*"The mental health field has come a long way in knowing which treatments work best for some issues and concerns, but there are often not easy answers. If your child has an ear infection, a course of antibiotics may be prescribed to target the problem. If your child has a mental health concern, the answer might be less clear."*

- 3) Aside from the issue of testing validity, there is the financial aspect of implementing such a broad task. The State of Ct is already, technically bankrupt, so where would we magically obtain the significant amount of money that it would cost to implement en masse "assessments" ? They can only be administered by highly trained professionals and in our state, those people are already working at maximum capacity as it is.
- 4) Proposing to do en masse assessments is also, unnecessary. School aged children have access to public school social workers, nurses and teachers, co-ops, family doctors, friends, family, community. Honestly, are there any adults among us that cannot see a child who is shy, a bit nervous, mildly or extremely hyper ? *Assessments are nothing more than a long behavioral checklist that is subjective and could easily change* in a six month period, for better or worse, depending on where a person is in their life. A divorce, a failing grandparent, etc., all could temporarily change a normal person's test results. That doesn't mean they need to be labeled, have services pushed upon them, or to be medicated.

Ahhh, but what of the children who have disturbing behavioral problems ? What of the children who are assaultive, defiant, oppositional, aggressive and who ARE a danger to self or others ? Those children, of any age, don't need assessments to be identified. *They make their identity known without any question or doubt, to all people around them.* Yet, the State of CT utterly fails at meeting the needs of the majority of those children, and there are many areas to look at for where the responsibility has broken down and failed. How so ?

Parents who have challenging children, who are in public school, attend PPT after PPT meeting. Those children have made their own case, with their blatant and obvious behaviors. Everyone "knows" the child is not emotionally stable. Yet, dedicated parents end up dragging advocates and/or attorneys into PPT meetings in order to fight TO GET THE PROPER SERVICES FOR THEIR CHILD. This isn't new, it's a nationwide problem, and there are businesses and volunteer agencies who dedicate themselves to educating, supporting and empowering adults in order to better navigate the very system that would squelch their child from getting warranted services.

Research has shown that 80% of parents will cave in and just accept whatever services the school offers. The child is underserved. The 20% of parents who push back and demand that the law is followed and their child's rights are honored, will get somewhere. Their child may receive special ed services for behavioral issues, IF the school district is large enough and has such a program. Whether or not, if they have such a program, it's successful, is another story. Some children will be outplaced in Special Needs schools for those with severe emotional disturbance. That costs the district a sizable chunk of money, and getting approval for such a placement doesn't come without legal battles of some degree. Yet, if the districts followed IDEA and ChildFind, why would there be such a battle when the child's rights are so clearly stated ? As is frequently the case, it's all about the

money. It's no secret that CT schools are seriously struggling, financially, more than ever. Many are operating on bare bones staffing and programming - forget special needs !

### More about SERVICES

Wherever a child is educated, a child with obvious mental instability, beyond a minor, non-threatening illness, makes him/herself known to parents and community. There are no secrets with the overt behaviors that they exhibit. Dedicated parents will talk to the family physician. They will call a therapist. They will talk to the school. They may have their child on drugs, which is interesting, because drugs do not control behavioral issues. Ask any psychiatrist. The best that can be hoped for, is to dull the intensity of the behaviors, but they do not go away. What then ?

The State of CT has closed facilities where such children and/or adults can obtain the help that they so desperately need. They have cut back services. Parents are fighting to GET services for their children who need them; and it's difficult at best. A low level of care, such as getting an appointment with a therapist is something that can take many weeks if not months. If your child has a really challenging condition, doors start to close as therapist after therapist suddenly "gets too busy" and refers parents elsewhere.

A child who goes to the Emergency Room of a hospital, can wait for days before they are even evaluated. The child could be on hold, on a stretcher, waiting to be seen, laying in the hallway for a day or much more. Then, after all that, the parents are encouraged to "take the child home because right now they are calm and stable". Is that providing services ?

Due to the budget cuts over the past years, it is ever more difficult to obtain an inpatient hospital bed for a child whose behavior has become unstable and/or unsafe. There are far less beds available across the state, which is doing harm to children that don't get the care they need.

If they are one of the lucky ones who happens to need a bed during a low census time, they will be admitted. Or, if their parents have professional back-up, stating the child MUST be admitted. Or, if the parents hire an attorney and take legal steps to get their child inpatient so they can get the care they need. Is that providing service ?

One might think that a child will get the care they need once inpatient, right ? Not so. Unlike years ago, when an inpatient stay could be for months, with intensive therapy and close monitoring of behavior during any drug modifications, a patient could be discharged and really called "stable". That is service.

Today, if you can get a child a bed, they will be discharged so fast, with such a high turnover, that highly trained therapists don't do much in the way of therapy, as much as they've become case managers. Fast food mental health...CARE. Patients are discharged so quickly, that it's not uncommon for them to be in the middle of a medication change, incomplete, but the insurance company says, "Enough." The money stops, the patient leaves. Is that providing services ?

Dedicated parents bring their child to see their therapist, weekly, or moreso when in crisis. They also see the child's psychiatrist; for, perhaps, 15 minutes. Fast food psychiatry. Get the medication prescriptions, and out the door you go. Is that fair to the psychiatrists? It forces them into becoming drug pushers, as well as making rapid decisions on complex issues. Is that providing services ?

In August of 2011, DCF disseminated a "Rightsizing" document that was 10/11 pages long. It swung the pendulum so far in the opposite direction from years ago, that the consequences to children and families who are being underserved, is simply dangerous. Congregate care settings, including Group Homes, Safe Homes, and residential facilities have been closed, with a rare few remaining. Those that remain open are severely overburdened with trying to meet the needs of all the families whose children need those levels of care. Is that providing service ?

Mental healthcare in CT is in crisis.

The service options are very slim pickings, indeed. Private insurance often doesn't even cover the services, or if they do, it's for such a short period of time as to be rendered basically ineffective. People with significant mental illness, are the same people who likely are going to need long term care. Minor mental illness concerns can be addressed with some short term therapy, maybe a few "tune-ups" occasionally, and probably with little or no medication involved.

A child who really could benefit from services is in trouble in CT.

Of the few services available, they are all, now, SHORT TERM. Maximum time for obtaining services is six months for almost everything. A PHP/IOP hospital outpatient treatment program is 4 - 8 weeks, max. An inpatient stay is a week, if you're lucky. Mentoring services are frequently slated to be up to six months. In home services are frequently intended to be 4 - 6 months in duration. If the child is not "healed" in that amount of time, the CHILD IS BLAMED. They are documented as having "failed the service" and hence, in need of a higher level of care. What care ?? It no longer exists. The system, across the board, needs to look in the mirror and self correct so they can improve their work in meeting the needs of those who need it.

If a family goes to DCF for VOLUNTARY SERVICES, that, too, is intended to be short term. They may have mentoring services, horseback riding lessons, martial arts, or in-home services. Voluntary services is corrupt in too many cases. That whole area of DCF should be removed and turned into a separate entity that has oversight to assure that families who are truly seeking help, are not abused by the system - because now - too many of them ARE. "Voluntary" becomes the threat of involuntary if a parent advocates for their child because they find a certain "voluntary service" not to be a good fit for their child. It is a pervasive DCF Voluntary Services problem and plenty of good families have endured the abuse of that department. It needs to be investigated, removed from DCF and altered to do what it was initially intended to do - offer voluntary services, IN A RESPECTFUL, COLLABORATIVE manner, with families whose children need it and could benefit from it.

I've clearly touched based on many related topics. The common thread among them is that the people who truly need services are not the ones that need mental health assessments. The assessments are not the issue; the frightening lack of services, IS the issue and this state needs to do some work toward really "Rightsizing". The current status quo is not getting the job done when children who need services are living in-home with families or in foster homes, where they continue to be unsafe toward self and others. In-home services are provided, which is one small option; one that does not work for a good percentage of the children - but it's all they have. That's not providing services; it's warehousing. Surely, we can do better than that. To expand programs as they need to be expanded, is going to take money. Lots of it. Money that should not be wasted on forced assessments, but, if CT can even find the money, on restructuring departments like DCF who have gotten way too big for their britches, and on developing smaller, more focused service providers, that address the currently unmet needs in our mental healthcare system.