

**TESTIMONY OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) OF CONNECTICUT
BEFORE THE PUBLIC HEALTH COMMITTEE**

March 20, 2013

COMMENT TO IMPROVE

S.B. No. 1136 (RAISED) AN ACT CONCERNING MENTAL HEALTH SERVICES

Senator Gerratana, Representative Johnson, and distinguished members of the Public Health Committee, my name is Sara Frankel and I am the Public Policy Director for Children, Youth and Young Adults with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut, and as a member of the Keep the Promise Coalition, to comment on Senate Bill 1136, An Act Concerning Mental Health Services.

Proposed Senate Bill 1136 would require (1) the Commissioner of the Department of Mental Health and Addiction Services (DMHAS) to develop a plan to consider and recommend actions to establish and implement a program offering mental health services to young adults similar to the services offered by Australia's Headspace national youth mental health foundation and (2) the Department of Mental Health and Addiction Services, Department of Children and Families and the Department of Social Services to establish a regional behavioral health consultation system for primary care providers who serve children.

NAMI Connecticut supports the bill's first provision to require DMHAS to develop a plan for mental health services for young adults. Nationally, 30% of young adults (age 18 to 25) have a mental illness.¹ And, 75 percent of lifetime cases of mental health conditions begin by age 24.² Untreated mental illness can have a devastating effect on young adults, including unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, and suicide. And yet, the best treatments for serious mental illnesses are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.

¹ Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings* (Office of Applied Studies, NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD.

² National Institute on Mental Health (June 6, 2005). *Mental illness exacts heavy toll, beginning in youth*. <http://www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>.

NAMI Connecticut

National Alliance on Mental Illness

DMHAS, through their Young Adult Services program, does an excellent job of providing mental health services primarily to young adults who have transitioned out of the care of the Department of Children and Families (DCF). However, given the high rate of mental illness among young adults (the highest rate when compared to any other age group), the state must begin to expand and establish tailored mental health services to a broader population of young adults in Connecticut, regardless of whether they are privately or publicly insured. **We specifically urge DMHAS to develop a program for young adults experiencing their first incidence of mental illness, as the interventions for these individuals will be different than the current interventions provided through the Young Adult Services program.**

Proposed Senate Bill 1136 requests that DMHAS develop a plan to implement a program for young adults similar to Australia's Headspace national youth mental health foundation. Headspace serves youth from ages 12-25. In Connecticut, the Department of Children and Families (DCF) is responsible for the behavioral health needs of youth until the age of 18. Accordingly, we believe it is necessary for both DMHAS and the DCF to have the shared responsibility of developing a plan to implement this program. While we support interagency collaboration, there have been ongoing concerns with regard to the transparency and accountability of the agencies in serving transitioning youth. If further collaborations are to be explored and implemented, the issue of transparency needs to be addressed and specific reporting and oversight provisions need to be established. Additionally, when deciding whether to consider implementing new programs for young adults in Connecticut such as the Australia's Headspace program, **we urge the state to also take a comprehensive look at the services and supports we already have in Connecticut and nationally to see which ones are most effective and would be good candidates for expanding into the broader young adult population.**

Finally, we cannot build healthy communities in silos and young adults won't seek help if they feel they are being stigmatized or labeled. Please consider using, whenever possible and appropriate, existing sites where youth and others already congregate and where young adults who are experiencing all sorts of issues, whether it be mental illness, domestic violence, sexual abuse, bullying, etc., can get the support they need.

NAMI Connecticut supports the bill's second provision which would require DMHAS, DCF and DSS to create a regional behavioral health consultation system for children modeled after the Massachusetts Child Psychiatry Access Project (MCPAP). **Additionally, we would recommend that the CT Department of Public Health and the CT State Department of Education participate in coordinating such a system, so that the consultation system could effectively coordinate with school mental health personnel.**

Thank you for your time. I am happy to answer any questions you may have.

241 Main Street, 5th Floor, Hartford, CT 06106 • (860) 882-0236 • (800) 215-3021

Fax: (860) 882-0240 • Website: www.namict.org