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Testimony in front of the Health & Hospitals Subcommittee of Appropriations
Re: DMHAS Budget
February 18, 2014

I would like to urge the Legislature and DCF to address an unserved population: Daughters & Sons whose parent(s) have mental health issues and their parents. This is both a personal and professional issue for me. As a family advocate, I find that families I serve who are headed by a parent(s) with mental health issues are *least likely* to be viewed from a strengths perspective and therefore are *most likely* to be involved in child protection and juvenile justice systems and *most likely* to lose custody of their child(ren) (National statistics are as high as 70-80%).

Personally, I am the proud Daughter of a mother with mental health labels. She taught me many wonderful things including cooking and how to read. My mother was first hospitalized when I was two, then numerous times and institutionalized for decades. No one seemed to notice. I walked beside her when she saw "spirits", wandered the streets, or was arrested. I try to forget memories of visiting the Norwich Hospital wards. I grieved each time she left. *ALL without a single offer of developmentally appropriate information about mental health, child-friendly visiting rooms, or services or supports from DMHAS or DCF.*

Internationally my fellow Daughters & Sons tell similar stories: some of us were raised by single parents, others by grandparents or the foster care system. Some of us became homeless. Some of us were caregivers at a young age. Some of us are lifelong caregivers. Some of our parents never received care for fear of losing custody. Many of us suffered silently in school. Some of us were bullied. Too many of us tell stories of the Daughters & Sons who took their own lives in quiet desperation.

Today, some of us are married with families of our own. Some of us struggled with young adulthood and into adulthood. Some of us have successful careers and lives on the outside, but felt ourselves falling apart on the inside. Millicent Monks, the granddaughter of Thomas Carnegie (brother of Andrew) wrote in her 2010 book *Songs of Three Islands* that she had to steal food to eat even though her family had significant means when she found herself living alone with her mother who was hallucinating. She used to run from the door to her bedroom each day shouting "Sorry! Sorry! Sorry!" afraid of her mother's altered state. A

friend of mine ran home with her siblings when children on the playground teased "Ah ha! Your mother cracked up!" thinking she had been in a car accident.

Working in a clubhouse for 6 ½ years, I had the privilege of meeting hundreds of adults with mental health labels, many of them parents and grandparents themselves with varied relationships with their children. I saw one young mother lovingly nurse and then suddenly give up her infant, convinced by providers that she could not parent. I sat with her while she cried. I saw another young man with both mental health and mild developmental disabilities both thrive and struggle to fulfill his lifelong dream of being a father. The common denominator: there are no formal services or supports to choose from.

Personally, I feel that years of unaddressed systems trauma as a child led to depression, anxiety and years of panic attacks for me as a mother. At the same time, I think having my son gave me a reason to get up every morning, a reason not to "give up".

I am disturbed that virtually nothing has been done to remedy these situations in my 46 years. In stark contrast, Australia has an entire National initiative reporting to and funded by the Australian government (COPMI). This issue cuts across systems and should be recognized in grants serving underserved populations. Offering children and youth information, resources and support, most of which are very low cost, would go a long way in addressing trauma:

1. Design & hang posters in adult mental health hospital, respite and other inpatient settings such as those designed in by COPMI in Australia to help contact your child(ren). (Writing letters, emails, Skype, visiting space...)
2. Creating child/youth-friendly visiting space at CVH and other areas as appropriate.
3. Create basic informational brochures and resource lists for Daughters & Sons as well as parents for waiting rooms, visiting areas, support groups, etc. throughout the State.
4. Support the creation of adult Daughters & Sons support groups and existing support groups where parents with mental health challenges meet.

I would be happy, along with other stakeholders, to work with you on these important issues. We can't afford to continue to let these CT families remain invisible. Please consider them in your budget. Thank you for your time.