

## Appropriations Committee Public Hearing

Friday, February 27, 2015

Dear Representatives of the Legislature:

My name is Anne Fillion, and I am a psychiatric visiting nurse in Connecticut. I have been working in behavioral health for over three decades, occupying different functions as educator, therapist and now as a nurse. Through my decades of practice, I have seen the deinstitutionalization, the emergence of new psychotropic drugs and sadly what appears to be an increase in violent behaviors by young people improperly treated or not treated at all for mental illness. Though the vast majority of people treated for mental health problems remain non-threatening and safe for themselves or the community, all it takes is one individual that falls into a crack in the system to having a whole community facing tragic consequences.

Now I would like to illustrate how medication administration visits can prevent this type of violence by presenting one of my client. My client is in his thirties diagnosed with bipolar disorder with psychotic features. This client has a long history of self medicating with drugs and alcohol prior to being diagnosed, got involved in a car accident while driving under the influence of alcohol which resulted in the death of a friend that was occupying the passenger seat. My client was sentenced to 5 years in jail, got out 3 years later on probation with exacerbated symptoms as the incarceration milieu provided ample opportunities for consuming drugs. The exacerbated symptoms translated into hearing command voices ordering him to "Die" or to "Kill". My client went to live with a family member who happens to be a hoarder. This living situation triggers high levels of anxiety in the client verbalizing not feeling safe in this environment. This tension ended with 2 events of physical violence toward this family member. The probation was soon to be lifted and then, one can only wonder what is going to happen as my client became a ticking bomb. This is where the intervention of a visiting nurse began.

Overtime, through nursing visits and after gaining the client trust, I could see an improvement in medication and plan of care adherence. Is it 100%? Not quite yet, but improving steadily. My client is now attending his drug and addiction meeting regularly; is now able to share and verbalize on the lack of adherence to medication; is more insightful regarding the impact of pain on his mood and affect; is able to talk about the experience of auditory hallucinations, reporting if they are commanding or not; is able to express safety concerns related to living in a hoarding environment and it's impacts on stress and anxiety.

Assessing and monitoring my client's mood and affect during the visit allows me to take immediate action by calling the psychiatrist, the clinician or talking with a family member when a concern is brought up. In turn, adjusted medication intervention, prevents my client's exacerbation of psychotic symptoms that could lead to commanding voices telling him to kill himself or even worse to also kill other family members or members of the community. If the past behaviors are the best predictor of future behaviors, my client is at high risk for violent behavior if not properly medicated, leading to decompensation and exacerbation of psychotic symptoms. By having a visiting nurse that guarantees the medication administration and provides on-going and frequent assessment, my client remains safe as well as the rest of his family and the rest of the community. Medication administration visits are more than asking our clients to take their medication, they can save lives.

Thank you for your consideration. It is highly appreciated.

Anne Fillion RN, MS, BSN, CRT, CMA