

**Written Testimony for the  
Appropriations Committee, Subcommittee on Health and Hospitals**

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Honorable Members of the Appropriations Committee, it is my privilege to be able to speak to you this evening on behalf of the patients with severe mental illnesses and addictive disorders who are treated on the Clinical Neuroscience Research Unit at the Connecticut Mental Health Center.

I first came to New Haven in 1983 in order to attend medical school. At the time, I wasn't sure which field of medicine I would ultimately pursue, but if there was one thing of which I was absolutely certain – *it wasn't psychiatry*. My thinking was permanently, and I hasten to add thankfully changed by my medical school rotation in psychiatry on the Clinical Neuroscience Research Unit at the Connecticut Mental Health Center.

It was on the CNRU that I witnessed for the first time, not only the tremendous personal suffering endured by those affected by severe mental illness, but also the incredible compassion and commitment of the doctors, nurses, mental health workers, social workers and other professionals caring for them.

It was on the CNRU that I witnessed not only the lack of effective treatments for many patients and families, but also the opportunity to see patients who had suffered for years with debilitating depression and unremitting obsessive compulsive disorder, get better on what were then experimental medications – medications that today are routinely available and that help many of Connecticut's citizens.

Nearly 30 years later, as Director of the CNRU, I consider myself extremely fortunate to be the steward of this incredibly important, and I believe highly successful, partnership between the State of Connecticut and Yale University. Today, the CNRU and its staff continue to aspire to fulfill the three missions envisioned by then Governor Abraham Ribicoff and Psychiatry Chair Fritz Redlich, including:

1. **The Clinical Mission:** It is our mission to treat and care for those that suffer from severe mental illness and addiction. Patients come to the CNRU to receive state of the art care in specialized clinical programs for alcoholism, bipolar illness, cocaine addiction, major depression, obsessive-compulsive disorder (OCD), and schizophrenia. They may be presenting for the first time and are new to treatment, or conversely, they may have already had extensive treatments by multiple providers and have yet to find an adequate solution to their clinical

problem. Make no mistake about it, the proposed \$1.2 million in cuts to the Connecticut Mental Health Center will be devastating to the CNRU, gut support to our inpatient program and outpatient clinics, and thus, our ability to deliver clinical care to patients seeking and needing our help.

2. **The Research Mission:** It is also our mission to acknowledge that far too many of our patients are inadequately helped by currently available treatments. Given constraints of time, I'll mention only one current treatment study that is running on the CNRU as an example. As most of you know, although we have some effective medications for treating depression today, about half of our patients do not respond and they remain severely symptomatic. Even in those who do benefit, these medications take a long time to work – typically up to 4 weeks – a period of time during which patients continue to suffer, are unable to function, and are at risk of requiring expensive hospitalization or even worse, tragically and prematurely ending their lives. We are currently conducting a clinical trial on the CNRU of a medication, ketamine, that is not only effective in reversing the symptoms of depression in a majority of those previously refractory to conventional treatments, but also lifting the veil of depression and suicidal thinking in as little as **4 hours**. Such discoveries would be impossible without the current State-Yale collaboration. Please know that for every dollar the State generously provides, researchers on the research unit use these resources to generate \$7 in research funding from federal and other sources. Make no mistake about it, the proposed \$1.2 million in cuts to the Connecticut Mental Health Center will be devastating to our ability to develop and deliver such new treatments to the people of Connecticut.

3. **The Training Mission:** Finally, it is also our mission to attract the very best and brightest members of society, including the medical profession, to dedicate themselves to the improved understanding and treatment of mental illness and addiction. As part of this effort, I am currently principal investigator on two federal education/training grants that bring in roughly \$2.5 million in federal money that is specifically dedicated to training the next generation of psychiatrists. However, since by regulation, such federal funding can at most support 75% of the salaries of such physicians in training, State funding for the balance is critical. Make no mistake about it, the proposed \$1.2 million in cuts to the Connecticut Mental Health Center will be devastating to our ability to train and educate resident physicians today and in the future.

**Thus, in summary,** the proposed CMHC budget cuts would devastate the clinical care, research and teaching missions of the Clinical Neuroscience Research Unit. In turn, the lives of the patients we care for would be dramatically impacted. For the sake of our patients, their need for care today, their need for future breakthroughs, and their need for skilled doctors that will care for them both now and in the future, please restore these funds.