

Written Testimony of Kenneth Blatt, M.D.

OPPOSITION TO HOUSE BILL NO. 5531

**H.B. 5531 AN ACT CONCERNING THE CARE AND TREATMENT OF PERSONS WITH A MENTAL ILLNESS OR SUBSTANCE ABUSE**

Senator Coleman, Representative Tong and Respective Members of the Judiciary Committee

I am Kenneth Blatt, a psychiatrist for almost 40 years practicing in the town of West Hartford. For the last 20 years I have also worked for DMHAS at the Capitol Region Mental Health Center, and for the last 12 years on the Young Adult Services team. I serve on the Board of Directors of Advocacy Unlimited, Inc. a state-wide peer run organization dedicated to providing safe and healing places for those in extreme states or having distressing experiences.

I am here to give testimony in opposition to HB 5531.

I want to present to you my view of working with young adults who are coming out of DCF care after many years living in various residential settings - young adults who have survived the faults of our current system wherein the emphasis is almost exclusively on medications.

We already have a view of the effects of forced outpatient treatment. I am speaking of our young people in the care of DCF. Should this bill pass we will bring to our adult population what forced compliance has wrought on our young adult population.

While working as a psychiatrist, I have witnessed that by the time they are 18 some of the young persons I see have typically been on medications for behavioral control for 5-10 years. Most have been improperly labeled as bipolar to justify the use of extensive medications. Most fight against the oppressive practices of the child service system, but eventually give in as their spirit deadens because they have been unable to establish sufficient trust to tell their horrific stories of childhood abuse and neglect. All that is objectively evident is their oppositional behavior.

As a result of prolonged chemical restraint, they have not been afforded the opportunity to feel their feelings since they have become numb emotionally. Although this makes life easier for those dedicated ones caring for young people - the young person in essence is missing there early and mid adolescence.

As they reach 18 they are ill-equipped to take on the more challenging emotional experiences that mark the transition into adulthood. The disappointment of failed relationships, a challenging boss, or even the common road rage that accompanies the morning commutes in and out of Hartford.

Most young people come to me and want to get off their medications. But now they can't - at least not easily. Not only is there a physiological withdrawal given their dependency, but even more frightening is the inability to tolerate much of life's hardships. They are just not prepared.

Most young persons on medications (at least the studies say 50%) don't trust their psychiatrists, and so they lie. And the extent some young people go to keep up this subterfuge is so unfortunate.

Here is an example, in order to stay on clozaril, an antipsychotic medication, a person has to take a periodic blood test to monitor their white blood count to prevent a serious, but rare, side effect. During one of our first encounters I would ask about his experience taking the medication. He described things were fine as did others who were working with him. He said staff would tell him that being compliant on medications was helping him. Naturally he agreed. He continued to subject himself to the weekly blood draws. Months went by and he remained quite fine. Since he was getting his blood drawn regularly and he was saying he was taking the medications and he was fine all was deemed stable. Then one time talking with me he made (dare I say it a Freudian slip); revealing an inconsistency leading me to question him. He became noticeably anxious. I told him taking medication was his personal choice and to be of any help we had to collaborate. I asked him if he feared any consequences should he not be taking his medications. He said "you will put