

Good afternoon, and thank you for the opportunity to address the general assembly and legislatures of the great state of Connecticut in support of activities being rendered and implemented by DMHAS, otherwise known as the Department of Mental Health and Addiction Services.

As an individual who has been afflicted with various addictions and mental health issues, and who has been in recovery and substance free for over 4 ½ years, and virtually symptom-free with resistant bipolar disorder for nearly the same amount of time, I would like to share my testimony about the various substance abuse and mental health issues that are currently affecting the populace of the state, and some proposed solutions that I believe will be cost-effective and medically and socially appropriate in the treatment of these disorders.

It is common knowledge that Connecticut has been cutting funding for various mental health causes during Governor Malloy's tenure as the governor of this state. This has included the treatment of addiction, mental health, living arrangements for those suffering and afflicted by both, and congregate care for children that are in need of these services. In fact, I have had to advocate heavily for my son with the Department Of Children and Families ("DCF") to secure the congregate care services for my autistic and emotionally disturbed son, who is clearly in need of these services, for the safety of himself, and for others. Citing this as a cost factor has been met with disdain and resistance by those members of DCF that are involved in fiscal planning for the agency. In light of the tragedies that occurred in Sandy Hook, it is prudent that we exercise due caution and diligence in dealing with mental health matters that may affect the welfare and well-being of the general populace, not implement short-term cost saving measures to combat mental health issues that will combat the safety of all of us.

Part of the mission of DMHAS is to protect the rights and welfare of those afflicted by mental health and addiction, as well as their families. It is important that these individuals understand their rights, and receive the proper funding for their illness. In comparison to a diabetic, who may find it medically necessary to take insulin to combat their disorder, similarly, mental health and addiction patients may find a similar biological component that requires treatment. Some of the medications that are necessary to treat these afflictions are more modern and current; although the pharmaceutical companies may develop a formulary dictating to the patient that older medications at a far lesser cost are effective in treating mental illness, in fact, it is the more current medications that have been and are currently being developed that may be effective at a lesser cost than institutionalization, in treating these maladies (i.e. antipsychotics, SNRI's). Attempting to treat mental illness with pharmaceuticals that date back 60 years may be effective in some cases, but as a general cost-saving measure, it often creates a situation where a short-term solution is realized, that is, saving the cost of the high-cost current medication from being prescribed. In fact, it more often creates a situation where the patient is required to attend inpatient treatment, since they are not receiving the appropriate care that they need.

In consideration of inpatient treatment, there are times in which these stays are absolutely necessitated, both for the welfare of the patient and for the safety of the society as well. Medical care is aggravated by the threat of lawsuits, which drive up the cost of the stays at said institutions, and decrease the time of the stays medically necessary for the patient. Insurance institutions are retained for the purpose of paying for these stays; people pay for these services.

The insurance companies, in turn, balk at paying the medical institutions necessary for these stays. Some type of regulation would be helpful and necessary to ensure that the insurance companies do what they were retained to do, and pay for the necessary stay time. Again, I had to advocate heavily for my son during his stay at Yale-New Haven Children's Psychiatric in order for him to stay for as long as was necessary, and receive the services that he needed in 2015. The testimony of one (or more) psychiatrists in that institution should have been enough to combat the imminent premature discharge date that the insurance company insisted on implementing.

Indeed, there are some instances, although being deregulated, that inpatient stays are necessary. Although organizations such as Alcoholics Anonymous and Narcotics Anonymous exist that benefit millions of people, and that may require more education in order to assist more people, there also exist many rehabilitation centers in this state that are designed to help others who may not have benefited from these services, or may have not tried them. More awareness must be brought that addiction is an illness that needs to be treated and funded, albeit with the consent and willingness of the afflicted. Not every situation for each and every individual is black-and-white, either. There is often comorbidity among the mentally ill where psychiatric conditions exist alongside addictions, and where the addict is medicating themselves with substances in order to attempt to treat the psychiatric condition. The patient should not be shunned for their addiction; rather, more education and funding needs to exist to promote their welfare, and eventual recovery from these afflictions. It is important to recognize that simply treating the illness in the short-term is not a long-term solution; prematurely discharging someone in an effort to save money will in actuality cost more money, as the patient will likely be reintroduced into the congregate care community due to lack of long-term planning. This is not a prudent or permanent solution.

It appears that at least in part, people who DMHAS may be servicing may not be receiving the financial resources, support, or education to combat their symptoms. It is imperative that the legislatures of this state, which ranks among the wealthiest in the United States, be cognizant of this fact, and take the appropriate actions to service those who are in need. I would like to cite the example of the highway funding in this state. Although I do not have the figures at my immediate disposal, I do know that a disproportional amount of funding from the taxpayers is being set aside for construction projects in Connecticut. Although these projects are necessary and appropriate, they may be laid out in a number of years, freeing funding up for other issues such as mental health in this state. It appears to be common knowledge that mental health issues are being pushed aside for other funding for issues that may be less prudent.

If we do not address these issues now, and cut funding, the mental health issues will become more prevalent. Issues such as Autism Spectrum Disorder have received much attention in the last 10 years; Mood Disorder has also received attention and more prevalent. The widespread use of narcotics such as OxyContin's has increased greatly, and more regulation has been required. More, not less, attention and funding and required to keep these issues from becoming more epidemic. In the long run, a veil of denial and ignorance is going to make the problem worse, not better. These issues affect many lives, and it is time that the state legislature support DMHAS in their efforts to treat these maladies, not pretend that they do not exist, or provide taxation funding disproportionately to other causes which may be less pressing at this time.

Respectfully submitted this day of February 18th, 2016,

David I. Marcus