

**Testimony Presented Before the Public Health Committee**

**March 25, 2019**

**Michael Zacchera, (860) 221-5695**

**Senate Bill # 1057**

**AN ACT CONCERNING OPIOD USE DISORDER**

Good Morning Senator Abrams, and Representative Steinberg, and Members of the Public Health Committee.

My name is Michael Zacchera, and I am the Chairperson of the Connecticut EMS (Emergency Medical Services) Education and Training Committee, which is a committee of the Connecticut EMS Advisory Board. I am a paramedic and an EMS Educator with almost 30 years of experience.

I am here today to oppose Senate Bill #1057, An Act Concerning Opiod Use Disorder.

This bill, (specifically pp 4 – 7, Sec 4, lines 4-215) would mandate “Mental Health First Aid Training” for all new Emergency Medical Services (EMS) providers in Connecticut starting on January 1, 2020. While I understand the feeling of having to “do something” about the opiod crisis,” the inclusion of a mandate for Mental Health First Aid Training is not the correct way to go about it. Among my concerns with this bill are:

Mental Health First Aid Training is not defined in the bill; It appears that no one in the EMS community, and for certain no one in the EMS education community was consulted before placing a mandate into this bill; There is limited research on the efficacy of the Mental Health First Aid class; There is a substantial expense involved in becoming a Mental Health First Aid instructor; There appears to be limited time in the Mental Health First Aid Training class devoted to drug abuse and it appears that it is only focused on recognizing the warning signs of drug abuse.

While in my mind it is clear that the intent of the bill is for EMS providers to take the Mental Health First Aid Training program that is sponsored by the National Council on Behavioral Health, this is not stated in the bill. I could put together a class and call it Mental Health First Aid and then meet the requirements of the bill. (in this case, I'm using "Mental Health First Aid" as a category name for training, and not that of a particular class).

This bill came as a surprise to the EMS community, as the chairperson for the EMS Education and Training Committee, my first notice of the bill was on last Thursday. At no point prior to that had anyone reached out to either the EMS Advisory Board, the Office of Emergency Medical Services at DPH, or to our committee to discuss the value of Mental Health First Aid Training. As a rule, we try to avoid legislative mandates from special interest groups in EMS training. This is not because we don't think their topics are important, because frequently they are, but because mandates tie our hands and decrease our flexibility as educators. In this particular case, this bill would mandate an eight hour Mental Health First Aid Training class for all new EMS providers. At the Emergency Medical Responder (EMR) level, this would

represent twenty percent (20%) of the entire class (or 8 hours out of 40) on just this one topic. All other topics would have to be relegated to the remaining 80% of the time. Which would be 32 hours to discuss medical emergencies such as heart attacks, strokes, childbirth, traumatic injuries, etc. Time is already scarce in these classes, this mandate will make the class schedule that much tighter, and while class time could be extended, it would come at a greater financial expense to students, cities, and towns. At the other extreme, with paramedic training, our students see multiple psychiatric patients during training, for prolonged periods of time. In the Hartford program they spend up to six weeks in our psychiatric emergency department, making the Mental Health First Aid Training redundant.

Just to be clear, I do not object to the content of the training program, but to the mandate that it must be held. This class seems lends itself well to continuing medical education, and had we been involved in the process of creating this bill, we would have recommended using that approach. We still would be open to discussing this with the sponsors of the bill and with the organizers of the Mental Health First Aid Training program. They may contact me at [Michael.Zacchera@gmail.com](mailto:Michael.Zacchera@gmail.com) if they so desire.

On their website, the Mental Health First Aid Training program compares themselves to CPR, yet it is interesting to note that we as a state do not mandate CPR training for our EMS providers. We can and have provided high quality education without mandates. Once we start mandating individual special interest groups into EMS education, we will be inundated with more and more legislative requests to do so. I don't want us to get to a point that we have our entire curriculum legislated to us.

Looking at the research that supports Mental Health First Aid Training, there is some, but much of it has been done by the creators of the program, Betty Kitchner & Anthony Jorm. They are obviously an experts in their field, highly intelligent, and highly awarded, but any good researcher will tell you that their results have to be taken with a grain of salt because they has a vested interest in the outcome. Please note this is not an attack on their character, I have no evidence that their research is anything but correct. However, it is interesting to note that their research is focused on the outcomes of the *students* in the Mental Health First Aid Training program and less on the outcomes of the *recipients* of the mental health first aid. (eg. Former students are more confident in intervening when there is a problem, etc. but little on someone took care of me with mental health first aid and I did so much better.) (Graham, 2015), (Google Scholar, 2019)\*

According to the 2013 Report from the OLR there are only 7 mental health first aid programs in CT, with 24 certified instructors. (Dube, 2013). While this number is 6 years old, I am concerned that there may not be enough providers to meet the demand for training if this mandate is passed as it is written. In searching for more up to date information, I was able to find a number of classes throughout the state, but only saw six different instructors who provided all of them. (Mental Health First Aid.org, 2019)

---

\*A google scholar search for the term “Mental Health First Aid” was performed, the first 30 results were reviewed. 26 of the 30 results had Ms. Kirchner or Mr. Jorm as an author. Of

the remaining 4, 2 were not on topic and 2 were not authored by either Jorm or Kitchner, but mirrored their results regarding the impact of mental health first aid training on the students. There appears to be minimal (if any) research on the impact on the patients.

As an instructor, if I wanted to teach my own Mental Health First Aid Training programs, there is a substantial expense to doing so. According to the Mental Health First Aid website an instructor class is five days long and would cost me \$2000 per person to attend.(National Council for Behavioral Health, 2019). This quickly will become expensive for programs to implement if they want to send their staff to become instructors.

Lastly, it appears to me that the purpose of including Mental Health First Aid Training in this bill is to learn the signs of addiction. I have two quick points to make on this. First the Mental Health First Aid Training is an eight hour course that according to its web site focuses on “providing a plan of action, and recognizing multiple mental health disorders including depression, schizophrenia, bipolar disorder, eating disorders, addictions, and anxiety.” (National Council for Behavioral Health, 2019). If recognizing the signs of addiction is the reason for this programs inclusion in an opioid response bill, then I think that there are better ways to get this specific information out to EMS providers, as it appears there is little time within the Mental Health First Aid Training program teach the addiction information to any depth. Secondly, *we already do this in our standard training at all levels of EMS providers and then we reiterate it when we have EMR, EMT, and AEMT providers train for the administration of naloxone.*

For all of these reasons, this section of the bill mandating Mental Health First Aid Training for EMS providers is not an appropriate course of action to take at this time and it is my recommendation to strike this entire section of the bill. (Section 4, p. 4 – 7, lines 60- 215)

Thank you for your consideration of this information.

Respectfully submitted,

Michael Zacchera, MA, NRP  
Chairperson  
Connecticut EMS Education and Training Committee

## Resources

Dube, Nicole. Mental health first aid training. February 13, 2013. Legislative Office of Research

<https://www.cga.ct.gov/2013/rpt/2013-R-0125.htm>

Google Search “Mental Health First Aid” first 30 results. [www.scholar.google.com](http://www.scholar.google.com)

Graham, R. (January 23, 2015). *The Promise and Limits of Mental Health First Aid*. The Boston Globe. Retrieved

from <https://www.bostonglobe.com/ideas/2015/01/23/the-promise-and-limits-mental-health-first-aid/TaSVSJma5TMnHZZzNItYKM/story.html> March 23 2019

National Council for Behavioral Health. (2019). *Find a Mental Health First Aid Course*. Retrieved from

<https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/> Accessed March 24 2019. searching for classes in Hartford, New Haven, Bridgeport, Willimantic, and Tolland.

National Council for Behavioral Health. (2019). *Mental Health First Aid*. Retrieved From

<https://www.thenationalcouncil.org/training-courses/mental-health-first-aid/> March 24, 2019.

National Council for Behavioral Health. (2019). *Applying for Instructor Training*. Retrieved From

<https://www.mentalhealthfirstaid.org/applying-for-instructor-training/> March 24, 2019