

March 18, 2021

Bill Number: 6637: An Act Concerning State-Wide Mental Health Services for Deaf, DeafBlind, and Hard of Hearing Persons

To Whom It May Concern:

My name is Tammy Ennis. I have worked with Deaf/Hard of Hearing/Deaf-Blind population for over 16 years in the State of Connecticut. I am currently working at the American School for the Deaf and with the Mental Health Connecticut. For the reference purpose, I will use "Deaf" consists Deaf/Hard of Hearing/DeafBlind; The term, "Hearing" is referred with an individual with normal hearing decibels; and "Youths" under 18 years old.

According to the National Deaf Center, Deaf individuals experience the same mental health concerns as their hearing peers and, as such, seek out the same services to address those concerns. However, unlike hearing individuals, deaf people do not always find equal access to mental health services.

The studies show that deaf individuals are subject to a greater number of mental health risk factors than their hearing peers. These risk factors occur because of the following:

- Early or pervasive lack of communication access with family members and others in their environment
- Lack of effective communication access to physical and mental health treatment services
- Higher levels of stress in daily lives as a result of communication challenges and discrimination
- Deaf individuals are at a higher risk of engaging in self-harm behavior, facing substance abuse issues, and experiencing sexual abuse.

Exposure to these risk factors begins in early childhood and resulting issues may manifest by adolescences. In fact, several studies have shown a marked increase in the rate of social-emotional problems among deaf youth when compared to their hearing peers.

Today, I am talking about our deaf youths in the state of Connecticut. They are facing some barriers for getting mental health services. I have many students under 18 years old who need intensive mental health services. They are not alone in this situation. Many deaf youths in Connecticut experienced same or similar situations.

Those deaf students did not receive the same quality of services during their stays in the psychiatric ward in the hospital when they stayed there for many weeks. They were not able to access to their treatment planning meetings, were able to join support group, as they would like to, or confer with psychiatrist/counselor at the hour of their needs. Our students claimed that they felt pointless if they have to return to the hospital when they knew that the hospital would not help them. Our students really want to receive help, but they have nowhere to seek

for assistance. It is an on-going issue with our students. They went to the hospital, then came to the home/school, then returned to the hospital, and so on. Our deaf students and other deaf youths in Connecticut are stuck in the unbreakable circle.

There are no agencies beside DMHAS have deaf mental health services in the State of Connecticut. The DMHAS only serves over the age of 18 years old. We have few private practitioners who can sign and work with under age of 18 years old, and most of them do not accept Medicaid. Some hearing therapists were willing to work with our students, but they would not pay for interpreters. It is crucial that we have an agency or program that serve deaf youths. It is our accountability to break the circle and make way for the deaf youths to get mental health services.

Thank you for taking time to read this letter.

Sincerely,

Tammy Ennis