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Testimony in support of HB 5396: An Act Increasing Access to Mental Health Medication  
Connecticut Public Health Committee  
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Senator Abrams, Representative Steinberg, Senator Hwang, Senator Somers, Representative Petit and distinguished members of the Public Health Committee, thank you for the opportunity to provide testimony on HB 5396, an act increasing access to mental health medication.

My name is Stephen Xenakis, and I am a psychiatrist and retired Army Brigadier General. I developed the Community Resilience Campaign (CRC), formerly the COVID Resilience Campaign, in March 2020 at Silver Hill Hospital, which I have directed since its inception. The CRC provides training and support to keep healthcare workers, first responders, school staff and other community groups mentally resilient in the face of the overwhelming stresses we face today.

I was commissioned as a 2<sup>nd</sup> lieutenant in 1970 and served in the Army medical corps from 1974 until retiring in 1998. Lessons learned from military service is that the effectiveness of our fighting force and national security are anchored in the health and mental health of the men and women that serve. We also know that we as clinicians are obligated to diligently pursue all efforts that improve treatments to our families, neighbors, and everyone that lives in our communities. We have a duty to find ways “to work smarter” and “not just harder.”

Our current treatments and therapy help about half of the patients – in the best hands of experienced and dedicated practitioners. No one is being faulted – we just face significant challenges. These are tough times – and there is an exceedingly high demand for better mental health care. We need to find new and better ways to provide more effective treatments, especially for those often labeled as ‘treatment-resistant,’ who are not benefitting from standard care.

This legislation gives tools to improve treatments and delivery of mental health care. Creating a pilot program to fund clinical services through an FDA approved expanded access protocol enables real world patients, with complexities that may prevent access to clinical trials, to receive treatment they urgently need. We can take the lessons learned in laboratories and clinical studies and apply them in the real world. We can do that thoughtfully, methodically, and systematically, gather valuable data, and learn how to improve our therapeutic protocols. Otherwise, without these proactive measures, it will take many years after FDA approval to develop best practices and widely deploy better treatments – and too many folks will continue to suffer.

We know how to do this.

Thank you for your time.