

To the Attention of:

Connecticut General Assembly
School Safety Working Group
Mental Health Services Working Group
Gun Violence Prevention Working Group
Legislative Office Bldg. Room 2C

I am writing you as a Clinical Social Worker practicing in a large public school system in Southwestern Connecticut. I have been working in this position for the past 12 years. Prior to this I was employed in the outpatient psychiatric clinic of a local community hospital for 15 years. I also have maintained a part-time private psychotherapy and family therapy practice throughout this time period.

My comments are directed specifically to my significant concerns for the currently fragmented system of delivery of mental health services for adolescents and children in our State.

Here at the High School, I have had numerous occasions in the past two weeks, let alone in the past twelve years of watching families struggle to find appropriate, reliable, and affordable mental health care for their children. The more significant their child's needs the more difficult it is to access appropriate services. My school district maintains a strong commitment to the mental health needs of our community. We have the luxury of 2.5 social workers for a population of 2000 students. We could use 2-3 more. Our school based Health Center, which has an additional social worker providing psychotherapy added psychiatric coverage last year. By November of this year, they had to stop accepting new referrals as the demand had outstripped the funded resources of the clinic.

Some of the routine issues addressed by a school-based adolescent provider: pregnancy, family discord, physical and sexual abuse, parental neglect, eating disorders, substance abuse, peer relationships, bullying, depression, anxiety, and mood disturbances. In our special ed population, in addition to various learning difficulties we have children with severe emotional disturbances to whom we provide supportive and therapeutic services. On more than one occasion, I or one of my colleagues has spent an entire day, sitting with a floridly psychotic student undergoing a med change, or awaiting placement in a residential facility. Thankfully our training and experience allow us to address these issues. Unfortunately, the primary intervention tends to be crisis management and response with referrals to outside providers for follow-up.

As you reflect on the various testimonies provided in your hearings and move to developing plans of action I would like to suggest that any plan developed would include the expansion of Clinical Social Work Services in our schools.

Several essential realities influence this suggestion:

- Our Public School Systems are the only agency involved in a child's life that cannot close a case. Their educational mandates require they provide an appropriate educational setting

with whatever accommodations and supports are necessary for the child to access our curriculum until the completion of high school graduation requirements or the age of 21 is attained.

- Every other agency providing services to our children and their families (DCF, Child Guidance Centers, Family Centers, Juvenile Probation, hospital clinics, private providers, etc.) can, and will close a case for various reasons such as a lack of insurance, lack of consistent participation, lack of progress in treatment, or resolution of an immediate crisis.
- Our schools have our children in their custodial care for approximately 40 % of their waking hours and 50 % of their year.
- Clinical Social Workers by virtue of their training in an ecological view of human functioning are ideally suited to assist our families in addressing the mental health needs of their children.

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