

**Testimony for the Mental Health Services Working Group
Legislative Office Bldg. Room 2C**

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Ideally, upon discharge from the hospital a newborn is swaddled by a nurse, placed in a parent's loving arms, buckled securely into a car seat and taken home to a family committed to protecting and nurturing the new small being. As the child grows, the family honors its pledge to keep the child safe and works to create a supportive community for the child that promotes resiliency, where stress is minimal and in which the child will blossom.

Ideal worlds, though, are not necessarily the norm, and where they do exist they can be suddenly and inexplicably fractured. Regarding the latter, one need only hear the phrase "Sandy Hook Elementary" to be reminded that trauma can invade the peaceful childhood world. We know children exposed to trauma can heal...it takes love and a supportive family and community. It takes creating resilient environments promoting health, communities that allow for discussion of the bad things as well as celebrating the good.

Our nation's overwhelming responses of empathy and love for the folks in Newtown has been extraordinary, and it an excellent model of what I hope we can create for all children who are victims of adversity. Alas, many children who have been exposed to bad things have no community, nor families, perhaps to their own trauma exposure, who cannot keep them safe. Often those children suffer with the adversity, and have no one to talk to, no one to explain to them how to manage the stress. When a child has exposure to multiple adversities, like community violence, domestic violence, traumatic loss, etc, their chances of recovering become more difficult, and can have lifelong health impact.

I am here today to ask you to consider what we can do to consider mental health from an early intervention, prevention perspective and to suggest to you simple ways to create a trauma informed multi-disciplined system of care that will address the lifelong impact of adverse childhood experiences.

The Problem:

Early and chronic exposure to Adverse Childhood Experiences (ACE)¹ significantly increases the risk of a lifetime of health and mental health disorders. Examples of ACEs include but are not

¹ Felitti, Vincent J., MD and Anda, Robert F., MD, MS, "The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare" (2009). This research is based on the seminal ACEs study which explored the impact of ACEs on mental health and well-being.¹ Conducted by Vincent J. Felitti, MD and Robert F. Anda, MD, MS, this study examined 17,000 middle-class Kaiser-Permanente Health Plan patients in the San Diego area, predominantly white, middle class college educated folks, over 14 years to determine each individual's current state of health and well-being as against his/her ACEs exposure.

limited to traumatic grief and loss, physical and sexual abuse, emotional abuse, chronic neglect, and domestic and community violence. The influence of adverse childhood experiences, including often-unrecognized traumatic events, is long-lasting. Most of our most intractable public health problems are the result of compensatory behaviors like smoking, overeating, and alcohol and drug use which provide immediate partial relief from the emotional problems caused by traumatic childhood experiences. The ACEs study provides a credible basis for a new paradigm of medical, public health, and social service practice that would start with comprehensive biopsychosocial evaluation of all patients at the outset of ongoing medical care.

At Clifford Beers Clinic, we see over 1600 children a year and have found that 70% of these children have had at least one adverse childhood experience; on average, each child we treat has been exposed to three adverse experiences. Recent research by the National Child Traumatic Stress network shows that it can no longer be denied: the majority of children presenting with behavioral health issues have early exposure to multiple Adverse Childhood Experiences.

For example, one recent pilot school program administered ACE screenings to the 176 member kindergarten class at a School in New Haven. The results were astonishing. 90% of Kindergarteners reported experiencing ACE events, but only 23% were currently displaying symptoms. What this tells us is that 67% of these students are experiencing ACEs, but are unidentified and untreated, allowing the issues to worsen until they eventually display themselves years later.

ACEs know no socioeconomic boundaries, and research shows that children who are exposed to more than three ACEs can develop a stress so toxic that it results in developmental delays, neurological damage and severe and chronic health issues (e.g., heart disease, diabetes, obesity). Additionally, children exposed to ACEs who are left untreated face greater risk of incarceration, violence, and early death, and they will likely struggle academically. Experts estimate these children cost society an average of \$3,000,000 each over their lifetimes when taking into account social services, health, mental health, juvenile and criminal justice and special education costs, and lose close to \$6,000,000 when considering lost income and lifetime Federal and state tax payments.

The social and financial cost of ignoring childhood trauma is enormous. Fortunately, the course can be corrected, and a child who is exposed to ACEs and who receives treatment may not only heal but indeed thrive.

To that end, the State of CT should seek to implement a trauma-informed collaborative system of care to treat ACEs that involves the entire State, all child serving systems: healthcare, mental health, schools, after school programs, families and day care settings. By creating a trauma informed system of care, educating and asking every child and family about chronic stress exposure, we can eradicate community violence, school failure, reduce incarceration rates, improve overall health and, in short, create a safer, healthier community for children and

families. We are proposing that every child in the State be educated about their rights and recognizing adverse experiences and asked, in multiple settings, whether they have been or are being maltreated. Every child.

Every year billions of dollars are spent by the State to address the inevitable consequences of ignoring childhood trauma, with hefty price tags ascribed particularly to health care and public safety. Although treatment of childhood trauma could stem the tide of these ever-increasing bills, treatment options – and particularly those which focus on prevention, awareness and screening – are not widely available. To the point, the State of Connecticut Office of the Healthcare Advocate recently reported that Connecticut, including New Haven, lacks an overall vision for delivering mental health services to its residents. Commenting on the report, State Healthcare Advocate Victoria Veltri said she hoped the recent report would be “an immediate call to action on all our parts.”² She added, “All stakeholders need to be at the table to create the kind of healthcare delivery that creates awareness, offers prompt, affordable and quality treatment, addresses health disparities, breeds excellent outcomes and is cost effective.”³ To reach the overarching goal, the report offers eight specific recommendations including one to enhance mental health prevention, awareness and screening programs.⁴ This type of screening is part of the long overdue implementation of a trauma-informed collaborative system of care to treat ACEs and thereby reduce the financial burden to the State caused by untreated childhood trauma.

A trauma-informed system of care recognizes the pervasiveness of toxic stress and trauma. It commits to identifying and addressing toxic stress and trauma as early as possible. It seeks to understand the connection between presenting symptoms and behaviors to the trauma history. In short, it is not about *what’s wrong with you?* but instead asks *what happened to you?* Trauma-informed care uses committed professionals who understand trauma to provide developmentally appropriate and family-focused services in multiple settings. In this way healing and growth are best achieved.

Promoting Safety: Increasing school and community safety will lead to educational environments that foster attendance, learning, safety, and appropriate behavior.

- Reducing Violence: In identifying a potential-offender population as soon as possible and providing same with appropriate services, levels of juvenile violence and addiction can be reduced.
- Creating Strong Families: By providing basic needs, addressing parental mental health, and creating an ‘intentional community’

² Veltri, Victoria, JD, LL.M., State of Connecticut Office of the Healthcare Advocate, “Findings & Recommendations: Access to Mental Health & Substance Use Services” (January 2, 2013)

³ State of Connecticut, Office of the Healthcare Advocate, “Office of the Healthcare Advocate Releases Report on Mental Health and Substance Use: Access to Prevention, Treatment and Coverage” [Press Release]. Retrieved from <http://www.ct.gov.oha/cwp/view.asp?Q=S16152&A=11>

⁴ Veltri, 61.

for the family, families will be strengthened and the overall community will benefit.

Creating a multi-faceted, trauma-informed system of care to treat ACEs exposure is no small order, and some argue the issue is too sweeping to address. Concededly, there is no silver bullet, but there are real and affordable ways to implement the system of care described. This trauma-informed system will be built on promising practices already being delivered throughout the State. The projected impact of this project will be drawn from the collective agreement of all involved to construct a unified vision of a safe and resilient State. The direction of the system of care will be guided by those who presently lead local, trauma-informed initiatives so that objectives will be focused and aligned.

As mentioned at the outset, denying the mental health problems that stem from ACEs is no longer plausible. To do so will only continue to deplete the State of its financial resources as well as weaken its overall social fabric; however, by implementing this Community Resilience Initiative – a multi-faceted, trauma-informed system of care – the effects of toxic stress caused by untreated ACEs will be greatly lessened and the State of Connecticut will become a healthier, safer and overall enhanced community.