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Honorable Sen. Toni Harp and Honorable Rep. Terrie Wood,

I am submitting my testimony as both a citizen and fifteen year certified emergency medical technician and six year licensed paramedic. While I cannot provide statistics (but they can be available through OEMS and the Dept. of Public Health), it would surprise you at the number of calls we respond for mental health problems. I work for both a volunteer service in the town of Wolcott and a commercial service in the city of Waterbury.

In many ways EMS and emergency rooms are the backstop for preventing an act of violence, suicide or other crisis in our families and communities. With high levels of medication use in our culture, the large number of diagnosable conditions within our culture, and media portrayal of mental health, I am grateful that we don't have more incidents than we already do. In fact, according to some sources, the incidents of violence today are less – and even much less- than they were in previous periods of American history. Yet, we are still more aware of these problems than ever before.

My personal belief is that there is very little that can be done that could have prevented the tragedy in Newtown. However, I welcome this opportunity to review our current gun laws and streamline them where necessary and enhance our mental health system wherever possible to prevent any future tragedy on even the smallest scale.

My testimony below includes a legislative recommendation, my sense of how this debate is playing upon our culture, and then finally my hope that may guide your important decisions we decide how to respond to the tragedy in Newtown.

The scope of practices that affect folks with mental illness, I believe, can be generally categorized within three groups. First, those with organic and chronic diseases such as schizophrenia. Folks with this generic condition can often be affected by symptoms that are easily resolvable with medication. These folks usually understand their condition and also are the most sensible in seeking help.

A second group of people are affected by severe life events, life choices of their own, or a combination of these two stimuli. We respond to group homes with young men who have been sexually, physically or emotionally abused. This gives me no hesitation to understand that if a person might abuse an animal – they might abuse a human being in similar manners. Some people seclude themselves from others to play video games, watch violent movies, or comport

themselves with others who have similarly destructive behavior. Cracking into the minds of these people is difficult. I know that our school professionals have become more aware of these behaviors, but it is more difficult to intervene outside of the school settings. A more loving and positive atmosphere among all of us may be one of the only ways.

A third group of people might consist of people who have temporary conditions. These might include people with depression, PTSD, and other disorders that generally are not dangerous to the general public so long that the individual seeks assistance and are temporary or mangeable with proper treatment. These are often learning experiences for people and they can cope within their lives.

These types of illness groups are important to recognize when you consider laws that may impact anyone with mental illness within the context of a free society.

1. The City of Waterbury and in five other Connecticut cities, we have a Crisis Intervention Team which consists of two mental health clinicians who respond to behavioral health crises along with the police department between 9am and 11 pm. When a call goes out for a behavioral emergency, they also respond and often have a depth of information about a given patient that is beneficial to both us and the police department.

They're availability helps unburden the police officers from having to write committal forms, plus they can give feedback to local mental health programs if the patient is already involved. With regard to some patients, they are able to keep a continuity of care with patients within the community and can raise a red flag with private agencies to continue such care after hospitalization.

I want to recognize the work of this team and support their work. I hope the legislature and other cities and towns would find ways to expand their impact throughout Connecticut.

2. As an emergency medical provider, I have encountered some patients who at one point were hospitalized at Fairfield Hills or some other structured facility. One patient in particular has repeatedly asked to be placed in such a facility today. He is a member of a very small number in our society that is unable to cope with everyday life as the rest of us can. At one point, he would call us once a week. At times he would take off his clothes in public or act in behavior that is not acceptable. This person needs help.

Outpatient commitment might be one solution to this problem.

3. There is sometimes a gap with the 17a-502 statute which involves the emergency committal of a gravely disabled person who is a threat to himself or others by a police officer or qualified mental health worker. A police officer has coercive power to compel a person to do

things they may not otherwise elect to do. This includes seeking medical or psychiatric treatment at a hospital. Legally, they can force a person to seek treatment under a committal, yet some officers prefer that a person seek treatment voluntarily. In fact we all wish this instead of making such treatment compulsory.

Yet, as a patient gets closer to the hospital – or loses sight of an officer- they may feel the intimidation of a hospital environment. Either en route, or upon arrival at the hospital, they sometimes withdraw their voluntary consent. A triage nurse at the hospital may be at a loss to compel a patient to stay in a busy hospital emergency room when they are adamant to leave and we do not have a PEER form from the police.

EMS providers will give the circumstances of why a patient is at the hospital, as well as reasons why the patient really should be there. However, a hospital will often discharge – or not even check in a patient before we can have an opportunity to submit a written report. With the recent addition of more requirements our reports need to cover, it is taking a longer period of time to complete them. And without a legal PEER form, hospital staff are disinclined to hold a patient against their will.

On very rare occasions, we discover reasons a person should be committed involuntarily on calls that did not originate with a behavioral health component. Sometimes information will be disclosed to EMS during our medical interview and review of medications and history en route to the hospital that may not be previously discovered by a police officer. Officers additionally are not trained to recognize medications that suggest an underlying condition.

This gap in care is occasional but presents the need where I believe a paramedic should be able to write a similar form as the police can and 17a-502 should be expanded to allow this. I was previously under the belief that Massachusetts allows paramedics to do this, although in my research in the last couple of days, I cannot find that. Yet, I found that California appears that they do allow paramedics to do so.

I am asking the legislature to explore this idea, because there is clearly a gap that may allow people who need this treatment not to receive it and who are a risk to themselves in rare instances. Training would need to be implemented within the paramedic program to provide this above what is done currently. Yet, we should increase the training currently to at least a basic level so EMS personnel are better informed of the system. Current training is no more than Tarasoff's Rule (in some cases), and ensuring that the providers protect themselves against injury to the extent possible.

4. With respect to the tragedy in Newtown, I know we all wish we could have a glimpse into Adam Lanza's mind and final days before he went on his incomprehensible rampage. My bachelor's degree was in the field of Law and Society which included a psychological

component. I understand SOME of the reasons why we have protections on citizens' medical records even after their death, yet cannot understand why we cannot learn from such circumstances in order to improve our response and help people in the future. I find it odd that we know that the medical examiner's office looked into Adam Lanza's DNA for clues into his behavior, yet we cannot learn of any of any of the health attributes before his death. I propose the following:

- Reconsider laws concerning the confidentiality of healthcare records when the person's death is involved with a crime

- Possibly consider some structure where such records are sequestered for this knowledge while still giving a degree of confidentiality or protection against prosecution.

According to some internet reports, it may have been possible that Ms. Lanza proposed that her son seek mental health treatment. It may be possible – although we can only hypothesize- that the thought or actions in seeking help was what set off the events on that tragic Decmber day. We will never know. If this was true, then Ms. Lanza was doing what she should have done to obtain help for him. Unfortunately it ended tragically. If Lanza was confronted by his mother, his reaction is an example of the trepidation and fear that some with mental illness experience when told that they have no other choice but to seek health to change something that they see as their own personality. As a paramedic, we have encountered circumstances where some must be restrained in order to be transported to a hospital for additional treatment.

5. Finally, I have one more request. We are all well aware that physical health is important to any human being and there is no stigma against seeking treatment for our physical wellbeing. In the past decade and a half, our state and federal governments have been working on breaking down fiscal barriers for physical ailments.

Today we are finally having open discussions on mental health and breaking down the barriers to access in treatment in this regard.

Yet, the mind is also made of one more component that we are neglecting. That is spiritual health. Spiritual wellness is important for the vitality of the mind and body. It gives us the drive to wake up in the morning and face the day. Spiritual health can keep us going when everything else in our lives may be against us. Many of us can look towards relatives who might have been dying of cancer, perhaps also have a mental health diagnosis, yet face life with courage to keep going so long as they live on this earth. They are inspirational to us all.

While there are few laws that involve spiritual health and I ask for none, I remind the Legislature that laws we pass, policies we enact through administrative law and educational institutions have kept a burden on many residents from fully living with true spiritual health and

freedom. Spiritual wellbeing involves love, compassion and hope. Often these come from components within the human spirit that are unseen. And I hope that we can change the tone in our society so that true freedom can be enjoyed by the residents of Connecticut as God intended.

Thank you for your time and I welcome any participation and input I can provide to any of these proposals you may consider.

Christopher O'Brien