Honorable State Senators and Representatives:

The Newtown tragedy has resulted in this task force being formed to examine how our state lawmakers can strengthen or change Connecticut laws that deal with guns and the mentally ill. I would like to offer some thoughts for the subcommittee on mental health.

Our mental health system is broken. Our current laws are designed to help people succeed in outpatient treatment. But the fact is this model of treatment for mentally ill people cannot succeed until that individual is healthy enough for community placement. However, a person who is in a state of full-blown psychosis cannot be helped with outpatient treatment. That person needs weeks or months of inpatient hospital care – and quickly. But our state's mental health system does not allow for that. Often, a person suffering a mental illness does not recognize his own need for treatment. This means that involuntary hospitalization is critical for his or her treatment. But the current law prevents this vital lifeline of treatment and makes it out of the reach for most. Why is that?

Typically, a person exhibiting mental illness will be taken to an emergency room for evaluation after causing a public disturbance or domestic dispute. Having been brought to the emergency room the police officer or emergency medical technician has made the decision that the individual is under a psychiatric disability and is dangerous to himself or others or gravely disabled, and is in need of immediate care and treatment in a hospital for psychiatric disabilities. Our law requires that a psychiatrist must examine that individual within forty-eight hours after admission. If the physician is of the opinion that the person does not meet the criteria for emergency detention and treatment, then the person must be immediately discharged. If doctors wish to retain the person longer they must obtain a court order based on proof of the person's danger to himself or others.

Doctors signing off on the release of "stabilized" patients often recognize that forty-eight hours is insufficient to set a desperately ill person on a safe and healthy course. Many times a person held for forty-eight hours is released even if he would seem to benefit from a longer stay. But the law requires that release unless the person seems on the verge of hurting someone. If medication stabilizes him for the time being he or she is no longer deemed dangerous to him/herself or others. As a result he or she is released back into the community until the cycle inevitably repeats. It is a vicious cycle that is not only harmful to the individual but to the wider community. In very rare cases, the released individual is unstable enough to cause severe harm to himself or others, sometimes with catastrophic results such as occurred in Newtown, Columbine and other places.

For the family of an individual with mental illness the road can be a frustrating one. If their mentally ill family member does not voluntarily seek treatment there is little that a family can do until, in many cases, it is too late. Unless the mentally ill person is a danger to himself or others, family members must try to convince him that he needs treatment. But, too often, the mentally ill individual does not believe himself to need treatment. There needs to be a mechanism in our mental health laws that allows for the involuntary commitment of a mentally ill individual long term. The risk of violence by a person under psychiatric disability is not always telegraphed in advance, as was recently seen in Newtown. One way to reduce this risk is by reducing the

prevalence of untreated severe mental illness. We need to incorporate more sensible and compassionate criteria into Connecticut's hospital commitment law and extend the promise of mental health treatment to all in need. Our mental health system needs to be a system that does not base treatment on the person's income, employment, gender, age or other factors. What is needed is a system that focuses on access to effective, timely and affordable mental health treatment that is affordable. Community based services should not be limited to those that do not have health insurance. It should be available to all regardless of need.

A discussion of Connecticut's mental health system cannot be complete without having a discussion of the role of video games in addiction and violent behavior. There are many studies, pro and con on the subject. The psychiatric professionals have determined that there is no correlation between playing video games and addiction. I am not a psychologist but common sense would dictate that to deny a correlation between video games and violent behavior in individuals with mental disease is like an ostrich burying its head in the sand.

You need only look to the U.S. military as proof. "DARWARS Ambush", as one example, was modified by the United States Arms Forces Defense Advanced Research Projects Agency to train soldiers using desktop computers.(Stars and Stripes, November 23, 2008). This video game focuses on teaching soldiers how to react to ambushes and roadside bomb attacks on convoys. How does that differ from teenage boys obsessively playing Halo or Grand Theft Auto? Aren't they being desensitized similar to what is done in military training?

There are those that will state that it is up to the parents to monitor the time that their children spend playing video games. That may work when the children are younger. But try regulating video game time on a teen or young adult that is taller or stronger than you are. It is not as simple as that.

A 2005 resolution by the American Psychological Association called for the reduction of violence in video games marketed to youth because of possible links between video games and aggression towards women. In response to the discovery of disabled but accessible sexual content in *Grand Theft Auto: San Andreas*, then-Senator of New York Hillary Clinton introduced a bill in 2005 to criminalize selling "Mature" or "Adults Only" rated video games to minors, arguing that video games were a "silent epidemic of desensitization." The bill died in committee at the end of the 109th Congress.

On Oct. 7, 2005, California passed a law that required violent video games to include an "18" label and criminalized the sale of these games to minors. The law was blocked by the US District Court for the Northern District of California and was struck down in Feb. 2009 by the 9th US Circuit Court of Appeals citing First Amendment protections and the inability of the state to demonstrate a link between violence in video games and real-world violence. As of Dec. 2008, six other state statutes and two city ordinances concerning the sale of violent video games to minors have been stricken down on similar grounds. On June 27, 2011, the US Supreme Court ruled 7-2 in *Brown vs. Entertainment Merchants Association* that the California law banning the sale of violent video games to minors violated free speech rights. In the majority opinion, Justice Antonin Scalia wrote, "A state possesses legitimate power to protect children from harm... but

that does not include a free-floating power to restrict the ideas to which children may be exposed."

I mention this not to advocate a ban on violent video games – clearly the U.S. Supreme Court decision would not allow that. I mention video games because there is a whole new generation of children that are growing up with them and some are clearly not mentally equipped to realize that it is a game and not reality. Yet, in our mental health system in Connecticut (and elsewhere) there are no facilities that are available to treat teens and young adults for mental illness solely related to video games. These individuals are lumped in with drug addicts, alcoholics and the severely mentally ill. This clearly does not create an environment where an individual would want to seek help. It does create a situation that gives teens and young adults, who up to this point are not addicted to drugs or alcohol, access to individuals who are so addicted. There needs to be an alternative model that allows for the treatment of teens and young adults without the fear of exposure to those addicted to drugs and alcohol.

The bottom line is that we must first acknowledge that there is a subset of teens and young adults that have mental illness related to video games. Once that is acknowledged, we must create a medical model in Connecticut that allows for the treatment of those only with mental illness related to video games (and any other underlying mental illness that is associated with this), without the pressure of individuals addicted to drugs or alcohol. If such a model is created and available it would allow these individuals to seek treatment more readily.

I do not envy those of you on this task force. There is no easy fix for those suffering from mental illness. It is a long and hard road, which is not made easier by our current mental health system. The system is broken. We must look to fix our system to revise our laws to allow for the prolonged treatment of those suffering from mental illness, instead of promoting the "revolving door" mentality of treatment until stabilized and then discharge to outpatient therapy, which is a model that is clearly not working. We must also recognize that, contrary to popular medical theory, there is a subset of teens and young adults that are being exposed to video games that may or may not be associated with their mental illness (which came first, the video game obsession or the mental illness?). While most of them will not become violent, we need a system that acknowledges the problem and create a health system that will allow for treatment in a safe environment away from drug addicts and alcoholics.

Thank you.

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