

**The Wallingford Community Day Care Center, Inc.**  
Testimony to the Mental Health Services Working Group  
Tuesday, 29 January, 2013

Senators, Representatives, other honored members of this working group:

My name is Kathy Queen, Executive Director of Wallingford Community Day Care Center, Co-Chair of the State Funded Child Development Centers Directors' Forum, Vice-Chair of the CT Early Childhood Alliance. My primary purpose in speaking to you today is to remind everyone that mental health is a concern for everyone. Every child and family in Connecticut from birth through adulthood should have access to mental health services when appropriate. Regardless of the child's residence, whether it be small town, city, rural area, and the family's income level, mental health concerns may affect anyone.

**The Alliance Message to Legislators about Mental Health**

Mental and behavioral health issues impact even very young children, ages birth to five. They impact children of all ages, cultures, languages and socioeconomic backgrounds.

In Connecticut, we have a number of strong outreach, screening, prevention, and clinical mental health programs for our youngest children (these include Child FIRST, Child Guidance Clinics, ECCP, Head Start, Early Head Start, and the Head Start Collaborative, Home Visitation, and Help me Grow). However, the need for services is far greater than the capacity, making it very difficult to access services.

We must ensure that the services address the whole child, including their family. We must build our capacity to deliver mental and behavioral health services to all children who need it, the earlier the better. Prevention at the early ages can avoid intervention at the later ages. CT Early Childhood Alliance 1.13

Mental health intervention is currently not available for many of our very young children (infants and toddlers.) For these children, services must include families, and at the present time, there are few clinicians who can assist with pre-verbal kids. The Early Childhood Consultation Partnership (ECCP) has worked exceptionally well in some areas, but less well in others. We have been able to access ECCP for several toddlers, but in other areas my colleagues report that ECCP has been less than effective. In our community, the Town provides us with a social worker who consults weekly, provides help for classroom teachers, parents, and referrals for even very young children.

Mental health concerns happen in all segments of society. Funded, trained, and educated therapists should be available to all early childhood programs, and pediatric

practices along with staff trained to recognize difficulties and assist families in accessing services. DCF should not be the only route to securing help for families. Insurance should cover mental health services and therapists must be encouraged to serve those children.

Prevention is far more cost effective than intervention. I encourage this working group to examine the availability and affordability of programs that assist families before mental health concerns reach the level where an individual harms him/herself or others. We are focused now because of the tragic event in Newtown, but we must also remember the number of individuals who self-medicate or commit suicide, or those who are struggling because of mental health problems. This must not be considered an issue related to poverty in the cities; it can and does affect all of us. Thank you for your attention to this difficult subject.

Respectfully Submitted:

Kathleen M. Queen, Executive Director