

Madame Chairs and Members of the Committee:

I am writing not only as a school social worker with more than 17 years of experience in the CT public school system and as a private clinician, but also as a Newtown resident and parent of an elementary school age child. I find myself overwhelmed by the horrific events that have taken place in my community but I am also so proud of how our community is uniting to affect future change. It is with this in mind that I challenge this committee to take a thoughtful and comprehensive approach to looking at the mental health care needs and subsequent services available for young people including a focus on the young adult population. This state and country is facing a mental health care crisis and we can no longer look the other way.

During my career, I have witnessed an increase in the number of children in need of mental health treatment, an increase in the intensity of issues and severity of needs, and an increase in the need for crisis intervention services. These cases often times have a strong connection to complex issues within the family system. Simultaneously there has been a continual decrease in mental health services, treatment options and interventions available to meet these growing needs, especially for the young adult population (18-25).

Early identification is key! Mental health professionals in the school setting along with teachers are the first line of defense. However, identification is only the first part of the intervention process. Once students are identified, mental health professionals are met with many barriers when trying to connect students and families with viable treatment options. If a child is 18, we find ourselves advising families that the legal system may be their only hope for treatment if the child is resistant. There are a limited number of treatment programs available and many without equal access. There are a limited number of highly qualified providers due to insurance barriers. When referring to local agencies we are often faced with long waiting list which is not reasonable when a child is in crisis and needs immediate intervention. If a child enters an inpatient treatment setting, treatment is often limited to medication management and discharge within several days, more often than not with no communication with school staff to prepare for re-entry into the school. Schools are currently functioning as mental health clinics, without the appropriate resources to support students with such high levels of needs both within the school setting and outside of the school setting. Students cannot be admitted for inpatient treatment unless at immediate risk to self or others. This leaves limited interventions for prevention and schools often left trying to support children that have needs greater than the school may be equipped to deal with.

I implore this committee to keep the conversation ongoing with the hope that necessary recommendations be made for comprehensive mental health treatment programs with equal access for all children and young adults. Allow funding to develop programs and policies that support families who have young adults struggling with mental illness. My hope is that out of this unspeakable tragedy, much needed changes will take place for our children and youth. Key stakeholders need the opportunity to come together to continue this vital discussion and make critical changes for the future.

Thank you for your attention to this most critical matter.

Respectfully submitted,

Kimberly Zemo, LCSW

School Social Worker