

My name is Laura M. I. Saunders, Psy.D. ABPP. I am a board certified clinical psychologist. I work at the Child & Adolescent Psychiatric Inpatient Unit at the Institute of Living/Hartford Hospital.

There are two key points I'd like to highlight. The first has to do with length of stay in a psychiatric hospital. I first started working on the Psychiatric Inpatient service at Newington Children's Hospital in the mid 1990's. At that time, our length of stay was 30 to 60 days. While in this current insurance market that may seem like an extraordinarily long period of time, it should be noted we had little to no recidivism or return to the inpatient units. The Psychiatrist-in-Chief of the Institute of Living, Dr. Hank Schwartz, co-wrote a paper in the Psychiatric Services Journal in February 2011 which I strongly urge you to read. It highlights several points about how inpatient hospitalization provides an opportunity to intervene in serious mental illness and address the family systems and complex psychosocial factors that hinder progress. It refers to our current system of "ultrashort" hospital stays and the lack of any research indicating that these ultrashort hospitalizations are better to stabilize these severely mentally ill patients. As an example, our census on the Child & Adolescent inpatient service yesterday had 23 patients of which greater than 40% had a previous admission and over 50% have from 3 to 10 previous hospitalizations. Short hospitalizations lead to cycling in and out of the hospital; it prevents us from addressing the psychosocial issues that are the main cause of re-hospitalization. I believe our treatment is superior and this is not a reflection on the quality of care. Of note, for the 8 patients under my supervision, 4 of them have had their insurance coverage denied to date yet we are still treating them because they are not stable to leave the hospital.

The second point is the critical need for our state agencies to acknowledge the demand for a continuum of services for the subset of severely mentally ill children, adolescents and young adults. The sad reality is that some of these individuals need time in congregate care settings until they stabilize and can return to the community. The complex set of vulnerabilities that contribute to their illness cannot always be treated within families and in the community. There is a critical need for residential and group home beds for this subgroup. When there is a continuum of services, there is less bottleneck in the hospital and we can open up beds for those that need the acute care.

In the wake of tragedy comes opportunity. The time is now to take mental health reform seriously. Establish TRUE parity in mental health services. Maintain a continuum of evidenced-based services for in-home support and congregate care when necessary. Let the decision-making about treatment fall in the hands of psychiatrists, psychologists and social workers who have the direct experience of treating youths struggling with severe mental illness. Thank you for your time.

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