

I am writing testimony in support of the Mental Health Working Group Public Hearing efforts scheduled for Tuesday January 29, 2013. I am a psychologist by training and have worked in fields relevant to mental health for over two decades.

In an effort to address and prevent tragic events like the mass murder at the Sandy Hook elementary school in Newtown, CT, there are a number of key points around mental status, gun ownership, and mental health services that need to be considered:

- 1) Comprehensive background checks for gun ownership that include identification of mental status issues and identification of individuals in the household who might gain access to weapons and requirement to alert authorities of status changes
- 2) Special circumstances for securing firearms in households with members that have been identified as mental health risks
- 3) insurance parity and increased funding for mental health services, trained staff, and facilities for addressing mental health issues.

Many countries, and indeed some US States, include background checks for mental health issues when an individual applies for a permit to possess a firearm. This approach is an obvious rational and appropriate process for identifying those individuals who do not have the mental faculties or stability to properly observe firearm safety and legal use. Clear categories for denial of permit based upon risk factors for violent or dissociated behavior should be identified. As a caveat, there should be an exclusion clause for any individual who experiences mental health issues that has recovered or is in a low risk category and has testimony from a qualified mental health professional that the individual does not pose a likely threat to the public. Some form of periodic monitoring of these individuals by mental health professionals would allow for early detection of relevant changes in mental status that might indicate potential risk, while still allowing for the expression of the individual's Second Amendment rights.

Relatedly, there are instances of crimes in our country where, as in the Newtown murders, family members who are not licensed obtain a firearm from a legal owner who lives in the same household. In instances where a household has a member who meets the criteria for at risk mental status, the lawful gun owner should take additional precautions for safely storing their firearms. This might include a gun safe or other storage container with a combination unknown to the at risk individual, or in cases where extreme caution might be warranted, a requirement to store the weapons in a remote location like a certified gun range. Every effort should be taken to arrive at a solution that promotes the individual freedom of the lawful gun owner while ensuring appropriate safety precautions are observed in the presence of mentally at risk individuals.

Lastly, perhaps the biggest issue facing the ability of our caregivers and mental health professionals to identify and treat these at risk individuals is the lack of parity in the current insurance system. The repeal of the Mental Health Systems Act in 1981 resulted in a massive cut to funding for mental health services and research, and pushed the onus of care away from community-based dedicated mental health systems into the mainstream health insurance system, with federal assistance through Social Security Disability Insurance and the Supplemental Security Income that provide some minimal coverage for individuals living with mental disabilities. Unfortunately, for the past several decades there has been a lack of parity within mainstream insurance carriers in terms of coverage for mental health services compared with standard covered services. Therefore, many children and adults who need care from mental health professionals cannot obtain it due to financial or accessibility issues. We need to consider mental health needs on par with those of oncology, obstetrics, and cardiovascular disorders, both in terms of preventative care and ongoing support for those diagnosed with mental issues. This

lack of dealing with mental health with the same level of seriousness as other disorders has also had the unintended effect of reducing the number of trained professionals in the mental health field. Lower reimbursements have made the field less attractive, fewer people have sought degrees and positions as therapists and care givers, and less research into mental health problems has put the field well behind other areas in medicine. Unfortunately, even if we address the lack of parity today, it will take years before we can entice sufficient talent into the field and train to adequately address the mental health needs of our population, so time is of the essence if we wish to start reducing the risk of events like the Newtown murders in the future.

With Regards,

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