

**ASAFER Connecticut  
Mental Health Services Sub- Committee  
Constituent Testimony**

I am a wife of a former marine, and the mother of three adopted children. I am educated and am part of our Country's middle/ upper-middle class. I am/ was a business owner. I am originally from Conn., but lived in south Florida for most of my adult life ('89-'07). I am currently back living in Torrington, CT with my young family. I attended the January 30<sup>th</sup> Public Hearing in Newtown. I was prepared to speak, but time did not permit.

I am compelled to provide this testimony, because I am the parent of a troubled child. Due to the nature of her conditions and the extreme nature of her early childhood exposure to trauma, (witnessing her birth mother's murder and more), she could very easily become the next Adam Lanza or Joshua Komisarjevski, a weapon-toting criminal or a victim of suicide. I am terrified for her, and for our family; and for those she may someday choose to target with her pain. Right now she is eight years old. Right now we have an opportunity to intervene and make a difference in her life. In a few short years, it will likely be too late.

I am not a stranger to helping others. My father, James F. O'Neill, was a celebrated pioneer in the field of addiction and addiction related mental health services. He opened Serenity Hill Farm in North Canaan, CT in 1974. It was a fully accredited hospital with on-sight detoxification services. His effective AA-based treatment program was statistically, highly effective. He and my mother, an RN, later opened Seminole Point Hospital and Whispering Pines (adolescent facility) in New Hampshire and operated several outpatient clinics throughout New England. He helped 10's of thousands find sobriety in his 22-year career and was part of several congressional efforts, including President Reagan's Task Force on Addiction. This was our family business. This was my early childhood exposure – helping the sick find sobriety, peace of mind and the tools to a healthier way of life.

Now, I am the mother of three adopted children. Each present with individually unique, 'special needs'. The loving, engaged and competent parenting I provide is effective with two of my children. They are thriving; but the third is suffering. I have the honor and responsibility of raising my children to love others as themselves and help them to overcome adversities. To be honest, respectful, and morally grounded; and to one day become a complete, well adjusted and competent member of our society. Here in Connecticut however, I do not have the authority to get my traumatized child the specialized care and treatments I, and her clinicians, recognize she requires without first withstanding unthinkable judgment, prejudice, scrutiny, persecution and humiliation.

The State of Connecticut's current mental health system should scare legislators and citizens alike. I am one of many parents I know personally, and casually through others, and one of thousands of parents raising children who are in need of specialize mental

health services, who cannot access such services; new and proven treatment modalities and clinical options, educational supports, transportation support, self-esteem support programs, special school placements, group homes, short-term residential treatment settings, and much, much more. The fact is - services in CT are dangerously limited and virtually impossible to engage when they are most needed and could be most effective.

The Department of Children and Families is often called when families like mine need help because the outward view is concerning. Many families contact DCF for extra support services themselves, like I did, only to be treated as the culprit or villain in the scenario, not the knowing, loving parent who is simply seeking to establish a network of support and care. This approach adds excessive insult and hardship to injury, and further traumatizes the entire family. We want and need to be believed. Many of us know what we need, support, treatment, 'respite'... etc. We need sound, been-there, done-that, experienced-based support and guidance; not accusations or threats.

CT agencies seem to employ under skilled, poorly trained, over worked, under paid workers. Effective workers are pressured by higher-ups to work with clients they are not equipped to counsel or guide, and the entire system embodies policies, programs and protocols so highly flawed as to be considered dangerous by those who work 'honestly' within the broken system's themselves. Budgetary cutbacks to mental health services, public health insurance coverage and out-of-state mental health expenditures, and limited understanding and simplicity-based comprehension of the needs families like mine face should scare us all.

Access to mental health services for all in Conn. is atrocious. Access to services for children with mental health conditions, diagnosed or not, is dangerously void. Effective care coordination for parents does not exist in any 'real' and meaningful manner. Schools and pediatricians have little idea where to direct parents seeking treatment options. The systems in place to support, and guide parents of children who present with mental health symptoms and behaviors, are underfunded and fail miserably. The unique family dynamic within families with adopted or fostered children is misunderstood. This level of dysfunction leads children with problems to numerous, unhealthy, unthinkable conclusions.

Like described in John Updyke's book, 'The Things They Carry', the weight and burden of the trauma my daughter carries is life altering. She has been forever changed mentally, emotionally, physically, and the current approach by case workers is to love her. She'll be fine. If she's not, it must be a parenting issue. Let's figure out how to prove that theory. Meanwhile, time ticks by and the child wallows and steep in the weight of it all – drowning in the carry.

Many within the State's Attorney General's office, Department of Children and Families and legislators are familiar with our case, my family's plight, and the special 'mental health' needs of our adopted daughter. My child's conditions are complex. Her mental health conditions and resulting behaviors, and the frustration, fear and struggle families

like mine experience, when 'raising' and caring for children with chronic depression, Post Traumatic Stress Disorder, Reactive Attachment Disorder and/or other early childhood trauma and attachment disruption conditions, is staggering. Agencies currently designated to engage families like mine, often proceed with 'blinders' on, just hoping they 'get this one right'. This approach just serves to devastate well-meaning families, like ours, to the core. Adding insult to injury, and reinforcing the impact of trauma yet again. It also puts the community at risk i.e. Newtown school shooting, '07 Cheshire, CT home invasion, school shootings across the country, urban crime patterns, etc.

I present my family's situation to hopefully illustrate, clearly, how broken our current system is. It can't, won't, is blind to, or is so underfunded that it is unable or unwilling to respond appropriately to the child mental health crisis at all. It's costly. It's messy. It's complicated and it's hurting our society.

### **I have a plan:**

Attached is an early draft of my Alternative Parent Support Services program, called APSS. I drafted APPS several months ago following a meeting with Eva Bunnell, Congressman Larson's District Special Projects coordinator. It is a pro-active, early intervention-based program designed to aid families when the first sign of troubling conditions and symptoms occur. I see it as a pilot program, designed to serve the alternative parent and placed child community. It is meant to be one single piece, of a multi-spoke comprehensive overhaul of the mental health services environment.

My APSS program could also be the foundation to other mental health condition service programs. It is adaptable, expandable and can be molded to meet the needs of families with children presenting with a variety of mental health conditions.

Another piece of the puzzle should include a modernized perspective of the phase 2 and phase 3 aspects of President John F. Kennedy's legislation. Before he died, he successfully implemented legislation to close warehouse-style mental health facilities, but the remainder of his reform platform was never facilitated. His idea was to bring mental health services, including residential living, to a more community-based environment. He knew from his experience, that the mentally ill, regardless of condition severity, should not be isolated, or seen or treated like outcasts. They need to know they are loved by their families while their needs are met in a safe, clean and dignified manner.

To this end, I think mental health facilities should begin to be designed like multi-tiered nursing home and assisted living properties. Adults with mental dysfunction should be able to reside in an environment that feels like home, but where skilled clinicians and psychiatrists and others are available. Children with serious conditions, regardless of the effectiveness of treatments and medications, will likely need a variety of services

that range the spectrum from specially designed self-esteem movement classes to short-term residential and their families periodically need respite time to decompress and heal themselves. All of these aspects and more are important to the healing process of the suffering child.

My commitment to my children and their special needs has never waived. For a seven-month period in 2011, my primary focus was temporarily diverted to the special and challenging medical needs of our son (challenging HEP C treatment through CCMC), the pressing, recession-oriented condition of our business, the relocation needs of my elderly mother and more. It was during that time when the support services we asked DCF to provide were critically needed. It was then that I felt I was losing the struggle to heal and support our child as I had effectively done with her older sister, who had also experienced the same trauma albeit at an older age. That sense of powerlessness and helplessness and fear, for the safety of our impaired child and our family, was intense.

I bring our case and journey to your attention to illustrate that even when a parent is committed to securing the services their troubled child requires, mental health services are not just hard to access, they are impossible to access. I don't know if the State or Federal Government can help me and my daughter, and steer our case to a healthier, plausible resolution; but I hope my horrific journey can help your office make sure this doesn't keep happening to others.

In our journey, I would do nothing differently except fight even harder and louder, work harder to be heard and hope that the services we were finally lead to in October of 2011 (Denied access to by the State of CT Husky A benefits program.) that of the Attachment Institute of New England, would have presented itself sooner. Now, a year after we were independently scheduled to begin our child's treatment there, and a DCF identified CT-based therapist referral to the Attachment Institute as well; we are again beginning that treatment program. I'm told however, that the State still isn't 'on-board' with returning our child to us as part of this appropriate therapeutic treatment, despite psychiatrist and clinician recommendations to do so. This remains a travesty in the making.

The bureaucracy and ignorance that allows this multi-layered dysfunction to continue scares me; but what scares me more is the complacency.

Sincerely,

**Maureen A. O'Neill - Davis**

President; ESP Entertainment/ CCI

Managing Member; National Supplements & Remedies, LLC

Parent Co-Chair; Forbes School Governance Council

Active PTO contributor

LICC member

Parent; mother, wife, daughter, tax payer, concerned citizen

Address:

1811 Mountain Road, Torrington, CT 06790

15437 71<sup>st</sup> Drive N., Palm Beach Gardens, FL 33418

860-482-9330

561-762-4747

[Maureenod65@gmail.com](mailto:Maureenod65@gmail.com)