

**Submitted Legislative Testimony for Early Childhood Mental Health Services  
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**by**

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My name is Dr. Richard Pugliese; I appreciate the chance to have my testimony read regarding today's hearing on increasing mental health services to youth.

I am currently licensed to provide services as a physician in CT and have worked as a child psychiatrist here for over 23 years. My experience draws heavily on public sector work, severe mental illness, developmental disabilities and early childhood training. I worked as an inpatient doctor at Riverview Hospital and medical director and doctor at a community hospital program for children and families in central Connecticut.

Today I want to open ears to the echo the voices of many in the community who want to be there to tell you that the provision of mental health services for children and youth can only be strengthened and more effective if it is delivered across the entire age continuum, from infancy and the toddler years through adolescence.

I take pause to note that I am glad these hearings for improving mental health services to the young are occurring. Yet I share that I am saddened that the renewed vigor on this long talked about topic, locally and nationally, comes on the heels of the tragedy and loss in Newtown, CT, not even 7 weeks ago.

And though I commend any effort to improve mental health services to our youngest and voiceless members of society, I respectively emphasize that all of our societal ills, the violence, the danger, the harm, are not solely associated to those people with emotional and psychiatric illness. To focus our fears on the mentally ill and challenged only adversely perpetuates the stigma that has been theirs for centuries.

Many here today can and will tell you that, well before Newtown, Columbine and Virginia Tech, countless young lives and dreams are shattered and lost daily. The chance for a great start to life are derailed much too early for many children and their families. They experience untold suffering and cannot be here to tell you about it; but the suffering often begins early as too many can reflect back on.

Harm, pain and illness really does not respect an age boundary here! The very young also experience adverse life events and inherent biological problems that must be identified early to provide timely intervention and worsening; the costs in all domains is too high.

For many years I worked at Riverview Hospital for Children and Youth for DCF. My colleagues and I took care of the proverbial "intensive care cases" of psychiatrically ill children and teens. Many had already logged extensive treatments and hospitalizations prior to coming to our care and, more often than not, their treatments started much too late.

Some had seen countless inpatient and outpatient providers; too many were arriving from the court system, from juvenile detention as well as adult correctional facilities like Cheshire Correctional or Manson and Somers.

I was always struck by one important theme while reviewing the countless records to help choose the best next step in their care...there were indeed very early signs of risk, illness, and important developmental delays that had been missed or not carefully treated which had affected these young lives in ways that were now seemingly insurmountable if not irreparable at times.

Sometimes these problems surfaced as the child entered their local school. And, even if it was noticed, too often the only care received by that child was by an overburdened and financially strapped educational setting with school personnel not equipped to handle the illness beyond the walls of school. Though many of these youth may have screened positive in some way, they needed much more expert care. And that care was often during critical developmental periods when the brain is growing and making vital connections from relationships, experience and trauma. Timing is critical and could have been life altering if done at the right time.

Our primary care colleagues in Pediatrics and Family Medicine try mightily to stay attentive to all the various needs of their patients. These same colleagues are crying out for help behind their high work loads, unreimbursed work and knowledge that these children need more.

Clearly, our current health care system is not adequately staffed or trained to identify and meet the needs of all of these children from birth into adulthood! Even if schools begin to beef up detection efforts...and please take note as this is really important...the infrastructure and work force to provide specialty care is far short of where it needs to be! And the programs that are in place are often a fragile line item in a budget or a phone call away from a lost grant funding source.

We must increase our efforts to enhance both our educational and healthcare systems to work towards the earliest possible identification of illness and remediable factors that aid prevention and early intervention; many in the state are expert in just knowing how that will do the most good. I suggest we all listen to their voices, to the voices of children and to the cries that go unanswered.

Thank you!  
Dr. Pugliese