

**Testimony before the Mental Health Subcommittee of the Taskforce on Gun  
Violence Prevention and Children's Safety**

**January 29, 2013**

**Sara Krolkowski**

Good Evening - my name is Sara Krolkowski and I am from New Britain. Thank you members of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety for taking the time to consider my testimony regarding mental health in our state.

I am here today to respectfully request that you take a position against proposed legislation that would limit the right of young adults to decide at what time and where they choose to access mental health services. This would include bills that include outpatient commitment. I am making this request as a young person with a primary mental health diagnosis of Major Depressive Disorder. The reason I am testifying today is because I am confident that I would have been a strong candidate for outpatient commitment since I meet the criteria for a serious mental illness.

Before I accepted that I had a mental health diagnosis I denied that anything was wrong. Instead of acknowledging that I would benefit from treatment, I turned instead to working out and keeping myself constantly busy. It was so tiring trying to stay occupied so no one would suspect that anything was wrong. I would finally burn out and fall asleep - only to wake up so frightened. I worried constantly that people would view me as weak or "crazy" if I accepted help. I know that mental illnesses are viewed as taboo even by today's standards, and are not considered the same as other disorders like heart disease or diabetes. My fears have been reinforced by the number of bills currently proposed to the judiciary, public health, and children's committees that include various forms of outpatient commitment.

As a college student, I saw so many people avoid those who were "out-ed" as having a mental health diagnosis. The stigma that my generation still carries about mental illness is not perpetuated because young people, like me did anything wrong, but because of the ignorance of those without the experience of living with a mental health diagnosis feel towards those that are perceived as ill.

The onset of my illness occurred just after I had finished college with a Bachelors in Criminal Justice. At this point, it was like my illness tried to take control of my life. I was so frightened and didn't know what to do. I have come such a long way in the past 2-½ years, with the help from many people. Making the decision that I wanted support made all the difference in my recovery because it has made me feel whole. If I had been forced to comply with a treatment plan, I would have felt that I was nothing and my self-confidence would be crushed.

My experience has been that I needed to make the decision to accept mental health treatment and seek the doctor that was right for me. By establishing a trusting relationship with my doctor, I worked in partnership with them to develop my treatment plan. A concern that I have with outpatient commitment is that it will be too easy to

force individuals to comply with their treatment plan, and how will you make sure that those treatment plans reflect the goals of the individual?

Another component of outpatient commitment and treatment, is the concern that this will become centralized on medication. How could it not? Medication is the easy fix to forcing people into submission. Will you protect us – the most vulnerable – the next generation?

Plus, can you promise the citizens of Connecticut that money will always be available for this approach? We all know the cost would be extremely high. Consider the cost of the courts, lawyers, investigators, and insurance? What about the providers? I take it we would be cattle-d through the system and branded to a select few of providers who have been contracted through the courts.

Right now I have my professionals who answer the phone if I call. They know me and I don't have to wait 6 weeks for an appointment. Many times it could just be a 3-minute phone conversation and I am reassured that I am safe. My health care providers are helping me reach my goals on a time line that my health allows, not some time line that is dictated by a system that has virtually no training or experience with person-centered, consumer-driven, strength-based, recovery-oriented services. My providers treat me as a person not a number. Will this not be an option for individuals who will be profiled and deemed gravely disabled through outpatient commitment, all in an effort so that we can protect the public from these crazy people?

I ask that you consider the ramifications of this approach when developing strategies to supporting individuals with a mental health diagnosis achieve recovery. Please take a position against proposed legislation that would limit the right of young adults to decide at what time and where they choose to access mental health services. Thank you.

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