

**Hearing scheduled on Tues Jan. 29, 2013
Legislative Office Bldg Rm 2 C – Hartford, CT**

Senator Toni Harp & Terrie Wood & Members of the Mental Health Subcommittee,

I have an adult son (age middle 50's) w/ diagnosis of schizoaffective disorder, Bipolar type. He has been troubled since approx. age 17 yrs old. His psychosis has progressively worsened – in and out of ER/IOL/nursing home. (last year he had 6-8 admissions draining the taxpayers for these needless runs back and forth if only we had a state agency to intervene and help my son understand better his illness rather than having probate court issue an order to have meds against will which I agreed to because I did not know perhaps there could be another avenue to try (services of a state agency to intervene). This is a perfect example where I and my son fell thru the cracks.

I am a member of NAMI; my son's conservator & take a very active part in his care at hospitals, nursing home where he resided for approx 6 yrs until his move to IOL to help him get stabilized to the point IOL felt he would do better at Capital Reg. Mental Health Center ICU on Vine St.

He has been over last 15 years in group homes; to independent living in apt – back to group home for 4-5 yrs then to his own apartment for one complete year where he had so many hosp. admissions while on his own that the hospital said they had to find another place for him – only place available was a nursing home for the last 6 years.

While he was in his apartment for the year – a nurse was assigned to him for medications HOWEVER, WHEN I CLEANED his apt in cupboard I found all the medications nurse left him and she did not follow thru to see that he actually took them – what kind of nursing support is this – I ask you??

Here is a man perhaps with the right services in place could be helped and not have to go on a forced medications against will rule. To take meds which have all the side effects. Very difficult situation when he has been a vegetarian and studied natural health living.

Last nursing home he was in he had an APRN who was a good match and they had a good healthy dialogue for last 3 months while he was there. APRN tried different medications in small doses each week BUT O/seeing physician felt that these new meds were producing side effects seizures & had those meds stopped. When APRN researched with other MDs – opinion was that this side effect could not have happened so quickly so APRN had to obey her boss (MD).

These are some of the challenges I have encountered helping my son thru the system.

In the past, son had a psychiatrist who ignored my phone calls, letters and any messages I left with his office. So when I was told he would be at nursing home at certain time – I came to confront him – he blew up at the nurse and me and said he was a very busy MD. After he calmed down he allowed me a few minutes in an anti office to hear my problem. **What kind of help is that when I depend on some kind of communication from him personally?** MD then changed his hour of coming to nursing home to 7AM in the morning – tell me are any patients up and ready at that hour to converse with the MD???????? This is clearly an inappropriate happening.

There needs to be an APRN to develop rapport with client (like we were having at the end of son's stay in nursing home)– communication is a two-way street.

ULTIMATE GOAL – to try and integrate my son into the community so he can be a productive part of society in which the real world humans exist.

To help me w/my goal – what community based services are available & how does one pursue them? THIS IS AN AREA WHERE WE DEFINITELY DO NOT WANT A BUDGET CUT or else as you see from my testimony that we go round and round w/needless admissions to hospitals to stabilize a client when if we had more pro-active services to help a mentally disabled client – the taxpayer would not be indirectly taxed for these unnecessary visits. I REPEAT – **6-8 visits in a year to hosp. make no sense at all.**

Let's face it – no one likes to be forced (example to take meds against will); they need help in understanding why or w/some kind of dialogue between patient & professional person equipped to fill that spot – not especially MD who has little time to spend with client as it is.

More groups like IN OUR OWN VOICE – (please DO NOT cut this program either) people who were once taking meds but were integrated into the community – still on meds – but with more understanding of their situation and so have come back to share with those who have not yet made it out into the community.

These outside services are definitely needed if one is to treat the whole person.

Thank you for your listening ear – as you can see my experiences over the years have been frustrating at **BEST.**

Susan Johnson, Newington