

Testimony respectfully submitted on January 29, 2013 for the Mental Health Working Group Public Hearing, CT General Assembly.

My name is Valerie Raggio. I am a Licensed Clinical Social Worker, LCSW, from Granby, CT. I am a member of NASW-CT. I have worked for 25 years in Connecticut hospitals, and for the past 15 years I have worked as a Psychiatric Social Worker in the Emergency Department of a CT hospital. My primary responsibilities are providing psychiatric evaluations for adults and children.

The debate about mandating treatment is a distraction from the real causes and solutions to the mental health crisis we see every day. Every day we waste millions of dollars and cause infinite suffering because of the gaps we have created in mental health care.

The mental health crisis we are experiencing in Connecticut is due to the lack of appropriate, effective and timely **outpatient** services. About half of those who come to the ER with mental health issues are in crises that could have been averted if they had timely, accessible outpatient services. That's several thousand people a year in our ER alone. Using the ER for non-emergency care is extremely costly – financially, emotionally, and socially -- and creates daily gridlock on already an overburdened health care system. It's not their fault – it's the only door open.

Every ER in the state is seeing longer waits for care due to the number of individuals who use the ER as an entry point to get mental health services. On a weekend, individuals who need inpatient hospitalization commonly wait in the ER for over 24 hours for a bed. This weekend, like most weekends, **every** inpatient psych bed in the state was full. Sitting in an ER for a full day adds incredible stress to families in crisis.

Why is this gridlock happening?

1. Due to funding cuts, community providers have decreased their services.

2. Long waiting lists. It can take 3 to 6 months to see an outpatient psychiatrist.
3. Fewer clinicians taking insurance due to low insurance reimbursement rates and too many hurdles.
4. Insurance issues. We spend hours on the phone trying to resolve in-network, out-of-network, and lack of insurance issues.
5. Clients can not afford their outpatient medications.
6. Longer waits for inpatient psych hospital beds because of fewer outpatient treatment options, more people in crisis, and many of the insurance and service factors above.
7. When Connecticut closed state psychiatric hospitals, the goal was to shift funding to more accessible, voluntary, community-based services. But there are simply not enough services. For example, we have extremely limited transitional and supportive housing to help people with chronic mental illnesses maintain recovery.

We need increased preventative services, starting with more social workers in schools to provide education on mental health, crisis evaluations and screenings. For adults and children we need more outpatient services, increased availability for crisis appointments, and supportive and transitional housing services. We need increased case management and rehabilitative services, for adults with mental illness.

Individuals who receive regular psychosocial treatment are more likely to keep taking their medication, and they are less likely to have relapses or be hospitalized. Community-based therapists and case managers in supportive housing can help individuals to understand and adjust to living with their mental health issues.

The state may not have budgeted for the cost of the revolving door in emergency room use and in patient hospitalizations, **but we are all paying the bills.** We need to be proactive. Connecticut can be a leader to help lift the stigma of mental health: we all know someone who has been touched by the devastating effect of an un-treated mental health issue.

I am extremely thankful for this discussion. I'm hopeful that this process will be approached with **humility and thoughtfulness**. As a society it is important that we not react and think that mandating medication/treatment will solve mental health issues. This would simply transfer costs to an overburdened judicial system. It is not a long term or cost-effective solution and it will divert our attention from removing the stigma of mental health and offering a collaborative approach to recovery.

Thank you for your time and consideration to this crucial public health issue.