CPS
Connecticut Psychiatric Society

A District Branch of the
American Psychiatric Association

My name is John Santopietro. I am a psychiatrist and president of the CT Psychiatric Society which represents all CT psychiatrists and has over 700 active members. I also work as Chief Medical Officer at Community Health Resources, one of CT's largest community mental health and substance abuse agencies, providing care to 11,000 CT individuals and families each year in 80 different programs across the state.

First, I want to thank the Office of the Healthcare Advocate – both for holding this important hearing and for all the incredible work you do on behalf of the citizens of CT. Your office has been crucial in fighting on behalf of patients and has been helpful to me personally in some of the fights I have waged over recent years in advocating for my own patients.

Holding a hearing like this for those of our fellow citizens struggling with mental illness is another sign of your commitment to advocate for those whose voices, even though they are at times strong and clear, are not always heard. Certainly this is the case for people suffering with mental illness.

It is well established that mental illness is prevalent – worldwide, in the US and in CT. A recent study of the Substance Abuse and Mental Health Services Administration revealed that one in five American adults suffered with symptoms of a mental illness in the past year, 5 percent of the population suffered with a severe mental illness.

It is also well established that less than half of people suffering with mental illness receive treatment. And that the treatment they receive is often less than adequate.

And to speak for a moment about what it means to have a mental illness in the 21st century:

You may know that people with severe mental illness in the US die 20 to 25 years earlier than the rest of us. This is absolutely incredible and shameful given where we have come as a society otherwise. As an example of the kinds of things we've been able to accomplish in public health, when President Eisenhower suffered a heart attack in 1955, this launched a nationwide effort to improve care for heart attack victims such that over the next several decades the mortality from heart attacks dropped 60 percent.

You may know that mental illness has been classified by the World Health Organization as the leading burden of disability on economies worldwide.

You may know that there are consistently more suicides each year in the US than homicides.

These are just some of the basic facts about where we are today, what it is like for our patients with mental illness and its cost to us all.

Connecticut Psychiatric Society
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The second general category was not about shortages per se but rather needless barriers which likely have more to do with stigma than they do with capacity in the system or the distribution of resources.

For instance, there is universal and strong feeling among CT psychiatrists that the prior authorization system for medications has become an insidious and pervasive barrier to care. This has become so commonplace that we've all just about given in to it and can forget sometimes how it interrupts care. There are so many examples of this, you could ask any CT psychiatrist to give you one from today or this week. I'm dealing with one right now – a patient of mine who has been on an antidepressant for a year and doing well – stable, out of the hospital, back to work, in a relationship, not using drugs - all as a result of her hard work in treatment, including her following through with taking her medications every day – many of which can have significant side effects and are not easy to take by the way. For some reason which I've yet to figure out, her insurance company recently required a 'prior authorization' for the dose she has been on for a year. And as a result, the momentum of her treatment has been interrupted. One thing that's curious about this particular example is that this medication, an antidepressant, isn't one of the new, fancy, brand name ones, it's an old one which has been around for years in generic form and is inexpensive. I can tell you that CT psychiatrists, and their patients see examples like this as needless barriers – experienced as 'hoops to jump through' in the hope that a certain number will give up the fight. Indeed, in my own clinical experience, one of the most telling prognostic signs that predicts whether someone will recover is whether they are themselves strong self-advocates and whether they have family, friends, and treaters who will advocate forcefully and effectively for them. When advocacy rises to the top as a prognostic sign, it says something about a system cluttered with barriers.

Hopefully you will be hearing today from one of my colleagues, Dr Sharp, on the issue of certain insurance companies (including, prominently, the plan for state employees) which now require a 90 day supply of medications. Though this may be appropriate in many cases, there are numerous patients who suffer with chronic thoughts and urges toward suicide for whom such a large supply of medications is a needless trigger.

You will also, hopefully be hearing from consumers today and from my colleagues at Silver Hill Hospital about insurance companies denying payment for psychiatric services, despite the wave of progress in recent years towards parity.

We believe strongly that many of these barriers to care are driven directly by stigma against mental illness.

The Connecticut Psychiatric Society is willing and ready as an organization to help in the fight against stigma and in assisting in any efforts to reduce and eliminate barriers to excellent care which may come as a result of these hearings. Good treatment for patients is cost-effective. But it can only happen if all the parties take the long view and start working together to solve problems.

Thank you again for holding these hearings.

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