Testimony before the Office of the Healthcare Advocate
October 17, 2012
Deborah Strong, Simsbury, CT

My name is Deborah Strong from Simsbury, where I live with my husband and twenty-one year old daughter. I live with Bipolar Disorder. I have a twenty-five year old son, now living in New Hampshire. Both children have serious mental illness. Thank you for allowing me to speak to you on Mental Health Parity.

When my daughter was in elementary school she was bullied and by middle school was starting to have signs and symptoms of mental illness. As her illness progressed, my husband and I were devastated and began seeking help for our child. We started with our pediatrician who strongly recommended we have her see a psychiatrist and psychologist. We did so, and after several medication trials and psychotherapy, she continued to become more and more depressed. The differential diagnosis at that time was major depression vs. bipolar disorder. We implored our insurance company to allow our daughter to see both doctors more often as was recommended, however we were told standard treatment consisted of seeing a psychiatrist every six weeks and a psychologist every two weeks as standard practice and refused our request for more help.

Our daughter continued to have more problems with severe depression in middle school. A school social worker saw her regularly and became increasingly concerned when our daughter began expressing suicidal ideation.

One evening, when she was 14, she ran away from home and from the police, who were looking for her, into a well forested area a mile from our home. It was 20 degrees; she had no outerwear and would not answer her cell phone. My husband and I spent three horrific hours until she was found. Simsbury Police called out the canine unit from Bloomfield, and with their help she was finally found. My daughter was hysterical, wet and hypothermic. Even though she expressed thoughts of suicide, the hospital was only able to keep her for three days. The treating psychiatrist recommended she be transferred to a pediatric mental health unit, however our insurance company felt it was not medically necessary. The insurance company did authorize more outpatient treatment with her private providers. Our insurance company continually responded with, "not medically necessary."

My husband and I, the school social worker and counselor were left with the demands of keeping her safe. By this point, she was not only expressing thoughts of suicide but had devised a plan; she would overdose on medication or take a poison. We were again told by the insurance company after a trip to the emergency room, that inpatient treatment was not necessary.

Our daughter was now seeing a psychiatrist once a month and a psychologist weekly. When the psychologist requested to see our daughter twice a week after the refusal for inpatient care, we were denied because the insurance company felt this was not standard practice.

At this point, my husband and I, fearful and devastated our daughter might take her life, put together a strenuous safety plan. The plan was for her to be in adult supervision 24 hours a day. We took her to school

and escorted her to the school social worker's office. We picked her up from school in the same office. I slept in her room on a cot. After our daughter cut herself in desperation twice, we removed anything that she could hurt herself with, locked all medications in a lock box, and my husband removed all interior doors in an effort to keep her safe. Within a short time, our daughter could not spend a full day in school. She either requested or was sent home because of expressing thoughts of suicide and increasing depression.

Finally, during yet another emergency room visit for depression, self-harm, and our daughter telling the attending psychiatrist that life was not worth living, she was admitted to an inpatient care unit. The depression and self-loathing was serious and debilitating. She was there for ten days and seemed to be less depressed. The professionals caring for our daughter felt she would benefit from a longer stay. The insurance company denied the request for the longer stay, so the staff recommended a five day a week outpatient program to continue treatment, to teach coping and social skills and to keep our daughter safe. The social worker explained that inpatient hospitalization is for acute care and outpatient care is for continued care while medication, that can take as long as six weeks to prove effective, which was started, while a person was inpatient would help relieve her of this serious and debilitating depression. Further, continued psychotherapy was needed daily. The outpatient program also ran groups where my daughter would be in groups with other adolescents living with similar issues. The insurance company denied the outpatient request as well. I believe our insurance company felt we would continue to accept their decisions without question. I filed a first level appeal, however we were again denied. Several appeals later, (including a doctor-to-doctor appeal, the last possible internal appeal while she was still inpatient), and our daughter was allowed to remain in the hospital for three more days.

During those extra days, I again appealed up several levels to allow our daughter to continue treatment in an outpatient facility. This, we were told by doctors and other treating staff, would further help our daughter out of a serious and disabling depression. Our insurance denied the request, and we were told that standard practice would be for our daughter to again see her private doctors once again.

Six weeks later, our daughter was hospitalized again. During this time, I worked on appeal after appeal to have our daughter admitted into outpatient treatment after her hospitalization. After four denials from our insurance company stating the outpatient treatment was, "not medically necessary," I asked for an oral appeal. My daughter was finally allowed outpatient care. The going was still not easy as the insurance company authorized a few days at a time, the staff would then have to continue to request more time. After many appeals over a four week period, our daughter was again able to see private providers.

Our daughter has received a lot of help since. She has learned that she is not alone, and to ask for help when she experiences symptoms. We have all gone down a rough road. Our daughter had another inpatient and two more outpatient treatments, all requiring numerous appeals. She is now doing better, although severe depression reoccurs. With the help of daily, outpatient treatments, our daughter has learned how important it is to take care of herself. At twenty-one, she has taken charge of making appointments for herself, she is working with a psychiatrist on medications, and sees a therapist regularly. She sees herself as part of her treatment team. She will tell you that education on mental illness convinced her depression, even severely debilitating depression, can be treated and that she can live a life of a typical young adult.