Testimony before the Office of the Healthcare Advocate
October 17, 2012
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Good Afternoon! Thank you, members of the Office of the Healthcare Advocate, for taking the time to consider the barriers that the recipients of behavioral health services experience while seeking and accessing care within the State of Connecticut. My name is Michaela I. Fissel and I am addressing you today as a Behavioral Health Advocate, Consultant, and most importantly, a young adult Consumer. I would more correctly describe myself as a young person in long-term recovery. Although I can stand before you today as a secure and confident professional – it has not always been this way.

In my adolescents I struggled to cope with extreme emotions. As I completed the normative milestones that mark the transition through adolescents, I could not understand why I felt so… alone. I never received information on mental health and/or substance related disorders through the Windsor Public School curriculum and therefore I was never informed about the possible underlying reason that could explain why I was having such difficulty controlling my emotional states and behaviors. I adapted self-destructive habits in an attempt to manage my emotions through substance use, self-mutilation, and through an eating disorder. After barely graduating from high school, my life was heading in a downward spiral, which eventu ended in 2007 when I attempted suicide.

After I was admitted to the Institute of Living in Hartford, CT I began to awaken to a new reality – I was mentally ill, and I needed treatment. Receiving a behavioral health diagnosis of Bipolar disorder was both empowering and a barrier in itself. It was empowering because I was part of the 40 percent of young adults that experience moderate to severe symptoms of mental illness, and even more exciting, I am co-occurring, and therefore I fit even more specifically with the 70 percent of individuals with a mental health diagnosis who also experience substance abuse or dependence.

My experiences in the hospital were frightening. As a recipient of Husky A insurance benefits, I was told by my Treatment Coordinator at IOL that I could only stay for a few days, maybe a week tops. Upon the start of Day 6, I was told I would be discharge the next day because I was complying with my treatment plan. Is that justification for an individual admitted for a heart attack to be discharged – because they are allowing their blood pressure to be taken and they are swallowing their pills?

I would like to believe that since the Paul Wllstone & Pete Domenici Mental health Parity & Addiction Equity Act (MHPAEA) was signed into law in 2008, things are different, however they aren't. I am still unable to access age and developmentally appropriate behavioral health services because I do not meet the criteria for a serious and persistent mental illness. The best that the Husky Program will offer me is access to a Clinician for psychotherapy within a Clinic if I am also complying with Medication Management through a Clinic Psychiatrist or APRN.

Why is it that the rate of behavioral health diagnosis amongst 18 through 25 year olds in the State of Connecticut exceeds the national average by more than 4% and the only way to access comprehensive behavioral health services is by being accepted in DMHAS Young Adult Services? Why is it that privatized and public insurance doesn't cover comparable behavioral health services for Young Adults within Connecticut?

Did you know that three quarters of chronic lifetime cases of mental health and/or substance related disorders are diagnosed by the age of 24? This indicates that young adulthood is the last stage that early intervention can occur. The vulnerability of this population is further supported when considering the strong association between mental illness and negative outcomes. For example, young adults with serious mental illness have been found to have significantly lower rates of educational success, while having higher rates of unemployment, homelessness, unplanned pregnancies, and involvement in the criminal justice system.

Over the past year I have been conducting a literature review for my master's thesis on young adults with serious mental illness. Based on the research, young adults need to be considered a unique service population

that requires developmentally appropriate services to assist in achieving recovery. We are lucky enough within our state to provide for that need through DMHAS Young Adult Services – however these services are medically necessary for every young person within our State who experiences the symptoms of a behavioral health diagnosis.

It is wonderful that my generation is the first generation not to face long-term institutionalization despite the onset and setbacks of behavioral health diagnosis, but without effective community-based services, our generation will pose a burden on society.

In conclusion, I am here today as an individual and as a representative of all young adults within the State of Connecticut, to respectfully ask you to work as diligently as you are capable of working to ensure that the MHPAEA of 2008 is properly enforced. With the removal of systematic barriers that prevent young people from seeking, achieving, and maintaining recovery, you will allow the emerging cohort of young adults to live meaningful lives as contributing members of our society. Please allow us the equal opportunity to live a life of purpose.

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