

Conn. Ponders Mental Health

By [JOSEPH DE AVILA](#)

The commission looking to overhaul Connecticut's mental-health system, appointed after the deadly rampage at a Newtown school, doesn't actually know whether the man who committed those crimes was ever treated for mental illness. And due to privacy laws, the commission may never know.

"Adam Lanza, so far, remains a black box," said Harold Schwartz, psychiatrist in chief at Hartford Hospital's Institute of Living and a commission member. "With nothing confirmed, it's really impossible to say" how changes to the mental-health system could address his specific circumstances.

Even without additional insight into Mr. Lanza, who committed suicide, Connecticut is moving toward sweeping changes that could include everything from forcing private insurers to offer more mental-health coverage to screening every child in school statewide for emotional or psychological problems.

Many of the ideas were aired Tuesday at a legislative task-force hearing on mental health—a follow-up to a long, emotional hearing Monday that focused on gun control. On Monday, more than 1,000 people had signed up to testify, among them gun-manufacturer executives and relatives of the 20 children and six adults killed Dec. 14 at Sandy Hook Elementary School. Tuesday's hearing was quieter affair, with about 160 people set to testify.

Jennifer Maksel, the mother of 7-year-old Sandy Hook survivor Bryce Maksel, testified that she had a hard time getting help from the local schools and hospital for her 12-year-old son who she said had Asperger's Syndrome, attention deficit-hyperactivity disorder and oppositional defiant disorder.

"I have been fighting to get him services for years," Ms. Maksel said. "He is 12 years old. But if I don't get him social skills to prepare him [for] when [he] is 18, what am I going to do?"

The concerns appeared to echo those of Mr. Lanza's mother, Nancy, who pulled her son out of public schools at a young age because she didn't believe the district had adequate services for children with special needs, according to a family member. Mr. Lanza was diagnosed with Asperger's syndrome, Ms. Lanza's friends said. She was fatally shot by her son at her home, authorities said.

The system's problems hamper even people with insurance, testified Patricia Rehmer, the commissioner of the state Department of Mental Health and Addiction Services, on Tuesday.

"The bigger gaps, frankly, are for those individuals with private insurance," she said. "I do know that while individuals with private insurance have limited access to inpatient services, outpatient services and medications, the additional services that are critical to an individual's recovery are oftentimes not covered by health-insurance policies."

Pressed by Democratic Gov. Dannel Malloy, state lawmakers want to pass a bill that addresses mental-health issues, gun control and school safety. Additional legislation may emerge after the Sandy Hook panel releases its recommendations, scheduled for March 15.

New York's legislative response to Newtown—passed a month after the shooting—also addressed mental-health questions, but in two narrowly defined laws. Connecticut is moving more slowly, but on a broader front.

If any theme has emerged in the effort, it is access: Experts want to cut down drastically on the number of people who go undiagnosed or untreated. "We need to lower the barriers of access to mental health-service. Part of lowering those barriers is making mental-health services more widely available," said Carolyn Drazinic, president-elect of Connecticut Psychiatric Society.

To that end, lawmakers are being urged to address the treatment disparities between people enrolled in state insurance programs—Medicaid primarily—who often have access to a wider variety of services compared with people who have private insurance or those who can afford to pay out of pocket.

"Mental illness is an ambiguous science, and the private sector, who are concerned with making a buck and keeping their shareholders happy, will go to great lengths to deny an ambiguous illness," said Ann Nelson, a 54-year-old mother from Branford who has two teenage daughters with mental illnesses.

The girls are covered by their father's insurance, but the family pays about \$1,200 a month out-of-pocket for mental-health services including psychiatric visits and medication. "We can't afford them forever," Ms. Nelson said. "We can go bankrupt."

A 2008 federal law tried to force insurance companies to offer mental-health coverage services comparable with the coverage they provide for medical services. Experts say the measures—known as mental-health parity laws—aren't adequately enforced. Lawmakers have proposed to strengthen Connecticut's parity law.

"We are supposed to have parity, but it just doesn't seem to play out in practice," said Kathleen Flaherty, an attorney and a facilitator with the National Alliance for Mental Illness in Connecticut.

Measures similar to New York's Kendra's Law, which allows some seriously mentally ill people to be forced into treatment, are also being discussed. Connecticut, where court-ordered treatment remains controversial, is one of six states that doesn't have a comparable law. New York's legislative package this month included an expansion of Kendra's Law.

New York also passed a bill to require psychiatrists to notify public authorities of potentially dangerous patients, and Connecticut lawmakers have introduced similar bills.

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