Testimony before the BHPOC
April 13, 2011
Cheri A. Bragg
Re: Request to gather data on Families with Parental Mental Illness

I am accustomed to testifying here on behalf of Keep the Promise Coalition on issues I am professionally and personally passionate about. Today my message is also a deeply personal one. **I am here, along with several other testifiers and supporters, to urge the BHP to gather data about and positively support families with parental mental illness.**

My mother loved her children. She taught me how to read before Kindergarten, passed on her values and her love of cooking/baking. She is smart, well-read, has a great sense of humor, and practices kindness toward others. She has a great love of learning. At 70, she continues to study and teach herself Spanish, and is a talented poet and artist. At age 27, my mother developed postpartum psychosis after giving birth to my sister. I was 2. In 1970, that meant limited medication choices, different diagnoses, and chronic, then decades-long institutionalization. She came home a few times, would feel better, stop taking medications, and have to go back to Norwich Hospital. By the time I turned 11, it seemed permanent. My parents were forced to divorce when my father's insurance policy reached its one million dollar lifetime limit and they threatened to take away our car and our home. The state has paid millions for her care ever since. My family has paid emotionally.

Wandering our neighborhood in Hartford giving away money to "the poor", saying she was Jesus, telling us she saw spirits come down the hallway outside of our bedrooms, and watching the police forcibly take her from us on the streets – most people view as traumatic. They certainly could be, but these were only brief periods of crisis and NOT wholly representative of my mother's ability to parent, nor my love for her. Giving away money made me feel proud. The other things were sometimes scary, but mostly confusing. The things that left scars: Visiting and leaving her on the Norwich Hospital wards, her frequent and unpredictable departures, and prolonged stays – these were all system-based. **What hurt most was the lack of recognition by the system of the simple, yet critical, basic, human bond between parent and child.** It's simple: my mother loved us and we just wanted to be with our mom. The system did not promote this back then and her absence has impacted my whole life. It was like a death in the family, without any closure or support. The effect on her was a false idea that my whole family died in a car accident when I was 11. Today she calls me "the conservator." As a daughter, I do not exist – I'm invisible to her and to the system.

I know many other Daughters & Sons who lost their childhood and became "young carers" – running households, paying bills. Some of us were raised by single parents, some by grandparents or other family, and some in the foster care system. Some of us "fell apart". Many of us flourished "on the outside", while "falling apart on the inside". Many of us, including myself, deal with depression and anxiety – I had panic attacks for years without realizing - most of us learned to hide it well behind smiles. I cried easily, but no one really asked "Why?" "Isn't mental illness inherited?" people would say, invoking my deepest fear that I would suffer the same fate. Some of us dealt with bullying, identity formation, relationship extremes, and postpartum depression. However, to quote another Daughter who leads a support group in New York City: “I am often reminded…that an unknown number of our peers have not survived to adulthood. Those coming to the support group are the resilient, the smart and the lucky daughters and sons.” A CT daughter, whose mother, likely psychotic stood near traffic daily. Neighbors called DCF, but were told “nothing could be done.” – she took too good of care of herself. One son I know was bullied mercilessly; another, who is a Veteran, is homeless right now. And another daughter took her own life because she couldn’t cope with her mother’s untreated illness **alone** any longer. I know a father who still can’t talk about the intense pain of losing custody of his daughter when he was too ill to protest and daughters who can’t speak about their parent’s suicide. The hurtful impact of broken family ties runs deep.

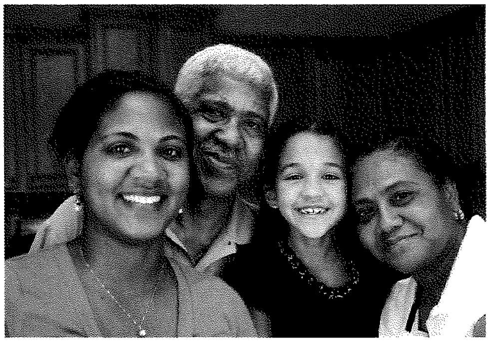
From personal experience, parenting while depressed can be very challenging. Many of us are also excellent parents, even some without our own role models. We pass on the gifts we received from our parents, including their resilience in the face of adversity. Like all families, there are occasions when maintaining custody is not possible. But without available services and supports, possibilities are too easily dismissed. **If there is a positive parent-child bond, it should be promoted and included in recovery planning.** Daughters and sons deserve information/support to minimize risk factors.

The Behavioral Health Partnership MUST ask DMHAS and DCF for data on parents with mental illness in order to begin addressing this family issue: unsupported, it is a costly family mental health issue that touches social services, homelessness, education, criminal justice, foster care, etc.. It is also an issue of critical child-parent bonds. Some of the solutions are free or very low-cost: information and a chance to talk about these issues is HUGE. The current silence is crippling families. **I urge the BHP to collect this data, using methods that will not further exacerbate the high custody rate loss or promote unnecessary DCF involvement.** Parents with mental illness and their Daughters and Sons deserve supports like any other families facing chronic or serious parental health conditions. Denying the issue has only made things worse. We DO exist. We are here. And we count too. Thank you for your time.

FAMILIES WITH PARENTAL MENTAL ILLNESS COUNT!

Parental Mental Illness is a prevalent, yet largely unsupported issue.

Every year, one in five Americans experiences a mental illness – the majority of these persons are parents *(Program for Parenting Well, UMASS Medical School)*



According to a Dutch study, within the first three months after giving birth to their first baby, one out of 1,000 women suffers from schizophrenia, bipolar disorder, depression or some other psychotic condition severe enough for them to be hospitalized. In the first year after childbirth, suicide risk increases 70-fold, and suicide is the leading cause of maternal death up to 1 year after delivery. (CEMD. Confidential inquiries into maternal deaths: Why mothers die, 1997-99. London: Royal College of Obstetrics & Gynaecologists, 2001.) **DMHAS must incorporate parenting and pregnancy planning into Recovery plans and offer appropriate parenting supports and/or referrals.**

Custody loss rates for parents with mental illness range as high as 70 to 80% – often due to misconceptions about parenting with a psychiatric disability – yet **persons with psychiatric disabilities play the important societal role of parent in the lives of millions of people (young and old), often called "*invisible children.*"** (Voice and Identity, NAMI-NYS News, Dec. '04)

> *"I am often reminded by members of my support group that an unknown number of our peers have not survived to adulthood. Those coming to the support group are the resilient, the smart and the lucky daughters and sons."*
>
> *Daughters & Sons Support Group Leader, NAMI NYC Metro*
>
> *Comments about Daughter/Son suicide prevalence, 2011*

Parental mental illness can have a range of effects on children and parents – Although parental mental illness is one of the risk factors for developing child behavioral health disorders, many children are resilient and avoid significant problems. Many parents with mental illness are successfully raising children. **Both children and parents can benefit from a variety of supports.**

Many parents report that they avoid mental health treatment for fear of losing custody of their children (Hearle et. al., 1999, Sands, 1995) – In a study comparing Medicaid-eligible mothers with and without claims for psychiatric services, **mothers with a mental illness were 3X more likely to have children receiving child protective services** and **3X more likely to have children in out of home placement** than mothers with no claims for Medicaid funded psychiatric services. Having had a **psychiatric inpatient hospitalization increased the likelihood of child welfare involvement 2X** and having a child in out of home placement nearly 3X. (Park, Solomon and Mandell, 2006). **DMHAS must work with DCF, the Judicial system and other community partners in order to increase awareness and understanding of parental mental health issues, fight discriminatory myths and practices and promote a full range of opportunities for successful, community integration.**

The BHP <u>must</u> collect Data on Families with Mental Illness in order to foster systems understanding and create effective services/supports!*

****This data, designed in partnership with consumers, youth and families, must be collected from DMHAS and DCF with attention to assuring that the information is not used for punitive purposes/to exacerbate the already alarmingly high custody loss rate.***

Legislative Hearing ~ 12 January 2011
Hartford CT ~ 2:00 - 4:00 p.m.
Rescheduled to Wednesday, 13 April 2011, 1:00-3:00 p.m.

Hello. I am speaking as a DCF adoptive parent. I adopted three siblings ~ three of nine children ~ then living and placed for adoption. My children were placed as special needs due to their already prevalent behavioral issues. Before being placed with me they were reunified with their biological parents twice, relocated through numerous fostercare placements and enduring five years of 90-minute weekly supervised visits with their biological parents and siblings. Following birth through alcohol and a neglectful and domestically violent home life, my twin girls were removed by DCF and kept together, but they did not have the opportunity to live with any of their siblings except when placed with me. My girls were moved through 12 different placements and my son through 10 different placements, the majority of which were performed with no notice, no chance to say goodbye, no chance to pick up their things, but were taken separately to meet up later at a new home with their belongings hurriedly stuffed into black garbage bags. My daughters attended more than 20 schools and my son did not attend any school before being placed with me at 4 ½. I preface my comments here today with this introduction because my children have mental health issues as a result of the neglectful, abusive and traumatic early developmental years of their lives, as I have briefly outlined.

To find experienced, trained and knowledgeable therapists who can assist me in raising my children to heal and not become mentally ill adults, further burdening the state's resources, is the reason I'm here today. My children were first placed with me in 2003/2004 and were returned to me permanently for adoption in early 2005. Through these years we have sought assistance from Jewish Family Services, Wheeler Clinic, Klingberg, CMHA, Child Guidance Clinic, Institute of Living, North American Family Institute, Kathi Legere, Lori Landry, Dr. Michael B. Pines, Dr. Kerri Baker, St. Francis Behavioral Paths Clinic and the Attachment Institute of New England. Through all of this the UConn Adoption Assistance Program has proven invaluable. Of these entities, the only effective, knowledgeable help and support we have received is from Dr. Michael B. Pines and the Attachment Institute of New England, both of which I needed to pay for myself, and Dr. Kerri Baker, which UConn AAP is assisting me with financially, as none of them are covered by the behavioral health network. Over the years I have also contacted and been unable to obtain services from Cromwell Children's Home, Wellspring, Casey Family Services and several more independent, qualified and <u>uncovered</u> therapists. The few qualified and covered resources I have found, usually with the guidance of UConn's AAP staff, are not able to assist me as their schedules are already full helping other families with their RAD and developmentally traumatized children.

This situation is not just limited to therapists, but is also an issue with knowledgeable and experienced psychiatrists. My children require medication in order to handle day-to-day living requirements and to begin to face the early childhood developmental trauma issues they carry as daily baggage. I believe DCF did an amazing thing for myself and my three beautiful children, when they placed us together, two of which came here with me today, but that is where the interest in their wellbeing stopped . . . other than to continuously get involved to ensure my children's safety, there has not been any assistance from the department or the behavioral health network on finding appropriate therapeutic resources for us. As I stand here today we also have now involved an attorney to ensure my third child's rights and mental health needs are properly addressed. She is the one that could not be here with us today, nor can she be at home with us every day right at this time. In working with DCF and voluntary services, my daughter was placed in a residential facility which is actually a behavioral modification facility for delinquent girls and has no knowledge of how to handle a Reactive Attachment Disorder or Complex Post Traumatic Stress Disordered child, and which has effectively locked her up and locked us out.

The state, as evidenced by the list of organizations offering services and being covered by the state and behavioral health network, needs to develop a list of more qualified, trained and experienced therapists. With a therapist knowledgeable and experienced in my daughter's mental health issues I am confident that all of the inpatient stays, psych emergency room visits, and now residential placement would not have been necessary, as all the qualified professionals have established and convinced me with their knowledge of who she is that the only place for her to truly heal is at home, with me, a therapeutic parent under the proper care and tutelage of a developmental trauma and attachment therapist. This is true for me and my children, but I also know there are FAS and Drug Addicted children born, being placed and whose parents are seeking trained, qualified professionals to help them as well. My experience is that obtaining a proper diagnosis is much easier than locating and securing proper treatment for those diagnoses.

There are a number of recognized professional organizations in this country who have readily available, documented criteria for identifying qualified therapists to treat many childhood mental maladies. When these maladies are diagnosed there needs to be a corresponding interest on the part of the behavioral health network to match the families with the appropriate, qualified professionals to treat and heal these children. My children have received countless services, the majority of which were completely ineffective and were actually detrimental to the proper treatment required for my children.

Imagine if your child were diagnosed with bone cancer and the health network would only authorize or pay for you to take your child to physical therapy ~ to ease the pain and the presenting symptoms. The illness that your child carried would then be allowed to grow and fester, and the child knowing they were not feeling better would develop a further distrust of those you would then be taking them to for help and healing. So goes the same for these very bright, but damaged young souls who know they need to get well, but are instead sent to "talk therapists" who do little more than perform the redundant function of asking the children how their day and/or week went and how they might have coped better. Coping skills, one of my daughter's favorite therapeutic terms to hate. She is a high honors student and knows how to cope very well. She knows that it is my job, and one I enjoy doing very much, to ask her how her day and week are going. What she doesn't know is how to unpack her baggage. How to obtain reasons and answers for how she feels about herself, her sister, her brother, her entire biological family, so that she can stop making herself feel better by abusing herself or others. So she can stop carrying around the immense weight of shame for things she had no control over and actually start to lift her head and heart.

Now picture yourself taking your child to these ineffective physical therapy sessions and being repeatedly investigated for abusing your child because they're in pain. In addition to working non-stop to find appropriate care and treatment for your children; in addition to working alongside people who want to help you, but whose job it is not; in addition to constantly educating every new clinician, every new worker, every new school teacher; now you also have to make 78 phone calls to get any kind of response, and the response is complete more paperwork instead of spending time with your children or getting some much needed sleep and then we'll tell you we can't cover it anyway. Locating and getting an appropriate, effective therapist versus a clinician level can be a full time job. Obtaining proper testing and obtaining a psychologist level specialist is many adopted parents greatest unobtainable desire. Picture yourself trying to encourage your children, keep them engaged and involved, and help them understand when you cannot fathom the immense ludicracy and sadness of the entire situation yourself.

A lot like the old Marx Brothers' joke of "doctor, it hurts when I do this", then the doctor says "then don't do that". Just like with a cancer, avoiding the issue is not treating it, nor is treating the symptom getting at the root cause. I don't think you can imagine the life of a child being lived anxiety ridden. Some of us know adults who have succumb to such an existence. A child living like this is unconscionable. I have heard it said by a DCF clinician that children who have experienced developmental trauma may never choose to address their traumatic issues. I do not wish to force any person or child to address their traumatic issues, nor do I wish to argue the obvious truth of that statement, but if we do not present the children, our children, with the properly trained psychologists and psychiatrists that can provide them with the opportunities to unpack that unwanted baggage then they will most definitely not address it. We are turning out these children by the thousands. Look at our sick society ~ drug addicts, alcoholics, children raising children, mentally ill parents ~ and tell me that we can afford not to utilize those trained professionals already among us that can be effective in stopping the cycles.

My children have been through the ringer with talk therapy, and yet they are still interested in receiving help and healing. They can tell you better than I can and most certainly better than any clinician who has not lived with them, who has not attended weekly sessions with them, and who does not love and understand them, that it is possible to regain hope and trust in someone who "gets it". To quote their current, properly trained and effective psychologist "are there any feelings that you have that you don't want to have any longer?" My children emphatically answered yes and have been opening up consistently and continually with every session, and they do feel like they are receiving help and healing. Even after all the years of ineffective therapy, when I say to them now "we've got another appointment with Dr. Kerri Baker tomorrow; they say great, fantastic, yippee, looking forward to it". When I tell you that I have never seen a more effective, knowledgeable, helpful, supportive group than the Attachment Institute of New England, I am speaking from the vast experience of having worked through nearly every resource the behavioral health network currently has to offer, and they are all ineffective. Covered and ineffective, where Dr. Kerri Baker and the Attachment Institute are both effective and uncovered.

As skillful and helpful as Dr. Kerri Baker is, she is a typical clinical psychologist in her maintenance of office hours and corresponding fees. The clock starts and the clock stops each session. Is this group gathered here today aware of the vast nuances and variations that can affect each of our children affected by these mental health maladies? DCF, in the training process for becoming a licensed foster or adoptive parent, teaches you what to watch for in physical and sexual abuse disclosers, because they most frequently occur with the parent(s) in the home; however, they do not train or teach you on what to do next. When a child is ready to open up and share, they do not do so according to anyone's session clock. There DCF is right on, as quite frequently they will continue to share with their parent(s). I would like to point out that the Attachment Institute of New England provides a weekly two hour session with two highly trained therapists, and then they offer additional time as needed specifically that day, and then supportive interaction with the parent(s) via text messages, phone calls and email ~ letters, reports, etc. throughout the week between sessions. They only request the 2-hour fee per week.

In closing I would like to confirm for you that my children can heal, as can the majority of the children currently seeking and needing trained therapeutic providers to be covered by our behavioral health network. They do not have to become burdensome adults.

Respectfully submitted,

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Linda Curtis
Public Comments in front of the BHPOC
April 13, 2011

I have two children that, due to the lack of Behavioral health care for children and families, it has taken me over nine years to even start to get the proper care for my child and get no care for the oldest. We have not been able to find any services that can appropriately provide us with treatment and provide our family with the guidance and support we needed to be a functional family. I am reluctant to go to DCF for voluntary services because of the possibility of ending up in involuntary services/custody loss.

It is important to make Behavioral Health Consultancies more available for treatment as well as other programs that aren't covered more accessible. It should not take this long to find the proper help to utilize, and children and youth should not be falling through the cracks. If we improve it now, we will have more productive young adults heading out into the world instead of crowding our criminal system needlessly. Thank you

Linda Curtis
NAMI Member
Facilitator of Connections of Manchester
In Our Own Voice Presenter
NAMI Manchester Board Member

Testimony before the BHPOC
Re: The Parenting Needs and Rights of Mothers and Fathers with Mental Health Concerns
April 13, 2011
Daryn H. David, Ph.D.

I would like to thank the Behavioral Health Partnership Oversight Council and the Co-chairs of the Appropriations, Public Health, and Human Services Committees for the opportunity to speak here today. My name is Dr. Daryn David, and I am a postdoctoral fellow at the Yale University Program for Recovery and Community Health. For the past two years I have studied the parenting needs, strengths, and rights of individuals diagnosed with severe mental illness. I welcome this opportunity to share with you some results from my work.

Simply put, the parenting needs and rights of individuals diagnosed with mental illness are largely overlooked in Connecticut's behavioral health care system. Mothers are often too afraid to discuss their parenting concerns with mental health providers, out of fear that DCF will be called and their children taken away. These mothers worry that honest conversation about their symptoms or about the needs they share with all parents- such as access to quality child care or effective discipline- will be interpreted as an inherent inability to care for their kids.

Further, our behavioral health system does not systematically evaluate or record whether clients have children or how parenting may inform their sense of identity, self-worth, and recovery. While there are a few notable substance-abuse programs in the state that do integrate parenting needs, by and large the focus in behavioral health remains on individual, diagnostic issues. Parenting status has become the elephant in the therapy room, leaving individuals feeling isolated and unsupported in this role. The failure of service systems to acknowledge parents' relationship with their children also has negative consequences for these children, including shame and loneliness lasting well into adulthood.

Like many people, individuals with mental health concerns often consider parenting to be the most important role in their lives. When service systems fail to recognize this and to provide parenting assistance, the long-term consequences are very costly, including preventable DCF interventions and other state-funded services that must now address intergenerational cycles of pain and hardship.

We need to work first and foremost to embrace the fact that many clients, young adults and older, are in fact parents. Adopting a state-wide policy recognizing the parenting needs and rights of individuals with mental illness would be an important first step. Then, we must develop cost-effective supports that improve outcomes. In numerous interviews with clinicians, staff, and administrators, I heard about the possible benefits of on-site parenting education, resources, and child care (so that parents may have private time with clinicians and therefore increase engagement in their treatment). Supportive parenting pamphlets, similar to these developed for Australia's public mental health centers, can also help. Other possibilities include formalized trainings for staff and increased collaboration among state agencies like DCF and DMHAS to improve family outcomes.

It is time that our clients' identity as patients no longer eclipses their identity as parents. By recognizing the joy and importance that parenting holds for our clients, we can become a much more compassionate, person-centered, and effective behavioral health care system. Thank you.

Michaela I. Fissel **April 12, 2011**

Testimony in support of the BHPs collection of data on families with mental illness

Good morning everyone! My name is Michaela Fissel and I am a 25-year-old graduate student at Central Connecticut State University. Thank you for considering my testimony in support of the BHPs collection of data on families with mental illness.

Every time that I speak and share my story of recovery, as a mother with a diagnosis of bipolar disorder, I am aware of the strong social disapproval that is shared by the majority of individuals who believe that motherhood and mental illness should not be a shared experience. This misconception and stigma is the foundation of custody loss for individuals with serious mental illness.

It was not too long ago that my aptitude for parenting was put on the table for discussion. In 2007, when my son was 1, I attempted suicide. The reason the clinician gave for not contacting DCF was because my mother, a "mentally sound individual", was able to care for my son while I received treatment.

I was trying desperately to reach out for support leading up to my suicide attempt, but it came down to a choice, be a mother or address my emotional distress. I couldn't bring my son to therapy with me because children are not allowed in the room, yet Care 4 Kids only provides assistance for documented work hours. The medication trials I was undergoing made me emotionally unresponsive to my child and when I asked if there was support available for parents receiving services I was given the number for the 211 Info-Line.

Thankfully after I was hospitalized, I was able to locate resources on campus and I began to meet other young people who also have shared experience of parenthood and mental illness; we were able to reach recovery and maintain recovery together. I believe that this is an outcome of peer-support.

Recently, I witnessed discrimination against parents with mental illness directly from the system. During the completion of a DCF social study needed in a termination of parental rights case I opened against my son's father, I was told by the social worker assigned to the case that, "the department recommends that bipolars have a co-guardianship in place for when an episode occurs."

Upon inquiry to the Ombudsmen's office regarding the possible subjectivity and bias of this and other remarks, the social worker defended her statements with my diagnosis. Clearly attempting to invalidate my grievances based on my history of mental illness.

Last summer I completed a statewide report on youth and young adult mental health services. I found that 25 out of the 30 organizations that I interviewed provided services to youth and young adults who have reached parenthood. 18 of those organizations reported that the majority of those same young people were previously or currently within DCF custody themselves, and they also had their children taken away by DCF.

Does it cost less for DCF to remove children and make them life-long wards of the state, promoting the cycle, or to collect data on families and offer a service to parents that will keep families intact?

As a psychology graduate student with extensive training in research, as a consultant within the mental health system that collects data and reports results, I can assure you that there is need for Connecticut to collect data on families with mental illness. The data collected would be a valuable resource to foster systems understanding and competence, along with assisting in the development of services and support for families with mental illness.

michaela.fissel@gmail.com

I am a mother with a mental illness …

Hi, my most important role in life is as a mother of my 16 year old son, Darius. My diagnosis is bi-polar disorder with a seizure disorder. He has a diagnosis of Aspergers Disorder, which is a form of autism. He attends a special education school in Wallingford, High Roads, which is excellent. The Manchester school system referred him there (although I contracted with an attorney to facilitate the process) and is paying for his schooling.

I work full time in a professional position. I also work part time teaching at a local community college. However, with no child support, we are barely making it financially. Money is a huge stressor in our house.

The reason we don't receive child support, is that my son's father threatened to use my mental illness as a tool when my son was a baby to gain custody. He has never lived in this state, and has an unstable history, but he threatened and convinced me I would lose my baby, unless I gave up on the child support. So, I never sought child support.

I have been relatively stable on medication for the past 13 years and have a great psychiatrist.

Recently, my primary employer changed our healthcare plan where I have to pay $4,000 out of pocket before I can utilize the benefits. My son and my medications cost about $1,000 per month. I have dropped two expensive medications that worked very well for me, cymbalta – an antidepressant, and pristiq – an antidepressant, as they cost $500 and $100 per month.

This has had a negative effect on my stability. I am working hard with my doctor to find alternatives.

As a parent, especially when my son was young, there were no respite options so that I could take a break. Often, I begged family members to take him for a few hours so that I could sleep. Currently, I deal with anger, and with my son, who is a teen, I find it hard not to yell at him for a variety of teen behaviors, including laziness, talking back, refusing to go to school sometimes. His perspective is that his mom has issues and the best way to deal with them is for him to help me talk them out. Unfortunately, this parentifies him which I would rather not do. Also unfortunately, often it is just me and him working out my or his problems. Therapy has not worked out for him, and I am too busy to attend regular therapy (plus the cost of it).

I definitely need respite help now. I feel he does not have the opportunity to be a kid with some regular positive attention from his parent. I wish I had more time with him, and that our interactions could be more positive. Like most parents of teens, I am finding that I am arguing with him most of the time, rather than us enjoying each others company.

My needs are respite care and some way to make medical expenses more affordable. If we had these, we would have some breathing space financially and emotionally, and could be a stronger family.

Mary Hill
Public Comment before the BHPOC
April 13, 2011

Good afternoon, Ladies and Gentlemen, BHPOC members and co-chairs, distinguished legislators, and representatives of the Departments of Social Services, Children and Families, and Mental Health and Addiction Services. My Name is Mary Hill. I am a parent, survivor of domestic violence and a former partner to a man with untreated mental illness who unfortunately also abused me and my children.

I am here today not only to tell my story, but to speak up for other families like mine who have not been able to ask for what they may need, without losing custody of their children.

After receiving joint custody following my divorce in 1999, MY LIFE AND THE LIVES OF MY CHILDREN WERE FOREVER CHANGED. My former husband was mentally ill. He was undiagnosed at that time and therefore not in treatment. Unfortunately he was also very violent. He was later diagnosed after being arrested and sent to prison.

It took me many years to obtain DCF Voluntary Services. They told me it wasn't necessary. In 2004, after my son disclosed that he had been abused, he became very violent and suicidal. He spent three years in residential treatment centers. I couldn't handle the fact that the next day my daughter also disclosed abuse. I quit my job and sought help for myself and my family.

I had to ask the ombudsman for help to get my daughter into residential treatment. While out of my care she was unsafe (self-injured), promiscuous and made bad decisions. This was called BAD BEHAVIOR. While in my care she did the same things, but it was then called NEGLECT. For years I asked for trauma services in the community. DCF did not provide the services they needed. Through the BHP they finally received needed services, but it was years too late.

That was when DCF took me to court and took custody of my daughter and protective services moved in. My son became increasingly violent, abusing me and his sister, was arrested and refused to go to school. DCF forced me to have a psychological evaluation by someone they appointed. The results were clearly swayed in their direction and they did not include the balanced assessments of my own therapists, psychiatrists and evaluators. They kept asking "What is your diagnosis?" (In the past it was PTSD, which was recently ruled out by all of my treatment providers. I was also diagnosed with adjustment disorder with mixed emotional features. Basically this means I am dealing with chronic and highly stressful life situations, which manifests with some of the symptoms of anxiety and depression, but not enough to meet the criteria for a diagnosis of either major depressive disorder or an anxiety disorder.) I was charged with NEGLECT. I knew my son needed more help than I could provide and we both needed to be safe. Again, custody was taken away.

I don't understand why a State Agency who claims to (quote)" improve child and family well-being and support and preserve families" (end quote) feels the only way to help my family is to remove them from the NON-offending parent, and have supervised visits, and no phone calls. This action has caused my children to feel I am at fault.

Our case was taken to court where the ATTORNEY GENERAL'S OFFICE stated that "This is clearly a case of special needs." It is and they were deemed "special needs". Both of my children were sexually assaulted by their father and his friends. Both of my children have mental illness brought on by their father. I just requested help for my family. I didn't want them taken from me as if I were the abuser. I am NOT. Having them in a residential treatment center does not mean I don't love them nor does it mean I do not want to be in their lives. I DO.

Isn't there a way to obtain help for their emotional needs and NOT BE CHARGED WITH NEGLECT OR LOSE CUSTODY of the kids I love?

Thank you for listening.