



Senate Committee on Institutions
Office of Legislative Operations
115 State St.
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Good afternoon. My name is Pam McCarthy, and I am the President and CEO of the Vermont Family Network. The mission of Vermont Family Network is to empower and support all Vermont children, youth, and families, especially those with disabilities or special health needs. We do this by giving a strong start, lifting family voices, and advancing inclusive communities. Our vision is that all Vermont children and youth reach their full potential.

I would like to thank this committee for inviting us to speak today. We work with hundreds of families throughout the state, some of whom have children with behavioral and mental health issues. Our staff are parents with lived experience who provide family-to-family support, information, and connection as knowledgeable peers. We know first-hand from working alongside families and in partnership with other mental health-focused organizations that existing barriers to access treatment are monumental and the demand for inpatient treatment facilities has increased greatly over the years. Many families share that Vermont's mental health treatment facilities are not in keeping with what we know about the impact of physical environments on children's mental health, healing, and recovery. To put it simply, our mental health treatment facilities are harsh physical environments. Families report that, at best, they feel like prisons. And at worst, they can limit or even crush an individual's ability to access the treatment they deserve.

I understand that this committee is focused on determining budget support for "bricks and mortar" projects, but it is essential that you have current context for what is happening with Vermont's children to make well-informed decisions. I am here on behalf of families to underscore the need for state of the art, evidence-based treatment facilities for children's mental health.

In short, our children's mental health is on the line, and we are in a crisis in Vermont. Without a doubt, the pandemic has put a spotlight on the issues.

However, any parent or caregiver of a child who has mental health concerns or anybody in the mental health field will tell you that Vermont's crisis in children's mental health is a longstanding issue. Families with children who have mental health challenges often live in a cycle of crisis, sending them into a revolving door of emergency room visits where they sit for days on end and then---maybe---they're able to access a short stay (7-12 days) for stabilization support at a place like Brattleboro Retreat. Then it's back home again, where they may or may not receive support in the home or community. And, if they are receiving support, there is a question as to whether it's the appropriate support, because Vermont's less than optimal investment in our mental health system for children and young adults has resulted in an alarming lack of community-based mental health professionals, including specialists in trauma, crisis intervention, psychiatry, etc. For these families, it's just a matter of time before the cycle repeats itself.

A recent WCAX news report concerning the state's overall emergency room crisis illuminates this cycle. In the report, Brattleboro Retreat stated they had 797 youth admissions in 2019 and that many of them were repeat visitors, for a total of 590 individuals. This tells us that our children are not receiving the intensive care that they need to nurture them back to health, in the facilities or in the community. And we know that for many of these children, the cycle of crisis can become a downhill slide into our corrections system.

As I provide testimony to you today, I am aware of a family who has been waiting to have their child placed in a residential facility since October, following several series of crises. Their child has been in the ER for a total of 31 days and has been at Brattleboro Retreat four times since October. She is unable to access care any place else in part because of policy and in part because we have not built the necessary treatment facilities.

Although families strive to support children through home and community-based services, there can be times in a child's life where intensive mental health care is necessary to becoming healthy and stable. We need to meet mental health needs as responsively as we do other healthcare needs.

There are a host of issues that impact Vermont's ability to fix our broken mental health system and one of them is more investment in unlocked therapeutic treatment facilities that can provide residential and outpatient care. We know from emergent research that the environment of treatment facilities has an impact on the quality of care delivered and the outcomes for patients. For over a decade, there has been a new focus on design that is patient-centered, where care is driven by patients and their families.

We have heard from family members that Vermont's facilities feel claustrophobic, with low ceilings and few windows that allow for natural lighting; dingy, thanks to shabby building materials and furniture; loud, with consistent or frequent noise pollution; and sterile, with little access to or views of nature. Families report that there is either no outdoor view at all, views of cement parking lots, or fencing that effectively blocks views to the outside world.

Research published in the Journal of Environmental Psychology in 2018 indicates that there is evidence-based design to psychiatric units that lowers stress, lessens violent incidents and the need for restraints, and supports the safety of staff and patients. Above all else, Vermont's children and young adults with mental health issues have the right to be treated with the dignity and respect they deserve.

Design elements that have proven to reduce stress featured in the Journal include the following:

- Single patient rooms w/private bathrooms or access to private bathrooms
- Communal areas with comfortable movable seating and ample space to regulate relationship to others
- Design for low-social density
- Noise reduction design choices
- Design for control in patient rooms
- Increased natural light throughout the facility
- Garden accessible space for patients
- Window views of nature
- Nature art
- Communal spaces and bedroom doors that are observable from the central area

This research echoes what we have heard from families for many years, which is that our children's mental health deserves to be treated in positive, comfortable, and nurturing physical environments that support their overall health needs. We understand that there is an important need to observe patients, and that the balance between surveilling patients and their privacy warrants a constant questioning of our policies, procedures, and the physical design of psychiatric facilities. We also understand that behavioral challenges can arise in these settings and create issues around safety, for patients and for staff. But what we're learning is that the design of physical environments does in fact impact mental health and well-being, and therefore behaviors.

On behalf of the families that VFN serves, I hope that you take their input into consideration. I've provided a link to the research at the bottom of my testimony. If you would like to hear more, VFN and our partners are happy to be a resource to your committee and other decision-makers. I truly appreciate your time today.

Thank you.

Ulrich, Roger & Bogren, Lennart & Gardiner, Stuart & Lundin, Stefan. (2018). Psychiatric ward design can reduce aggressive behavior. *Journal of Environmental Psychology*. 57. 10.1016/j.jenvp.2018.05.002.