Testimony

Interim Human Service Committee

Chairperson Hogan

May 10, 2016

Chairperson Hogan, North Dakota Interim Human Service Committee, I am Erin Rocheleau, Transitional Youth Services Clinical Supervisor with Fraser, Ltd. I have become a passionate supporter for mental health care. I graduated from the University of North Dakota in December with a Master's degree in Counseling Psychology with an emphasis in Rehabilitation. I have worked in the human services field for the last eight years. I have experience in both mental health and developmental disabilities. Today in American 1 in 4 adults experience a mental illness and 20% of youth 13-18 experience a serve mental illness according to NAMI (National Association of Mental Illness).

Mental illnesses are common. They can affect anybody, your neighbor, your son, your mother or your brother. I was 12 years old when I first started learning about mental illnesses. My brother was 14 and had his first manic break. He was rushed to the emergency room from our childhood doctor's office and he sat there for 12 hours waiting for a bed. He was then sent to a hospital two hours away. In that hospital the doctors diagnosed him with bipolar disorder which at the time was rare in teenagers. After my brother left the hospital my mother scrambled to get services for him close to home. She had to advocate for him every step of the way. My brother will be turning 30 at the end of this month. He has faced on going struggles with both mental health and chemical dependency. Today he is doing great, living on his own in St. Paul MN. Working part-time and going to school part-time for writing. He just completed his first novel and writes for his school's paper.

Fortunately he has had layers upon layers of healthy family supports. His mother is a speech pathologist who understood the health care system and the education system. She

knew how to advocate for her child's mental health because she often advocated for other children's mental health. Accessing appropriate mental health care was still a struggle for my family, despite our personal network to resources and professionals.

My brother's story began about 15 years ago, since that time the way our society views mental illnesses has changed for the better. More people are recognizing mental health issues and getting treatment. However, funding for mental health services continues to decline, as the need for mental health services increases. Many people continue to struggle getting the services they need when they need it.

In my work as Fraser's Permanent Supportive Housing Clinical Case Manager, I have seen how difficult it is for young adults to access mental health services. The young adults at Fraser's Transitional Youth Services lack healthy support systems. Many of our youth grew up in foster care or residential treatment centers. A majority of our youth have experienced trauma. After building rapport with case managers some are willing to talk about their experience with abuse. Others never feel comfortable disclosing their history of abuse, because of this, there is no way to quantify the exact number of young adults who have experienced trauma. Ninety-one percent of the youth who have lived in our residential programs in the last six month have a mental illness. Thirty-seven percent of those youth have had some sort of mental health related hospitalization in the last six month.

Trying to assist youth in gaining access to basic mental health care has been a challenge, due to the high needs of mental health care and the limited availability of mental health care facilities and professionals. Many of our youth come to us uninsured due to unemployment and chronic homelessness. This creates another barrier to accessing the mental health care they need. Once they do have Medical Assistance they are again faced with a limited number of providers that accept Medical Assistance. I work with one young women who

was suicidal. She attempted to access mental health services on her own. She was turned away because she did not have her ID or insurance card and was unable to advocate for herself. I accompanied her to the psychiatric hospital the next day and explained that she had lost her wallet with her ID and medical card in it. She was immediately admitted after a needs assessment. This illustrates how difficult the mental health care system can be for someone who is experiencing a mental health crisis. As a professional I experience difficulties advocating for my client's needs and understanding how challenging accessing mental health services is for our youth.

The young adults I work with often get frustrated and shut down. They turn to illegal drugs as a way to self-medicate. They become self-destructive and are unable to hold jobs. They may turn to human trafficking as a way to feel supported and fuel their drug addiction. Young adults with a mental illness who are unable to get the services they need often turn to crime and violence. The prison system in the United States is our largest mental health facility.

We can help young adults avoid crime, stay out of jail, and prevent further trauma by supporting funding for mental health in North Dakota. Mental health issues are not a faraway problem. They are as prevalent as other medical issues such as diabetes, heart disease, and cancer. We need to work together as a state to help our residents who experience mental illness every day. Increased funding for community mental health services is crucial to having a safe, healthy, and vibrant North Dakota. This concludes my testimony, may I answer any questions?

Erin Rocheleau, MA

Fraser, Ltd.