

Health and Human Services Committee members:

I submit this testimony in support of LD118

This bill begins to deal with a problem that has become a monstrous reality in the lives of our states' most vulnerable children and teens. I urge you all to support this simple measure to collect information so that we may begin to do better for the children of Maine.

I began my career as a fully fledged Child and Adolescent Psychiatrist at St. Mary's Regional Medical Center in Lewiston during the summer of 2014. Over the past six years I have been treating children and teens at the hospital inpatient unit at St. Mary's and I now serve as medical director for pediatric behavioral services in the St. Mary's system. Part of my role is to oversee the behavioral health care of children in the Emergency Department.

I have been a mental health physician (psychiatrist) in Maine for twelve years including my resident physician training at Maine Medical Center in Portland. During the past twelve years I have witnessed a tremendous change in our mental health system. To put it simply, the system of care has been eroding from all sides. At the same time, the need for mental health treatment among youths has risen. I will leave it to others to present you with facts and figures to support these claims. I simply wish to provide you with my perspective as a physician who works with psychiatrically hospitalized youths every day.

Maine's youth mental health system has historically been composed of many levels of care with hospitals representing the top layer and serving the fewest, most acutely ill kids. On the other end of the system is outpatient care, composed of regular office visits with medical providers and therapists. Between these levels of care we have had a spectrum of services in the past including intensive outpatient services, partial hospital programs, home and community treatment, assertive community treatment, residential care and crisis stabilization units. For the most part the two extremes of inpatient care and outpatient care have held reasonably steady. But, during my career I have watched the gradual loss of everything in between.

One result from the erosion of our youth mental healthcare spectrum has been that some children get stranded in emergency departments (EDs) for days, weeks and even months! A small number of youths arrive in EDs and cannot safely be discharged to the community while at the same time cannot be admitted to hospitals. They require services in between inpatient and outpatient care which are too often unavailable. These youths sometimes must simply wait in the ED until the resources become available. Cases like this are complex and require extensive knowledge of children's mental health to understand.

We simply need to be collecting data about this worsening problem. LD 118 will provide a pathway that we can use to better understand this complex, statewide issue. From there it will be possible to generate solutions to meet the needs of children and families suffering without the right level of care.

I thank you for your time in considering my testimony and urge you to support this bill.

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