

Emailed to
phtestimony@cga.ct.gov

Dear Senator, Abrams, Representative Steinberg, Senator Anwar, Senator Kushner, Representative Gilchrest, Senator Hwang, Senator Somers, and Honorable Members of the Public Health Committee:

I am grateful for this opportunity to present written testimony on **SB1 An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.**

My name is Carolyn Franzen PhD, LMFT, I am a marriage and family therapist with the School Based Health Center that is located at Windham High School. The School Based Health Center is part of the fabric of the Windham community. We are part of the intentional system that functions to equalize comprehensive access to mental, behavioral and physical health care in a community that is often besieged with the impact of poverty, complex trauma, structural violence, and systemic racism. We know that for students living with the impact of adverse childhood experiences to succeed, School Based Health Centers need to provide important resources to promoting hope, resiliency, health, and connection to that students can thrive.

The COVID-19 pandemic has tested SBHCs. In communities where we are already fighting to bridge healthcare disparities, the pandemic has raised the stakes. We needed to adjust our work to meet the new challenges.

The isolation connected with the pandemic has taken an emotional toll on everyone – but it has been especially demoralizing for teenagers. The COVID-19 pandemic with physical and social distancing, increased isolation, changes in relationship, worries for family and friends' health, and the complexity of schooling remotely, have all contributed toward increased anxiety and some despair.

Kids feel the weight and impact of the pandemic in ways that we may not fully yet understand. There's the loss of missed experiences. They miss experiences that were taken for granted: like homecoming dance, attending classes, sports, activities, hanging out with friends, going to Walmart, getting a haircut not at the kitchen table, and all the funny things that go along with being in a school packed with other teenagers. Grief often looks different in teenagers than it does in adults. It's not uncommon for teenagers to express sadness or grief as: irritability, anxiety, anger, frustration, or inability to focus. These things also directly impact physical health and academic success.

SBHCs were poised to meet these challenges. For example, since we are located within schools we work with school staff to build resilience, connection, and relational hope with school teams to prevent and attend to staff compassion fatigue. We shifted our therapeutic treatment models

from physical school offices to telehealth platforms. We made videos to support parents and offer resources. We taught in remote learning health classes. And we initiated remote “mental health drop-in groups” for whole school communities.

Yet the work is just beginning. The impact of the pandemic has been acutely felt by the communities where SBHCs are located. The effect of the pandemic will be visible in our students long after every person has been vaccinated. **Now, more than ever before, we need equalizing comprehensive access to mental, behavioral and physical health care.**

Respectful submitted,

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