

I am Elizabeth Oakleaf, I am writing in support of LD 674, "An Act to Support Early Interventions and Treatment of Mental Health Disorders."

I am a parent of a young adult who began to develop mental health issues in high school. As is often the case, it was unclear to me there was something beyond the normal range of developmental issues and life stressors. Changes in my daughter took place over time, for example a growing lack of trust in others, some confusion about simple things and suddenly deciding to drive across country the spring of her freshman year in college. She ended up asking me for help. I spent two weeks in California getting supports in place for her. The day before I was supposed to leave, she was sobbing, she told me I did not understand that her brain was not working the way it used to. I called the mental health hotline on my insurance card. We spoke with a psychiatric nurse, who after a long conversation, suggested I take her home so she would have family supports while finding help.

My daughter graduated 3rd in her high school class, she wanted to be a doctor, she did not drink or use drugs. Her behaviors had changed, she had odd thoughts, fears and paranoia that were getting worse. The quickest option was to see her PCP who diagnosed her with bipolar disorder and referred her to a psychiatrist, who had 272 patients on her caseload, room for an appointment every three months and didn't respond to phone calls. I called 34 therapists who were either full or did not feel equipped to offer services to my daughter. The last therapist I spoke with recommended the PIER program.

Fourteen years later, I believe the PIER program was instrumental in delivering the mental health resources that provided a foundation for a better future for my daughter. I can tell you it was not easy; it took a long time with many bumps in the road. My daughter worked with the psychiatrist on her medication needs, she worked with the therapist on her emotional issues, and she worked with the vocational specialist to get accommodations at school. We attended the PIER program multi-family group which offers problem solving skills to families and their loved ones. I must tell you she had been to providers in the past who assume parents are a part of the problem; it was a relief that the PIER program involves families as a part of the solution, which makes a real difference.

It does take a village, it takes a team of people that provides coordinated care, rather than a psychiatrist at one office, a therapist at another and most likely no peer or vocational supports. These young people also need their families to be a part of their team. The PIER program's coordinated level of care supports the young adult and their family to learn together how to manage and get ahead of these illnesses. The PIER program provides a robust level of care that the standard model does not provide. Coordinated care matters because time matters. Early intervention with coordinated care has been proven to alter the trajectory of these illnesses, this combination allows us to get ahead of the damage that might be done to the brains of these young people. We can support them in taking steps to better manage their illness, to prevent it from worsening, and work to prevent multiple hospitalizations. A coordinated level of mental health care can reduce the ongoing burden of mental illness for the person, their family and society.

For full disclosure, as a result of my experiences I went back to school, earned a master's in social work, then my LCSW and am currently working at Spring Harbor Psychiatric Hospital as a Family Navigator. Over the last 5 & 1/2 years, I have supported several thousand families of inpatient loved ones. I am familiar with their struggles; I know how the system is still failing many young people and their families. So, I am asking you to please support LD 674 to help these young people so they can have a better future. Thank you for your time and attention.

Elizabeth Oakleaf
Falmouth

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