Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Elias Peirce and I'm here to today to testify in strong support of LD 674, "An Act to Support Early Intervention and Treatment of Psychotic Disorders."

Having received the coordinated care for psychosis detailed in the proposal, I can say without a doubt that I owe my life to early intervention.

Eighteen months ago, spurred by an onslaught of intrusive, unwanted thoughts, I checked myself into Spring Harbor Acute Care Psychiatric Ward, worried that I would kill myself. My speech had slowed, wending its way with pent up intensity through thickets of peripherally relevant thoughts, and I shook uncontrollably. Most of the time I didn't say anything at all. The previous night I had spent eight hours trying to write the college recommendations I'd committed to sending. I maybe wrote two paragraphs. I had always been a strong student—I received a prestigious scholarship that funded my private school education, and I won a departmental award for a story I wrote as a senior at Bowdoin College. Losing my grip on language was unnerving, but not nearly as unnerving as the violence with which worries pinged around my head. One night in the hospital, I awoke in the middle of a panic attack that raised my body temperature more than a degree.

I had certainly shot myself in the foot before by overthinking, but this was an unprecedented revolt of my brain against itself. I left the hospital with a diagnosis of anxiety-induced psychosis, depression, and OCD. I had very little control over where my thoughts landed at any given moment.

The team at PIER helped me take back that control. Through a targeted effort that included cognitive behavioral therapy, counseling, exercise, family meetings, multi-family problem-solving sessions, and medication, I began, painfully slowly, to reinhabit my old wit and logic. It was many days before I laughed, a pained bark foreign to my ears; it was months after that that I finally internalized the truth that sometimes the most profound response from a problem is to look away. Not everything can be figured out. With the help of my therapists, I learned that it is often easier to act one's way into new thought patterns than to think one‘s way into new ways of acting. The body, as they say, keeps the score, even when the mind has gone out to lunch, so to speak.

The moment when I got the results of my neuropsychological evaluation, nearly six months after I left the hospital, was among the most validating moments of my life. There it was, laid out in front of me by a professional with years of experience: something was wrong with my brain. I have PIER to thank that when she told me I likely would never know exactly why—the years before my episode of psychosis had been marked by Dengue fever's seemingly inescapable fatigue, two possible concussions, a moped accident in which I hit a sixty-five year old woman walking in the middle of an unlit road at night, and a relationship that forced me to confront my issues with emotional honesty—I accepted the ambiguity and moved on.

More than a year after my evaluation, I am in a committed relationship with a woman I plan to marry. I had the best season of rock climbing of my life last fall, and I was just accepted to my first artist residency, where I plan to write fiction in collaboration with a local artist who I have known since high school.

There's no doubt in my mind that the facets characteristic of coordinated care made my recovery possible. My providers' communication with each other, with my parents, and with my future caregivers after I transitioned out of the program created an environment of trust, transparency, and powerful action that swept me off my feet. It's hard to fall when your safety net is a mile wide.

Even though I feel like a different person now than when I started at PIER—and the differences are pronounced; sometimes I wish my parents had filmed me during one of our nightly, meandering conversations, back hunched and jaw clenched in hypervigilant introspection, just so I could see how it looked from the outside—walking into 66 Bramhall St. still feels like a coming home. I'm confident it always will.

Expanding access to coordinated care for early psychosis would make radical change in the lives of Mainers living on the fringes of themselves. Coordinated care creates community in the face of crushing loneliness, hope in the face of fear, and time in the face of moments collapsing in on themselves with brutal gravity. It's a long life. Please let coordinated care help those with early psychosis live theirs.

Thank you for your time and I would be happy to answer any questions you may have.