

Linda Diaz
309 Gadwall Court
Havre De Grace, MD 21078
linda.diaz@laurynslawinc.com

Testimony in Support of SB0611 Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)

Greetings Chairwoman Kelley, Vice Chair Feldman and Committee Members:

First I would to thank you, for this opportunity to submit testimony on behalf of Senate Bill 611. As a voice for youth in Maryland, I would like to share incidents, in support of this critical life-saving bill.

I am a suicide loss survivor of my youngest daughter, Lauryn Santiago. My daughter was born, raised and died a Prince Georges County, MD resident. Lauryn was beautiful, loving and one of the kindest children that a mother could ever dream of raising.

Lauryn turned 15 years old on January 26, 2013 but died of suicide, after relentless bullying, on February 16, 2013. This tragedy was a traumatic event, for her friends.

Since my daughter's suicide, I have become an advocate in Mental Health awareness for our youth as well as a confidant. As I continue to understand our kids, I see the immense fear of reaching out to anyone, for assistance, including their parents. Fear, shame and embarrassment is what children feel, when ***Risk Factors** become their everyday life. Within a year and half after Lauryn's death, multiple of her friends became depressed and attempted suicide. Through helping my daughter's friends, word spread and other youth reached out, for ways to receive help with their struggles. Below are some examples:

Youth 1: was diagnosed and received a prescription for Depression but because the mother did not like the listed side effects, the prescription was never filled. This youth struggled for 3 years through High School and after a second close call, this youth was hospitalized, again. This time the youth was almost 18 years old and did not need their mother's approval to fill the prescription or to see the clinician.

Youth 2: attempted twice because the youth could not communicate their pain or struggle nor did the parents understand their child needed professional help. This youth's parents just thought their child was suffering typical teenage growing pains and nothing more.

Youth 3: was being bullied for her weight and appearance. This youth starved themselves to the point where their heart would stop as they slept. As this youth was in the hospital, the caregivers asked their child not talk openly to anyone about the mental diagnosis, even though they felt they could help save others. This caused the youth added stress and depression.

Youth 4: struggled through high school with the pressure of doing well to achieve a scholarship. This youth could barely stay above water and felt like they were drowning with depression. The caregivers did not believe in talking to outsiders and did not believe their youth needed professional help.

Results of each youth: As the advocate for each of the above youth, they were finally able to receive the professional care they needed. Two (2) are in college. One (1) is taking a gap year from college and one (1) is serving in the military.

It is has become clear that our youth will show a lack of interest in school, home and sports because they are being told not to talk to anyone about their "family business" or asked "not to let anyone know you are depressed or people will think you are crazy" Without the proper help, Depression takes over and children will exacerbate their Depression alone, increasing Suicidal Ideations.

Please support **SB 611: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative)**. My daughter as well as the hundreds of other children lost to Depression, in Maryland, could have been saved if they knew they had a choice outside of their caregivers or school. Please save another family from this lifetime of pain. Thank you for your consideration.

Risk Factors / Stressors / Triggers

- Family history of suicide
- Divorce
- Sexual assault/Molestation
- Family history of child maltreatment/Abuse
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Teen dating abuse
- Death or loss of a loved one
- Change in environment / Homelessness
- Isolation or loss of friends/Being cut off from other people
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Incarceration
- Domestic Violence
- Classmate Suicide
- Bullying