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Testimony in Support of **SB0041/HB0132: Mental-Emotional Disorders Consent Bill**

Greetings Chairwoman Pendergrass, Vice Chair Pena-Melnyk and Committee Members:

First I would to thank you, for this opportunity to submit testimony on behalf of **House Bill 132**. As a voice for youth in Maryland, I would like to share incidents, which would support the need for 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. My daughter's death triggered the ripple effect of suicide like fire, amongst my daughters' friends, which lead these children to me for help and on the road to Youth Mental Health Advocacy.

As an advocate, I witness the immense turmoil of youth reaching out to parents, friends, family or adults, for assistance. Fear, shame and embarrassment is what children are made to feel, when ***Risk Factors** (listed at the bottom) forces youth to live in silence. Parents/Caregivers also add to stress of silence on youth as they do not want their child labeled as mentally ill so they "FORCE" youth never to mention their private business or their illness outside the home, even to friends or other family.

Below are some examples:

Youth 1: was diagnosed and received a prescription for Depression after the first suicide attempt but because the mother did not like the listed side effects, the prescription was never filled nor any further therapy. This youth struggled for 3 years through High School and after a second suicide attempt, 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 at 13 years old because the youth could not communicate their pain or struggle against bullying as well as suicide loss of a friend, 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. This youth's friends reached out to me through social media in order to help the child in crisis. I was able to reach out to the youth as well as the parents to assist with resources.

Youth 3: 15 years old, was being bullied for their weight and appearance and developed an eating disorder. The parents complimented the weight loss so the youth never mentioned their struggle or pain from bullying. A family friend noticed signs from my advocacy and reached out to me to speak with the youth. With the youth's OK, we explained what was going with the parents for help just in time as the weight loss drastically dropped the youth's heart rate at rest and was hospitalized. After the youth received care and therapy but the caregivers asked their child NOT to speak 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 developed generalized anxiety due to this family pressure. The caregivers did not believe in talking to outsiders about private family matters and did not believe their youth needed professional help. This youth was not able to seek help until she was 18.

Youth 5: February 2019, a 7 year old, was being bullied in and outside of school by another 7 year old. The bully told the other child they are fat, ugly, no one liked them and to go home and kill themselves. When the child got to school the next day, the bully asked the child "**Why are you here? Didn't I tell you to go home and kill yourself?**" The stress from the bullying caused the child's grades to drop and they were also being punished by the parents. The child believed the school nor the parents cared about them and suffered in

silence. The child wrote a suicide note in the back of her school agenda book. The teacher happened to find it and that is when the parents were notified. (The parents were not abusive at all but just told the child they could not attend a birthday event because of the failing grades) Suicide note attached.

Youth 6: A 13 year old school student during COVID restrictions became overwhelmed with depression as both parents worked and they became the caregiver for the 3 younger siblings. The youth prepared breakfast, got the siblings ready for Virtual Learning, prepared lunch, prepared dinner all while attempting to attend their own virtual schooling. The youth was able to reach out to a youth advocate and seek help for depression and PTS due to the stress of becoming a “make shift single parent” with 3 children.

Youth 7: A 15 year old became overwhelmed during COVID as he was a Border Child sent to the states alone with no family to live with strangers. The youth was alone in USA with no parents or siblings. The youth could not communicate with school or the caregivers in order to share what they were feeling. This youth ran away as the only resort to get help before contacting 911. The youth was not a criminal nor behaving badly but suffering from PTS and Depression as a result of the experienced trauma of crossing the border alone.

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 for a mental break and one (1) is serving in the military. Two (2) received help during COVID and continue to thrive in healing their mental health. I worked with the school and the family on the bullying as well as therapy for the child, who was diagnosed with PTS and is still in therapy.

It is has become clear that our youth are exposed to many “**Risk Factors**” which increases a lack of interest in school, home and sports. In attempts to express their anxiety, youth cannot truly say how they feel or when they do, they are often met with below statements from parents or adults:

1. What are you stressed about? You are not old enough to be stressed!
2. Don't mark that on your sports information or they will think you are crazy?
3. My child is not going to be labeled!
4. Therapy is too expensive so you will not be going!
5. I don't like the side effects of depression medication so I never gave it to them (after an attempt)
6. The medication is too expensive so I am not buying it.
7. Youth are being told not to talk to anyone about their “family business”

Mental illness does not always begin when a person becomes a Teenager. Without the proper help or diagnosis the suffering in silence will exacerbate Depression in youth, causing increased Suicidal Ideations well into adulthood.

Please support **SB0041/HB0132: Mental-Emotional Disorders Consent Bill** My daughter, as well as the hundreds of other children lost to Depression, in Maryland, could have been saved if they knew or had a “**Resource**” or “**Youth Mental Health Advocate**” outside of their home or even school, so they could feel safe to just talk. 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