

**Testimony of Creighton Taylor**  
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Mental Health Awareness Advocate

Before the Committee on Health and Human Services  
In strong support of LD 1737, "An Act to Preserve  
Medication Management for Persons with Mental Health Needs"

February 7, 2018

I am the parent of an adult child with serious mental illness. Since our lives were forever changed by his diagnosis of schizophrenia eleven years ago, I have been actively involved in working to improve the delivery of mental health care in the state of Maine.

When our son first became ill I asked someone for advice about what I needed to know as we tried to get him the help he so desperately needed. Her answer: "The system is broken." At the time, I didn't know what she meant, but I soon did. Now, after eleven years of advocating for those with mental illness, and struggling to get our son the care he needed, I sadly have to say that nothing has really changed. It continues to be a flawed system.

Let me be clear: my son received excellent care when he was hospitalized in 2009 and again in 2015. I am grateful to everyone involved (psychiatrists, nurses, psych techs, social workers, hospital administrators, public officials, etc.). The problem is in the delivery of this care.

We have a long way to go in terms of improving the timely access to services when people transition from inpatient to outpatient services. In short, *time is of the essence*.

In our case, our son was ready and willing to receive outpatient services after a two-week stay at Spring Harbor Hospital. He was cooperative and willing to take meds. But when he was discharged, he had to wait 11 days for his intake appointment at McGeachey Hall. For someone who is still acutely ill, this is effectively a lifetime.

The next date of service after that was 7 days later (with a time slot that was accidentally double booked, meaning he only had a 15 minute appointment);

following that brief appointment, dates of service ranged from 34, 28, 49, and 27 days between scheduled sessions.

If you think of mental illness as a spectrum of brain disorders, from mild to severe, his diagnosis puts him at the extreme end of the most seriously ill, and yet he had to wait 11 days to see a psychiatrist (and then only for 30 minutes). This is unacceptable.

Sadly, with these long gaps in service my son lost the motivation to stick with it, and because he didn't feel like he mattered (due to inconsistent appointment times, different doctors being present at each meeting, etc.) he stopped seeing his assigned psychiatrist, and quit taking meds.

The system failed him. We had a small window of opportunity to engage him and help to keep him on the path to recovery, and we lost it. Watching this opportunity slip through our fingers was devastating. I knew time was of the essence and although I did my best to advocate for him, it was to no avail. That was three years ago and he has not been in treatment since then.

We can and must do better. So I will say it again: "*Time is of the essence.*" We lost that opportunity for my son, but I want others to have a different experience.

If you want positive outcomes (and less costs associated with multiple hospitalizations, etc.) I am asking you to support LD 1737. Passage would mean that those afflicted with mental illness have an opportunity to receive the care they deserve and need when they need it most. Thank you.