TO: House Committee on Health Care

FR: Laurie Mulhern
Mental Health Advocate, Bennington

RE: Mental Health Advocacy Day

DATE: January 29, 2025

Good morning. My name is Laurie Mulhern and I live in Bennington, Vermont. I've been married for 38 years, and I'm the parent of three children, two of which have disabilities. It's a pleasure to see you all here today. Thank you for the opportunity to testify.

My mental health journey began at an early age. I was one of six children, the first two being from my mother's first marriage, and the last four from her second. I grew up knowing very little about my eldest half-brother as he was sent to live with our grandparents when I was young and was told it was due to his unmanageable behavior. His visits over the years were always quite memorable to me. Despite my desire to be close, he treated all of his other younger siblings with nothing but contempt. It wasn't until I was much older that I learned he was sent away because he tried to smother our youngest sibling with a pillow. Eventually, he was diagnosed with narcissism and paranoid schizophrenia. He refused to accept treatment and burdened our mother with his on-demand need for support, requiring my mother to spend long hours on the phone each week. In an effort to provide my mother some respite, I would be her substitute, often providing as much as five hours of phone support during a psychotic episode where he claimed that women talked in code and someone was stealing medication out of his home.

My half-brother was so belligerent toward healthcare providers, they would often refuse to treat him, making continuity of care nearly impossible. Over the years, his symptoms increased and included an attempt to harm himself in front of our mother; a SWAT team visit to our family home when my mother and I were on vacation after he shut the door on a police officer who was simply doing a welfare check at the request of one of his friends. After he moved to Florida, we were forced to initiate the Baker Act after receiving multiple phone calls from neighbors describing his erratic behavior and delusions. He was released after just three days.

As a child, my father was often away on business leaving my mother in charge. She was strict, and we worked very hard to please her and meet her expectations. I loved my parents very much. However, I never realized that my mother was unkind even when beaten and told that she wished she had drowned us all in the toilet.

Between middle and high school, I lost two close friends to different blood diseases; two friends to suicide, and another from an epileptic seizure.

Back then, there was no such thing as school counselors to help us when our classmates died. Families didn't talk about mental health, or even discussed a family member's need for psychiatric services. Mental health services for children were nonexistent. The stigma associated with mental health diagnoses was overwhelming, and the horrific misperceptions associated with a diagnosis of schizophrenia often resulted in the entire family being ostracized from friends, relatives, and their community.

Growing up as a tall, big girl, I can assure you that there was no one to talk to about the bullying and discrimination I experienced. There was no one to help me process the feelings of rejection not only from my eldest half-brother and mother, but from my other brother who would drive past me as I walked home from school in the snow and ice, and told me never to tell anyone that we were related. To be honest, I never really never gave any of my childhood experiences much thought because to me, it was all normal. That's what I thought, until I learned about Adverse Childhood Experiences (ACEs) and the impact they can have throughout one's lifetime.

As a parent of two children with disabilities and mental health diagnoses, I attended workshops, seminars, conferences, and training to educate myself, learn the terminology, and understand how these diagnoses and deficits impacted their ability to develop, learn, communicate, work, maintain interpersonal relationships and live independently. For twelve years, while working full-time and sometimes at two jobs, I attended weekly co-counseling sessions to ensure our children had access to the best possible psychiatric care we could provide, and throughout their development when they, and we needed it most.

Having grown up without mental health services available, I can attest to the value these services can bring to a family. We feel fortunate that we've been able to access mental health and other services across the State in support of our children and family. However, the same cannot be said for other families living in Vermont. As a member of various boards and committees for many years providing family voice into the system of care, I've heard countless stories shared by individuals who experienced severe childhood trauma, often leading to addiction, sexual abuse, incarceration and suicide. I've listened to families describe the barriers preventing them from accessing appropriate mental health care such as generational poverty, economic discrimination, lack of providers, cost of insurance/copays, no transportation, homelessness, etc.

Therefore, I would like to ask that you please continue to listen to the families in Vermont share their stories and support them by doing what you can to increase the funding for mental health services so that all families can access the care they need.

Thank you for your time and consideration.