

Testimony of Tiffany Martinez
Senate Committee on Health, Education, Labor and Pensions
Examining Mental Health Trends: Treatment Options and Trends

Tuesday, February 25, 2014

Good morning, Chairman Harkin, Ranking Member Alexander and members of the Committee.

Thank you for the opportunity to share my story with you today.

My name is Tiffany Martinez. I am currently finishing up a masters of nursing program at the University of Southern Maine, studying to become a psychiatric nurse practitioner. I also work as a nurse at a local prison and at a program that serves adults with developmental and behavioral challenges.

When I meet people today, they see me as a hard-working young adult with friends and a full life. It's hard for my classmates and colleagues to believe that I struggled with mental illness.

There was a time too, when I would not have imagined that I would be able to sit here today and share my story.

In 2005, at the age of 17, I started to exhibit early signs of psychosis. At first, they were very subtle signs – depression, withdrawing from friends, and feeling that something wasn't right.

When I began my freshman year at the University of Southern Maine, the signs intensified. My mind started playing tricks on me. I would see shadows and hear noises: I would believe someone was whispering in my ear when there was no one next to me.

Eventually, the symptoms interfered with my daily life. I had always been a good student, but I started to struggle academically and have bizarre thoughts that seemed logical to me. I would fear that the tall trees in the courtyard outside my dorm would fall on me. Over time, just leaving my dorm room became difficult. I began having thoughts of hurting myself. Fortunately, my aunt and friends from school recognized that something was wrong. They encouraged me to go to the university health center.

This was a very hard step. I was a young adult. I didn't want to admit I had a problem and needed help. I was scared, confused, and embarrassed. I didn't know how to begin to verbalize all that I was experiencing.

But the school nurse quickly recognized that I needed immediate help. She had recently attended a seminar conducted by a staff member of PIER. PIER stands for the Portland Identification and Early Referral program and it is based at the Maine Medical Center. The nurse was trained to recognize the early signs of psychosis, such as patients seeing or hearing things that are not there; having persistent illogical or irrational thoughts that do not disappear; and being unable to think straight, focus, or speak coherently. After she met with me, she referred me to PIER for an evaluation.

Within just one week of my referral to PIER, I received a more in-depth screening and entered into a comprehensive treatment program that included counseling, psychoeducational support, and medication.

When they told me I was experiencing early signs of psychosis, I became terrified. I have a dad with schizophrenia so I knew what that could mean. He has a hard time functioning and is homeless. I thought my life was over.

Fortunately, the PIER program was the right option for me. The program is structured to be patient centered and supportive. The staff kept me engaged in my care and on the road to recovery, even when things got bumpy.

I learned early in treatment about early psychosis symptoms and how to deal with them, as well as coping skills to reduce stress.

I met with a counselor and psychiatrist who let me recover at my own pace. A nurse also provided care for me early in the program to track vital signs and other physical conditions. The extreme paranoia I experienced made it hard to trust anyone, but I never felt judged by my clinical team. They understood when I was overwhelmed and couldn't do anything on my own. When I first started treatment and could not leave my dorm room, my counselor picked me up and took me to appointments.

The strong support I received helped me form a connection that built trust and kept me on a path to recovery.

I was also prescribed medication that helped control my symptoms and enabled me to function day-to-day. I resisted this part of treatment. But instead of forcing me to take my medication, my doctor acted more like a partner. He listened to my concerns and carefully answered my questions. When I took medication, he asked me about side effects and how I was feeling. He would regularly check up on me to make sure I was keeping to my medication schedule.

And after consulting with my doctor and evaluating my progress, I ended use of the medication in 2009. I have not needed them since.

One of the key things PIER did to make sure my recovery would be successful was incorporate my family. My immediate family lived about 4 hours away from the university, so it was hard for them to participate in my care. The PIER team engaged my cousin, who lived nearby, to play a role in my treatment. PIER educated my family about my condition and taught them how to respond.

PIER also worked with the university to make sure I could stay in school and complete my degree. Thanks to those efforts, the university helped me manage my workload and deadlines so that I could continue going to classes while in treatment.

I also became involved with the multicultural center at the university. This allowed me to stay connected to my Native American heritage. I lived on a reservation from the time I was 6 until I left for college; the

Native American culture is a large part of who I am. During my recovery, participating in activities that were familiar helped me begin to feel normal and like myself.

The PIER program not only changed my life, it SAVED my life. I am one of the lucky ones. I had access to a program that could intervene early and help me before my condition got worse. As I know too well after witnessing my father's experience, not everyone has the opportunity I was given.

I wouldn't be here today if it weren't for a program like PIER. I want you to know that programs like this can make a tremendous difference to people's lives and their futures.

A few years after I became involved with PIER, the Robert Wood Johnson Foundation recognized the promise of a program that focused on treating young people before they experience their first full-blown psychotic episode. Building on the PIER model, the Foundation invested in the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP). They funded five diverse sites around the country – California, Oregon, New York, New Mexico, and Michigan – to collect solid evidence on the effects of early intervention for mental illness. The program continues to expand in Oregon and California. Other states have shown interest in implementing the program.

I urge the Committee to consider how these programs can be made available to more people. Through my own studies to become a nurse practitioner, my colleagues and classmates are interested in programs that help them recognize the early warning signs so they too can prevent people from developing early problems.

Nine years after I was first referred to PIER, I am proof that early intervention works. Mental illness is a disease. With early intervention, it can be managed and treated. If this was cancer, we wouldn't wait to prevent it if we could. Why do we treat a disease like mental illness any different?

I thank the Committee for inviting me here today and for holding this hearing on such an important issue.