

Committee on Health and Human Services
Testimony in Support of H 7919
Submitted by Iva Liu
March 11, 2026

Introduction

My name is Iva Liu. I'm a Team USA Debater and a youth mental health advocate fighting to improve access to timely and appropriate mental health care for youth. I met with Representative Furtado in January to propose my idea that has turned into H 7919: creating one centralized, plain-language document to help parents navigate the youth mental health system.

Problem

Rhode Island is facing an unprecedented youth mental health crisis. Psychiatric hospitalizations have increased by 125%,¹ and suicide is now the second leading cause of death for teenagers.² 36% of youth in the state who need mental health treatment report being unable to obtain care.³

One of the most dangerous drivers of this crisis is that most parents have no idea how to navigate the youth mental health system—a system with dozens of complicated treatment types, services, and providers that even mental health experts struggle to understand.⁴ When trying to determine what treatment option is appropriate for their child, parents often encounter 12 to 15 different websites, each offering different advice or even contradictory information.

Thus, because there is no clear, plain-language roadmap telling them what to do, where to go, what could have been a manageable crisis often turns into a chronic condition⁵ or psychiatric emergency.⁶ And even small delays in mental health treatment can raise mortality risk by 50%,⁷ as well as the risk that adolescents end up in the juvenile justice system⁸ or later experience homelessness⁹ because their conditions were never treated quickly or properly.

Personal Experience

I started all of this work because of the parents. I met a single mother, Denise Romero, who quit her job to try to find help for her 13-year-old son, Aiden. She spent hours every day calling insurance companies, trying to teach herself how the system worked and figure out what type of help her son needed. One month, he attempted suicide three times and, in a psychotic rage,

¹ Clarify Health Institute (2023). "The Kids Are Not Alright." *Clarify Health*.
<https://clarifyhealth.com/insights/institute/briefs/the-kids-are-not-alright-2023>

² Centers for Disease Control and Prevention (2025). "Facts About Suicide." *CDC*

³ Blue Cross of Rhode Island (2023). "RI Youth are in Crisis – We Must Act Now & Together." *BCBSRI*.
<https://pt.bcsri.com/newsroom/viewpoints/ri-youth-are-crisis-we-must-act-now-together>

⁴ Leung, Brenda, et al. (2021). "Working with parents of children with complex mental health issues to improve care: A qualitative inquiry." *NIH*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9667073/>

⁵ McLaughlin, Catherine (2004). "Delays in Treatment for Mental Disorders and Health Insurance Coverage." *NIH*.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC1361004/>

⁶ Hudgins, Joel et al. (2025). "Changes in Behavioral Health Visits, Operations, and Boarding in a Pediatric Emergency Department." *Annals of Emergency Medicine*. <https://doi.org/10.1016/j.annemergmed.2024.10.017>

⁷ Nicks, B. A., & Manthey, D. M. (2012). "The impact of psychiatric patient boarding in emergency departments." *Emergency Medicine International*. Article 360308. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3408670/>

⁸ Lamb, Richard and Linda E. Weinberger (2005). "The Shift of Psychiatric Inpatient Care From Hospitals to Jails and Prisons." *Journal of the American Academy of Psychiatry and the Law*. <https://pubmed.ncbi.nlm.nih.gov/16394231/>

⁹ Markowitz, Fred (2006). "Psychiatric Hospital Capacity, Homelessness, and Crime and Arrest Rates." *Criminology*.
<https://doi.org/10.1111/j.1745-9125.2006.00042.x>

fractured her skull. She told me she was terrified for her own life, that her angel son had become someone she could not even recognize.

Denise told me the system didn't just abandon her; it blamed her. Schools dismissed her son as a lost cause. Agencies told her to just sedate him. When she knocked on neighbors' doors, begging for help, they slammed the door shut and said they wished she would die so her son would finally leave. Her family turned away, her friends disappeared, and insurance agents demeaned her. Everyone made her feel like a failure when she was simply a mother fighting for her child's life.

When the mental health system is as fragmented as it is, when children need as much help as they do, and when parents already struggle to receive the support they need, H 7919 becomes more necessary than ever.

And this is not just Denise's story. I have interviewed mental health experts and survivors in more than a dozen countries. No matter the child's race or gender, or their family's socioeconomic status or geographic location, every single one said they struggled to understand the system and help their child. One of the best dentists in America told me that the only reason she was able to begin understanding the youth mental health system was because of her extensive medical background. She said quite plainly that she had "no idea" how parents without that background were expected to navigate treatment options.

We cannot write these children off. Every expert I have spoken with has emphasized the same point: in the thousands of young people they have treated across decades and continents, not one was a "bad kid." They simply needed adequate care and treatment. That is why we must fight for them and for everything they have the potential to become.

What H 7919 Does

This bill would require BHDDH to publish a single, plain-language statewide guide that helps parents understand what to do before and after a mental health concern emerges.

Pre-diagnosis, it would guide parents through early prevention and identification techniques. For example, age-specific warning signs to look out for, basic emotional regulation or coping skills parents can teach early, and how to get a diagnosis or talk about it with your kid.

Post-diagnosis, it would walk families through how to access care through public benefits or if they're uninsured. Most importantly, at different levels of a mental health crisis, it would tell parents who to contact, where to go, and contingency plans for crisis.

What makes this realistic is that it's comparatively low-cost. It does not create new programs, expand services, or require new staff. State and county agencies already have this information; the bill just organizes it into something families can use.

So from a legislative standpoint, this is really a question of whether the systems Rhode Island already invests in are reachable for the families who desperately need them. This bill could truly be the difference between receiving timely care and children falling through the cracks.

For these reasons, I respectfully urge the Committee to support H 7919 and help ensure that families facing a mental health crisis are not forced to navigate the system alone.

Thank you for your time and consideration.