

WorkWell

A Deloitte podcast series to empower your well-being



Let's talk mental health

Jen Fisher (Jen): Some conversations maybe difficult to start, but necessary to have. In our society, mental health is one of those conversations. How we talk about mental health, with each other and in public, is just as important. Mental health stigma may be strong, but we can be stronger by starting a dialog and sharing our stories with compassion and courage. This is the WorkWell podcast series. Hi, I'm Jen Fisher, well-being leader for Deloitte, and I'm so pleased to be here with you today to talk about all things well-being.

Teaser—Pamela Harrington (Pamela): *Well, stigma, it's very much a learned behavior. So generationally we have been learning from our parents, who learned from their parents and so on, that perhaps mental illness was something to be ashamed of, something to be hidden, something certainly not to be talked about. And from that again generations and generations of folks that have looked at this invisible illness and called it weakness.*

Jen: I'm here with Pamela Harrington. She is the executive director of Bring Change to Mind, a non-profit focused on combating the stigmas around mental illness.

Pamela: I grew up in a small community outside a Boston, fairly conservative, I would say looking back, we lost four members in my high school to suicide and this was in the mid-80s and again this conservative town. We go to services, we would pay our respects to the family and no one ever talked about it. The families were left to grieve on their own. We as surviving families didn't know how to approach the subject. Schools didn't talk about it, maybe you went to your church or faith-based community to have a discussion. So it was always just very intriguing, I actually happened to be a sick kid myself with a blood disorder, so I was in and out of the hospital all the time and I saw the support that families, my community, gave to me and my parents and my sister. But if a family had lost a member of their family to suicide and if there was mental illness, they were so isolated. They did not have the kind of community support that you would have with any other disease that was okay to talk about. I think that really was always in the back of my mind, I went on to lose a couple of other friends in college and then when I eventually, after college, had moved to New York, I was walking to work one morning and I was the witness too and almost the victim of a suicide, which led to some posttraumatic stress, which I

didn't deal with. But to know that this gentleman who was taking his life almost ended mine as well and it was just any other day walking to the office, so I was working in the breast cancer world at that time and I was helping to create the pink ribbon when people just started 'cause marketing' and just started taking cancer from a whisper to a roar and I got a call from a family who said they had just lost their son to suicide. They wanted to start a non-profit as a safety net for college students, so we could reduce suicide rates on college campuses. And I had a very nice job, I didn't want to leave it and they convinced me and I helped this family to start the Zed Foundation back in 2001 and I have been in mental health since, and I have seen a remarkable amount of change, so I'm happy about that.

Jen: That's a really powerful story, I mean unfortunate, but it seems like from very early, it was leading you down this path that you have been on for quite a while now. Thank you for sharing that. So let's kind of dive in because you talked about it in your introduction around stigma and people kind of not wanting to talk about it or acting like it didn't exist or perhaps not knowing what to say or providing the same type of support that we see with physical illnesses. What is this stigma that exists, and why does it exist, and what is the impact that it's having on those that are mentally ill and need the support and need the help?

Pamela: Well, stigma, it's very much a learned behavior. So generationally we have been learning from our parents, who learned from their parents and so on, that perhaps mental illness was something to be ashamed of, something to be hidden, something certainly not to be talked about. And from that again generations and generations of folks that have looked at this invisible illness and called it weakness, and like that we don't have a lot of cures on the horizon or drugs in the pharma pipelines, it's also kind of scary. But there are so many different kinds of very entrenched stigmas, there is societal stigma, familial stigma, institutional stigma, self-stigma.

Jen: Right. That one's really powerful.

Pamela: It's very, very powerful. And then there are cultural stigmas. I will say on the hopeful note that the many generations that do have this very entrenched stigma, through cohort replacement, are starting to go away and the younger generations, where our greatest hopes are in terms of, if they don't learn these inherent bad behaviors... we are setting ourselves for better school climates, better workplace climates, better family structures, our suicidal conversations will completely change and I do believe it is happening.

Jen: And do you believe as a society, we have the support mechanisms in place or the mental health care system in place that can address what we need to address in terms of what we are seeing in society, or not yet? I know there is a struggle, right, in finding the right care. I mean it's difficult especially kind of in the therapy world, and connecting with, I mean we are human beings, so connecting with your therapist, finding the right therapist, insurance issues... The number one thing I hear, even if you have the means, the access to care is still very difficult?

Pamela: That's a big conversation. No, we are not there, no we don't have the resources available, we work in some states, Idaho has two pediatric psychiatrists. So, I mean we look at the dearth of professionals we might have, great resources on our coast or in the largest cities, but you look at the other parts of the country and there truly are...well, there might

be a behavioral health center. They don't have the number of professionals needed for the need that is out there. There is a lot of hope with telemedicine with, you know, there is so many behavioral health apps that are now being tested, we don't quite know yet, how these all might test out and...

Jen: But it is still positive in that we are trying, right, moving in a direction that provides kind of more pervasive care for people.

Pamela: Yeah, absolutely, and certainly, one thing that we believe in Bring Change to Mind is that we can all be that first line of defense, we can be almost that first responder without putting you in the terribly burdensome situation where you have to know the right clinical responses. To be an active listener, to reach out to someone and ask if they are okay, something as simple as that. If you see someone isolating or changing behaviors or if you see outward signs of depression and changes of behavior, reach out. So the way the world has changed in the past few years, where we are being able to normalize these conversations around mental health-that's incredibly helpful. Being able to reach out to the people around us in our workplace, in our schools, in our families, that's incredibly helpful, but it then does feed us all into this "then what?" How do I find that care provider? We are looking at, I think by in the next couple of years we are going to have a shortage of 250,000 specialists in the country in all behavioral health sectors, so psychologist, social worker, psychiatrists, psychiatric nurses. We're starting a campaign right now trying to encourage college students to go into these fields.

Jen: ...for anybody that's listening that's passionate about this topic. There is a need for that.

Pamela: Yes, we are going to be releasing a campaign in April called "Between the lines" and we want this to be spread far and wide and it will be sending students back to all of the different kinds of association hubs. What does it mean to be psychiatric nurse, what does it mean to be a clinical psychologist? Showing them some really cool examples of how people took this path on and how fulfilling their career path has been. I think everyone would agree right now that the world is in a rather precarious place and we need listeners and we need compassion of people and folks that can empathize, and it's an amazing career path. You will never go without clients. So it's something that we are very aware of that now that we have created this national conversation in us and a number of other organizations in the mental health space. The next step is if you have identified, you do need to seek professional help, you need to be able to find the practitioners out there, and there are so many barriers from actually having someone in your community that is taking new appointments, will accept your insurance, can you get leave from your job in order to go visit that clinician... there are tons and tons of barriers. But we are at least trying to feed that pipeline with new professionals.

Jen: We have to start somewhere, yeah. I mean that's progress, right? It might be smaller progress, but it's forward progress and I think that's amazing. So how does language and the words we use play a part in the stigma, because I think often times I hear kind of in my own world, and I'm probably guilty of it myself, we use words that are kind of along the mental health spectrum like oh, that person is bipolar, he or she has it again, or oh, there she goes being OCD, and kind of I think reinforcing the stigma. I think certainly in the workplace as a leader when you use that language around others that maybe suffering from

a mental health condition or have someone in their family or someone that's close to them, can you talk a little bit how important that is?

Pamela: Language plays a huge part in exacerbating stigma. Everyone in my orbit since I have chosen this group has fairly eliminated the word 'crazy' from their vocabulary. If they don't, they get the hairy eyeball from me, and they're like oh, "there she goes again." I understand that it's a word that can somehow be used to explain something that is unexplainable.

Jen: Wildly good or wildly bad or...

Pamela: Yeah, but I mean there are so many other adjectives out there. When I hear weatherman or woman saying "and the schizophrenic forecast for tomorrow" things like that just make the hair on the back of my neck stand, because language is very, very important and again it's all this learned behavior. I listen to the way that my parents talk about things, coming from this little Irish town and when they came to the states, they used words that made me blush. And I eventually taught them, and I think that's what we are doing in teaching kids today, students today, how to use appropriate language and they will go home and teach their parents, "mom, it's not okay to say that's so bipolar, that's the wrong use of that word." So, it's really important. A number of years ago, AP guidelines came out around how journalists should be accurately reporting stories around mental health issues. Often times, we still see salacious headlines, "psychotic man with knife," well, that's lazy journalism. There is a deeper story there. So we hope that outside of some of the more rag type publications, that most journalists are really taking notes that there is a sensitivity around language and that we really can be much more compassionate in the way we use words.

Jen: And I think that's incredibly important in the workplace as well because as a leader if you are using that language regularly, they will never come forward...

Pamela: Absolutely.

Jen: ...and they will continue to suffer silently which has all kinds of downstream impacts that none of us want quite frankly.

Pamela: Absolutely.

Jen: We were talking previously that you've really seen a change just in the last two years and you attributed that to kind of the younger generation being a lot more open and willing to talk about and accept mental illness, mental health challenges.

Pamela: Yeah, I have absolute faith in this Gen Z and younger generation, that again I think I have mentioned cohort replacement, that this generation is really going to be one that leads us to a place in this country's history where mental illness will be as we once considered race relations, as we once considered marriage equality and things that just were mind boggling probably just 20, 30, 40 years ago and now, it's very much accepted. Mental health is something we all have. There is no 'us and them' in this equation.

Jen: Right, absolutely.

Pamela: And I would say that each of us in any given day, it's some place along a spectrum. We might be fine when we wake up and as the day increases and the workload is piled on, anxiety increases and maybe with some self-tools, you're able to regulate your behavior and your heartrate. So I think it's something that I have just been trying to really impress upon people that it's not an 'us and them', we all have mental health and we all are at risk of damaging our mental health at some point. They're certainly those that have chronic diagnoses and on the more severe end of the spectrum, schizophrenia or borderline personality disorder, but they too I mean, some of my best friends have schizophrenia and they are some of the most beautiful, creative and incredible people that I know. So I think these younger generations and our organization Bring Change to Mind works primarily right now with high school kids. We started with a pilot in the University of Indiana, and we realized we had to get in earlier because once these students left home and they were on their own and introduced to a lot of different experiences and in an unsupervised way, and we needed to get these tools taught before they left home. So we're really focusing on high school, we have these peer-led initiatives, there are clubs, it's evidence base, we work with UC Berkeley and UCSF, we have incredible measures of how these clubs affect the entire school climate. And we are hoping to go to 8th grade because it's happening to younger and younger, but these kids are going to be the ones that now populate our workplaces and make them...the universities and then workplaces and then family units, and they are going to make this different world.

Jen: And can you share an example of, what are the tools?

Pamela: This is all very much preventative. It's not counseling, so there is a big separation there. We teach them what mental health is and what it is not. We teach them these language points that we discussed earlier. We kind of do a little bait-and-switch, so we always have like really fun activities that involve pizza and a lot of things, swag things that will bring kids in and that will bring in...but it brings in the whole student environment, so they will do like an all-school assembly or activity and kids don't know what they're really getting into, then they are watching a video clip and they are eating their pizza and they are then learning what anxiety and depression is as supposed to just teenage angst. How do I identify if I need to talk to a trusted adult? If you don't have a trusted adult, how do you find a pathway to either a guidance counselor or maybe start with a friend or we have a list of resources in the community that these kids can access from a crisis text line, suicide prevention phone lines. So it's amazing the way these kids have embraced this as their own, sadly some of the clubs have started after a loss on campus.

Jen: The concept of these clubs is so powerful, and my mind is going, how do we...obviously there is kind of rules and laws, but how do we replicate this in the workplace, right, because if our kids need it...

Pamela: Yeah, many of these activities do translate to adult populations. So we are working with two companies in particular right now to figure out ways to kind of have...I don't know if you call it a club, but like an interest group within a workplace, where it's a safe environment. It doesn't have to be a heavy conversation. It can be something that is really quite social and educational and certainly preventative and give someone that space to just explore, because I think a lot of people are even scared to explore. They are okay with wellness, wellness still seems safe, but if you say "mental illness" or "mental health", that's different, I don't know.

Jen: Right, well and I think, I mean what you said before... we're exploring and delivering Mental Health First Aid internally at Deloitte and one of the main components of that is just understanding a definition of what mental illness or mental health is and what it isn't. And that spectrum that you talked about, that we're all on it, and we're all potentially one event away from crossing whatever that line is that takes us to the place where we are struggling. It doesn't mean that we can't come back, we absolutely can, right, but we're all there and just that awareness of what it is that we're talking about, right, and so just having those conversations and creating that awareness in the workplace, I think is incredibly powerful.

Pamela: Yeah, I was just at a workshop yesterday and we were trying to kind of hack solutions around where do you put emphasis on prevention before an adverse event, looking at the immediate effects of an adverse event or the recovery after the adverse effect. And that could be anything from having some tragic thing happen in your life to being bullied online, it could be any number of things, and I think although there are a number of experts in the room, and we all landed on we have to get to prevention, we have to equip the people with the tools that will take that adverse traumatic or whatever this event is and allow them to understand, come from different perspectives around it, and not to rise to crisis. To try to use the tools that are embedded in each and every one of us.

Jen: Allow them to be human about it.

Pamela: Allow them to be human, you know, struggle, pain, and trauma are normal, and...

Jen: They are uniquely human...

Pamela: Yes, and we all have to experience these things in various parts of our life in order to learn and grow and move on, but to start in this, working to build the tools to help people in their growth pattern, so that when they do fall a little, they can then step back up.

Jen: So more public figures, celebrities are coming forward discussing their personal struggles with mental health, did you think that this is influencing and kind of shaping the conversation that's out there on mental health and society, and impacting it in a positive way?

Pamela: Yeah, absolutely. I went to a conference a few years ago done at the Carter center and Rosalynn Carter was one of the first huge, huge proponents around mental health. I don't remember anyone really talking about it outside of the mental health choir. Our founder, Glenn Close, was one of the first celebrities to really go out on a limb and say "this is something that affects all of us and we can't hide behind this anymore, and we have to talk about this," so she has been out there and she has been doing PSAs and press, which has been enormously helpful, and just watching...so she did her first PSA in 2009 before we even started the organization, and slowly but surely I would say certainly in the past 5 years, we see a lot of people in the entertainment industry, music, arts, suddenly athletes are coming forward. We had Kevin Love announce that he was supporting Bring Change to Mind last summer, which was really quite amazing and completely shifted all of our analytics when we looked at our visiting web users.

Jen: A whole new population?

Pamela: Yeah, here is like this incredible athlete talking about the panic attacks that he was having while playing with the Cavaliers and then I would say last year, just the past two years, I think the world kind of refocused after the deaths of Kate Spade and Anthony Bourdain. And suddenly everyone saw this as, maybe the person next to me is hiding behind a facade. Could that be me? Could that be the person next to me? Because seemingly, it appeared that these incredible individuals had everything going for them.

Jen: Yeah, they were in so much pain.

Pamela: Yeah, so after those deaths I think everyone really started looking at mental health as a conversation that needed to happen. We did a townhall with CNN, Anderson Cooper had been very friendly with Anthony Bourdain, so we had a number of our ambassadors, number of organizations that took part in this two, three-hour townhall. We had the American Federation Suicide Prevention hotlines at the bottom. They had a 67% rise in calls in the time that townhall took place. So people are eager to find out more, they are eager to ask for help, sometimes we don't know where to ask for help, but the conversation has started. I think everyone has gained a bit of courage perhaps, and talking about the subject and recognizing when they might be struggling themselves or in recognizing that struggle of someone in their lives.

Jen: So, where is the best place to ask for help for someone that might be listening that's struggling?

Pamela: I would start with the trusted love one around you. I would find someone, and this also is a point of self-reflection as well, be sure to listen without judgement. That is something that I think everyone needs. You don't have to have the answers if someone asks you or someone tells you a situation that they are in, that they are struggling, that they are having problems that they...maybe they have even consider taking their lives or harming themselves. Engage in that conversation, again you don't have to all the answers, if you talk to someone about their thoughts around suicide or potentially taking their lives that is not going to drive them to take their lives. If anything, that's going to engage them in the conversation that will allow them to seek help and allow you to assist them in seeking help if that's the appropriate case. There are lots of peer support groups out there. Many cities have warmlines which is really, really important I think. So 911 isn't necessarily the appropriate call or suicide prevention isn't always the appropriate call... there is the crisis text line which is 24x7 for all. I know that teens and younger folks are more likely to text, but actually there are analytics that shown that they certainly have an older generation as well that are using their services.

Jen: It removes a lot of barriers.

Pamela: Yeah, absolutely.

Jen: So, one last question for you. What are some of the ways you take care of your mental health on a daily basis?

Pamela: I can't say that I'm the best at that.

Jen: We're all a work in progress, right.

Pamela: Right, work in progress. I did go to Yoga this morning and that is something that helps me just kind of get out of my head for a bit because I'm so steeped in this work. It's hard working 8-9 hours a day and listening to sometimes absolutely heartbreaking stories, and the other side I will take the one or two stories that I hear in a day that are so absolutely beautiful and that will fulfill me. Honestly, I have so much joy and hope in watching our students, kind of take this issue, make it their own, and that really kind of restores my sanity on a daily basis. It's incredibly gratifying.

Jen: Thank you so much for being on the show, Pamela. I think this is an incredible conversation, very powerful. Thank you for being authentic and vulnerable in sharing your own story.

Pamela: Thank you, this was wonderful.

Jen: I'm so grateful Pamela to be with us today. Thank you to our producers and to you, our listeners. You can find the WorkWell podcast series on deloitte.com or you can visit various podcatchers using the keyword "WorkWell" to hear more. If you like the show, don't forget to subscribe so you get all of our future episodes.

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