



TRANSCRIPT

Webinar

Protecting Your Mental Health During the Pandemic and Holidays

November 19, 2020 from 1:00 – 2:30 pm [Eastern Time]

>> **Pamela Williamson:** Hello, and welcome to our webinar today, Protecting Your Mental Health During the Pandemic and Holidays. I am Pamela Williamson, the Assistant Director for the Southeast ADA Center. And we are a project of the Burton Blatt Institute at Syracuse University.

We have over 500 people registered for this webinar, and currently we have over 150 people online, and I do anticipate we may have a few more join us before we get into a deep dive here.

In the spring of 2020, the Southeast ADA Center hosted an *ADA Live!* podcast with three parts on mental health issues during the pandemic. Today we are pleased to host this free webinar to follow up on these important issues with a panel discussion, and a question and answer dialogue. And today's webinar we have a panel of three mental health professionals who will discuss how a socially distant holiday season and colder weather may affect our mental health. The panel will also share strategies that we can use to improve our mental health and cope during these difficult times.

At this time I would like to introduce our panel of three guests. We are on video, and so hopefully for those that prefer video you can see us. Debbie Plotnick is the Vice-President for State and Federal Advocacy at Mental Health America. Dr. Doreen Marshall is the Vice-President of Mission Engagement at the American Foundation for Suicide Prevention. And Andi Sparrow is a Clinical Social Worker and faculty at the University of Kentucky College of Social Work. So ladies, I welcome you today and I'm really glad you're with us.

If you'd like to learn more about these ladies, you can see their bios at ADAsoutheast.org/webinars/2020/mental-health-and-covid19.php.

As we get ready to start today, we're going to look at many issues, and our lives have been changed by COVID-19, there's no doubt about it.

So many people have lost their jobs and remain jobless, many people are struggling to afford their housing, and are experiencing food insecurity. Schools and colleges are struggling with how to return to class, and some are even ending the semester early and going back into virtual learning, much earlier than planned. The uncertainty of what is safe, what's not, and when it will end has just added an unprecedented stress for many of us. And for many of us, myself included, this is a very personal issue. Because we already have and struggle with issues related to depression, anxiety, and myself as a person with a psychiatric disability, this is real life for me on a daily basis. So I look at this as a way for us to come together and talk about these issues.

So Debbie, Andi and Doreen, we welcome you and we're going to get started with our questions for the day. So we'll ask you to jump in and share your knowledge with our group.

So first of all, as we mentioned, this year's been a challenge. The pandemic, job loss, the election, and so many more things. So these issues have resulted in a greater anxiety for many people.

In your perspective organizations, what types of mental health issues have people been experiencing? Debbie, how about you start for us?

>> **DEBBIE PLOTNICK:** Thank you, Pam, it's my pleasure to be joining you today. I appreciate the invitation. We have something very unique, we have real time data about how people are feeling when they come to our screening site, MHAnational.org/screen, and you can take a screening right then and there, taking that check-up, same validated tools that you would use in a doctor's office. And we opened without fanfare six years ago, our screening site, and up until this year, we had 5 million screens. Now, this year alone, since the pandemic, we have had an additional 1.5 million people come to our screening site. They are mostly taking the screens for anxiety and depression, as we might expect, most folks who are coming are in fact screening in a moderate to severe, more in the severe range than we've ever seen before. And our demographics are pretty much holding steady that we know we have lots and lots of young people coming. Two-thirds of the people who come to our site are under 24, and a third of them are even 11-17. So we know this is having a huge effect, especially on young people, but really on everyone. And for folks who have psychiatric disabilities, we're seeing an increase in people who are taking screens for psychosis, which of course is not an illness, but a symptom, and folks are taking that screening in greater numbers as well, and again, screening in the more severe range than we had previously seen. So we're seeing that, our staff is also of course like every other

organization, is experiencing anxiety, we're lucky enough that we are working and we're able to serve people, and we're able to have this real time knowledge that we have, as well as many of our -- as all of our other programs. And because there's an increase interest in mental health, in suicide, we are seeing added stressors upon our staff in terms of how busy we are. None of us are complaining about it, but it's one of those things that is showing up because of the pandemic.

>> DOREEN MARSHALL: Let me add that I'm thrilled to be here on behalf of the American Foundation for Suicide Prevention. Similar to what Debbie said, our audience is really communities. And so what we've heard is very similar to what Debbie shared in that people came into the pandemic already addressing their mental health and the changes that people have had to adapt to in a really short period of time have been some additional stressors.

While we don't know what the impact on the suicide rate will be, one of the things we've been trying to do organizationally is get lots of messaging out for folks to take a proactive stance on taking care of their mental health. So whether you have never experienced any mental health concerns, or whether you're someone who has been living with a mental health condition, there are really some things you

can do right now and during this pandemic to shore up your mental health.

And so similar to what Debbie said, we've seen folks with a lot of concern about anxiety, certainly among our staff, there's -- our work hasn't stopped, in fact I'd say we're as busy as ever. And I think that's because there are lots of folks that want to know how to look out for one another, and what can they do during this time where we're physically distancing but wanting to still stay connected.

>> **PAMELA WILLIAMSON:** I'm going to jump-in. because I've got to ask you a question. As a clinician, seeing your nods with Debbie and Doreen talking, it's obvious this is affecting clinicians and other service providers, just as much as the people who may need assistance. So what are you seeing in that area?

>> **ANDI SPARROW:** I work with a variety of populations from teenagers, to adults who have kids and they're trying to learn how to work from home, and take care of their kids with the school-based Zoom sessions, and I also work with individuals of adult and elderly adult populations who are dealing with complex and chronic medical problems. So across the board what I have noticed as a clinician is even people who had this capacity to cope, which is life stressors, they're stressed out to the max. They're realizing, I really don't know how to

deal with this uncertainty, I don't know why I am having struggles with finding employment, or being able to pay my bills, and how do I juggle the parent responsibilities, and having to be teacher to my kid, and the challenge relationships that is happening with them. I have parents that tell me, I think my kid hates me, because they feel like I'm always on top of them trying to stay focused on the website with their classes. And I have older adults who really just need someone to listen, and be there for them. So we're having to find different ways to connect through telephone or telehealth and help them adapt to the technologies that they're not as used to.

I also have a lot of resilient people, and I think the ones that struggle with the complex and chronic problems, whether it be medical or mental health, I've got a few people that they have some really neat things that they have found that work for their life that are able to identify components that are resilient in their lives, and that gives me hope as a clinician that I can also spread on to other people who are struggling, and so it's just evolving problem. But it's a manageable problem, and I want people to recognize that there is hope, that uncertainty is scary, but there is hope, and we're here. We're here for you, and even as a teacher at UK [University of Kentucky], I see the students struggling with managing online classes, and still trying to know how to navigate through this time of uncertainty. And a lot of

our students at UK have had an increase of anxiety and depression problems, and people who are just reconsidering completion of their program, or needing to take a semester off, those kind of things.

So it's pervasive in the services that I provide.

>> **PAMELA WILLIAMSON:** Andi and Debbie and Doreen, I appreciate the information that you've shared, because I think we're all feeling a lot of what you're talking about, but Andi, what just resonated with me here as you were talking is the word "hope," and "resilience" and I'm hoping today we can share that with the people that are online with us, and those who may be listening later.

So let's go into our next question. The holidays can often be stressful, even in the best of times. We love our families, but, you know, the old saying, after three days a fish and company both stink, you know? I think sometimes we value those times with our families so much, but this year because of social distancing, potential reducing -- we're anticipating it might be even more stressful.

So what should we start thinking about now in order to mentally prepare for a different experience this holiday season? Doreen, would you like to start us out on that one?

>> **DOREEN MARSHALL:** Sure. One of the things we've been talking a lot about is this idea of taking stock of where you are. At this point in time as the holidays start. So for all of us, this time period has gone on for probably longer than we initially anticipated when it began. Many of us have experienced loss of some form, and many of us have lost people to COVID and other illnesses during this time.

So it's kind of coming into, it is kind of doing a bit of a self-assessment, or a self-check-in about what are some things that are going to be uniquely difficult this holiday, what are some things that are actually going to be positive about the changes that we're facing. For many people that travel during the holidays, there may be some relief that this is a year they won't be on the road, or won't be traveling. But at the same time, like you're saying, I think taking assessment of what's valuable to us about the holiday season, and then seeing how we might create things that meet that need.

So for many of us, if you ask folks, like, what is the thing that feels valuable to you about the holidays, for many of us it's that sense of being around the people we love. And this year many of us are going to have to find different ways to do that. I just probably several of you have heard Zoom just opened up their platform, with no time limits for

free on Thanksgiving. And it's forcing us to think about different ways we might connect.

The last thing I'll just say about this is that I think it's a helpful perspective to go into this separating what's out of your control from what's in your control. Because what we know is that neither perspective on the extreme ends of that are helpful to us. So if you think none of this is in your control, that leaves you with a sense of helplessness. And if you think you can control all of this, you're probably wrong about that too.

So finding kind of the things you can control in the midst of all of this. So I may not be able to control whether I see my family during the holidays, but I can control whether I stay connected to them. I may not be able to manage kind of whether I get sick or not, but I can manage some things around my own safety and take some proactive steps around that in the -- in my day-to-day life.

It's really about focusing on the things that we can do, and really putting our energies there this holiday season that I think will be most helpful to all of us.

>> **PAMELA WILLIAMSON:** Doreen, that's excellent, excellent advice. And I -- for some of us that may be refresher information, but oh, my

goodness, what a great way to do this, so we can remember to focus on things we can control, and really look at the ways that we can make positive impacts throughout this holiday season.

Debbie or Andi, do either of you have something you'd like to add?

>> **DEBBIE PLOTNICK:** I do, thank you, Pam. I just want to say that it is really hard. And that whether we do it by Zoom or we do it in person, it's okay to acknowledge that this is an unusual year, this is a difficult year, thanking people for their understanding if family needs to be far away, saying we're sorry you're far away, we're glad you are because we love you and we want you to be safe and be with us next year.

There's also another piece, that folks who are a little more mature, like me, have lived through some really hard times. I remember the upheaval of the '60s. I was a small child, a young girl, but nonetheless, it was really difficult times, and people who have lived through very difficult times, or the grandparents who have lived through -- by the way, I'm a grandma these days -- who have lived through periods of war, like how difficult and the political upheaval was during the Vietnam War. You know, so we have some more tools in our toolbox to know we'll get -- it will get better. It's very hard, but it will be get better.

So when we talk to the young folks who are struggling, and they are showing they're struggling more because they haven't been through it. It's their kind of first time around, for something this hard, and it's really hard. We have to be helpful. And we can talk about that, we want to be sure to never use language that might be traumatizing in some way, like oh, get over it, oh, you know, kind of thing. We really have to listen, we have to acknowledge that it's difficult, and share with them that we love them.

>> **PAMELA WILLIAMSON:** Thank you, Debbie.

Andi, anything to add?

>> **ANDI SPARROW:** I think they said it very well. Doreen just reiterating, I often, most of my coastlines, we end up having that discussion about what is in your control, what is out of your control, and really breaking it down to help them focus on areas that are in the control. And I can see the anxiety come down, they come up with an anxiety level like this, the beginning of the session and when I begin to help them process the thoughts and focus on those areas, you can see it come down. They can take -- they give you that sign of, okay, a deep breath, and a sigh. And they feel like they can go back at it.

I just want to add too, in conversations with kiddos, especially during this time, like we have to remind ourselves as adults that we have this awesome thing called executive functioning skill that we can process and better understand some of these challenges and way things, but our kiddos struggle with that. They don't have that well-formed executive functioning yet. And so we have to kind of make sure that we're talking to them in ways they understand, not avoiding those difficult conversations too, because kiddos are much more -- they're obvious in their focus and they see these things, they see our interactions. When we're worried and scared and snippy, they get affected by that too. So just, if you have -- if you're working with kiddos, if you're working with people who struggle with some cognitive capacity, do be open with them. Help them try to understand what's going on, help them acknowledge that it's okay to be afraid, this is kind of a not norm time. Normalizing it and validation goes a long way, that acceptance, like what you said, Debbie, we are all in this together. We may experience it differently, but we're in it together, I hear you, I see you, I am with you. And letting all people know that we're here and just to let them know we'll work together to grow through this moment.

>> **PAMELA WILLIAMSON:** Fantastic.

Our next question actually we kind of rolled it in with this one, so I'm going to address it briefly and then we're going to move on. We've talked about the fact tradition is so important during the holiday season. And how do we handle doing things that might not include our traditions this year or might be totally different. And I think the three of you really addressed those. We're going to move forward into our next question.

Question number four is really one of these that's near and dear to me. Because I recently lost a friend to suicide, and it really became -- it was really one of these moments when it was like, what could I have done? The Mental Health America report that Debbie referenced earlier, Celestia, could you move us forward? The Mental Health America report is showing more people are reporting frequent bouts of suicide and self-harm, and Debbie referenced earlier that they've had 1.5 million screens this year alone. And since the pandemic began and -- in March 2020, over 178,000 people have reported having frequent suicidal ideations and 37% of these people reported having these thoughts more than half or nearly every day in September. That's -- those numbers are pretty staggering.

So I want us to take some time to discuss what if I'm the person having those suicidal thoughts? What do I do?

>> **DEBBIE PLOTNICK:** That's a great question, Pam. One of the things about suicidal thoughts does not mean they will necessarily translate into suicidal actions. So that's something we have to remember as well. That said, what must be understood, and I know Doreen can elaborate more about this, is that suicide is an impulsive act. So maybe you're having those thoughts, and maybe you're having those thoughts every single day. But the intention to act upon it and actually take action comes upon a person very quickly, and generally they will act on that within five to 10 minutes. And so we need to make sure that we talk about it as we go along, that we make sure that they do not have access to the most lethal means, and talking about it is something that can help a person not act upon it. We need to be able to say, to ask, how are you feeling? Are you feeling? Like, you might want to hurt yourself or end your life? That doesn't plant the idea in somebody's head. If the idea is there, the idea is there. And people who are in that position appreciate when we recognize that, when we acknowledge it, when we put it out in the open.

At Mental Health America, our founder over 100 years ago, Clifford Beers, his most famous line is, "I must fight in the open."

So putting things in the open can really help diffuse the situation. But if someone has reached that point of crisis, where they really may be

ready to act, there are some wonderful national resources. There's the crisis text line, and the text line is really easy to reach. By typing the word "hope" to 741741, you'll immediately begin texting with someone who is trained in discussing and helping you work through your immediate crisis. The same thing is true for the Suicide Prevention Lifeline which we at Mental Health America are very proud to say is home based at our affiliate in New York City, Vibrant Behavioral Health. Their number, it's a big one, and I'll talk more in a second how that's going to change. It's 800-273-talk, or 8255. That's 800-273-8255. And this past year there has been a tremendous coming together of national mental health organizations, and BIPOC support in the Congress, both on the house and in the senate, and recently signed by the President is a bill that will within two years make that crisis text number a whole lot easier to remember. It will become 9-8-8. That's not going to happen yet, but it's in process, and we're looking forward to that, and we're very, very excited about it.

But some of the things that friends and family can do in the interim is as I said, talk about it. The other thing that people can do, they can say, how are you storing your firearms in your home? If folks don't have firearms, great, they're going to tell you. If they do, it's going to make them think about how they're storing them. If in fact they're feeling like they might be wanting to act upon their thoughts, friends

depending on the state you're in, can say, can I hold your firearms for you? Can I help you lock them up? Can I help you secure them? Can I help you take them to the shop, which oftentimes will store them for you. So there are ways to mitigate risk and to make sure that if in fact the will to act could come upon people, the means aren't reduced.

With respect to firearms, it's a great idea all the time to make sure they're secured safely within the home, because suicide is the second leading cause of death for young people. If they complete suicide, it's likely that they have in fact used a firearm and it belonged to someone in their home or maybe their grandparents' home. So again, how do we mitigate it? We make sure that we take safety precautions just like we put child latches under the sink to make sure that people who shouldn't be accessing what might be chemicals that could hurt them or a product that could hurt them, that they don't have easy access to it.

Those are some of the simple things, and there are things that are harder as well.

>> **PAMELA WILLIAMSON:** Doreen, I want to turn to you, because your expertise being at the American Foundation for Suicide Prevention I know you can address these questions about, is there anyone I can call, or text if I need to talk, and what are some things we can look for? Also

too, for those of us that are friends and family, what can we do when we're concerned about someone?

>> **DOREEN MARSHALL:** That's great, I want to echo everything Debbie said. I think she did a really good job of framing why we need to ask directly when we're worried about someone, and to not be afraid particularly about that, and also help them keep their environment safe.

You know, one thing we know about suicide is that it's very complex. It is biological in some ways, our environments influence suicide as an outcome, our own histories do. And at its core it's a health issue. So what I'd like to tell folks is that if you're having thoughts of suicide, I would tune in to that as health indicator for yourself. So just like if your pulse rate was up or you felt your heart beating in a way that felt unusual, you would tune in to that and say, what's going on that this is happening? I think suicidal thoughts are very similar. Often they're an indicator that our mental health may be struggling, or we may be under inordinate stress, or it may be that we are finding those thoughts are helping us somehow cope with immediate things going on. This idea of if I'm not here anymore, I won't have to worry about this thing in front of me.

But to use them as a health indicator, and the hardest time to address something that's a health indicator is when you're in the middle of it. So what I tell folks, the time to prevent a heart attack is not as you're having one. At that point you want to reach out for immediate help and get support.

The best time to prevent suicide is when you start to notice that things are changing with your mental health. And thoughts of suicide are often one indicator that we may be feeling more depressed, or stressed, and that's the time to reach out. To not wait. And similarly, if you're concerned about someone, we know that when people are struggling with suicide, there are often things that we think of as warning signs, or things that cue us in that maybe someone we love is struggling. Those things fall in three buckets -- talk, behavior, and mood. And what you're really looking for is something that feels like a change or unusual about the person you care about. That could be indicating they're struggling with their mental health.

So they may talk in a way they're not really thinking about the future, they may even mention be that things would be better off if they weren't here, or they feel like a burden to other people. They may say things like, I wish I were dead, or I wish I could end my life. Listening

for those things, and then really following up and asking, and say, I want to hear what's going on with you, I take this very seriously.

Certainly behaviors change, Debbie mentioned that someone might start to look for ways of harming themselves, or they may start to isolate further, stop doing things they enjoy. Use substances in a way that's not typical for them or an increase. We look for these changes and behavior too. And then finally, changes in mood. Someone who, you know, seemed to be coping okay, but now seems much more sad, or much more anxious, much angrier than they've been in some time. These are things we want to pay attention to, and when we notice something that doesn't seem quite usual for someone, that we as Debbie said, not be afraid to ask directly. And not be afraid to ask if they're having thoughts of suicide.

One other thing I'll add, I often get asked, do you just like bring it up? And it's like, well, yes, but you can also kind of just comment on what you're noticing, and say, you know, when people sometimes feel overwhelmed, or isolated, or sad the way you're talking about, sometimes they also have thoughts of wanting to end their life. And I'm wondering if you've ever had those kind of thoughts. Or if you're having them now.

And then listening and connecting the person to help and Debbie gave some great resources that exist to help connect people to what they need.

>> **PAMELA WILLIAMSON:** Debbie and Doreen, I want to thank you for the excellent information. And all of those resources have been put in the chat area. And they will also be put, they also will be available in the resources that you can access after the webinar. I just want to encourage you, really, to look at that.

So let's do a follow-up here. Sometimes those of us that have psychiatric disabilities or we're experiencing mental health issues, we're kind of reluctant, and I can raise my hand on that, to share about these things because of the stigma and just the perception that we might be weak. And so during the holidays I know that in the past I've been even more apt to hide things, because we're expected to be happy, and have a smile on our face, and so how can we share with others so we can get the support we need? What do we need to do? Andi, I'm going to start with you this time.

>> **ANDI SPARROW:** How can we share with others? Well, since there is stigma in the field that -- the view that it's weak or you shouldn't be unhappy in a time of joy, recognize that. If you feel like you're putting on a face, or a mask, recognize, okay, why -- what's making it difficult

for me to be open and honest about how I'm really feeling? Of course sometimes it's like, my family, I've had several men which is very interesting in mental health treatment, you don't really see a lot of men come because of that stigma, but I do have men that have come to me, if I let my dad know, I'm not doing well, he's going to think I'm a weak person. So well maybe dad is not the best person to talk, to maybe it's another person you can find who's your safety net, right? So if you've got a person in your network of people who you can be open and honest with, you can let that guard down, and talk openly about how you're thinking. How you're feeling.

I guarantee, when you have that connection, that's -- it gives you that person to connect with. If you don't have one of those people, there's this awesome thing that's called telehealth that actually keeps your privacy, your confidentiality very secure. I have people who go to their car during their lunch hour and talk to me through their phone or videoconference. It's safe, it's secure, they're not having to drive to my building, they don't have to take off work and bring a written excuse for where they've been. So there's ways to reach out to people that you can have a safe person to talk to and be open about your thoughts and feelings.

And I encourage you to do that, because there's this thing we have as avoidance, we often avoided thinking and feeling the things we think about, but unfortunate thing about that, the more we avoided the bigger it gets, and before you know it, it is a massive mountain on your back. Or in your mind. And in your heart. And so if you're aware of what you're avoiding and if you seek out those places that are safe for you to whittle away, it becomes less of a bigger problem. So I encourage you to find who are your safe people? Who can you talk to, who can you be open and honest about that's going to accept, that's going to support that's going to nurture you during those times?

>> **PAMELA WILLIAMSON:** Andi, thank you so much for that advice. Because I think that is an area where many people do struggle. And having personal experience with that, I can -- I know it's there, it's real, and you're right, being able to whittle things down and make them more manageable, and finding that safe person or persons in your life that you can talk to, makes a huge difference.

Let's -- let's also talk -- let me follow up here, we do have telehealth options right now, and I do just want to reemphasize the need, if you need to talk to someone, make sure you look up those lines, that crisis tech line. There are places you can reach out to, and I want to encourage you to do that. Because it makes all the difference when

you can talk with somebody of a like mind, that may have been where you are, because many of these places are staffed by people who have been there, done that, and may still be doing that, at some level. They just may be in a different place than you are right now.

So let's move on to our next question, because we've talked a little bit about this, about how can friends, family, and colleagues provide the support to the people in our lives that are dealing with issues related to mental health? I want to expand this question a little bit because when we are face to face with people and in the same room, or the office, we can kind of pick up on things. But picking up on those cues are a little more difficult when your interaction is via social media or video calls. What tips do you have for folks, because I'll be honest, with my friend who recently died by suicide, there was something in the back of my mind with one of his posts, and I'll be honest, I was so overwhelmed with what was going on in my life, I went -- I didn't think to address it. And three weeks later, I'm the one sitting there crying.

So what do we do? How can we look -- address those cues?

>> **DEBBIE PLOTNICK:** Pam, I want to jump in on this. I want to also include an answer to the last question.

You know, as the cliché goes, hindsight is 20/20. So you said what you didn't see in his post, and then there you are a few weeks later crying. This is one of the really difficult, I'm sure Doreen will have more to say about this, for families who have lost someone to suicide and friends who have been lost to suicide.

People are always saying, what could I have done? And they internalize that. Let me assure folks, it is not what they -- yes, there are many things they can do leading up to that, there are ways to help or mitigation, all these things we talked about, but it's not their fault. And so it's really important that people understand that. And that they don't hit themselves over the head with should haves.

I have no doubt that you are a good friend all the time. And that's what matters. And that you love that person, and that's what matters. At Mental Health America, we -- just about everybody who works there, it's personal. And let me tell you, when we go out in the world and we tell our own stories and we talk about how it's personal, people share with us how it's personal for them too. And that's one of the ways we can overcome some of the difficulties facing family members and so forth. Because once we start talking about it, it's going to be hard, and it might feel hard at first, but you'll find other members, especially extended family, are willing to tell their stories and be sympathetic and

helpful as well. And when we talk about stigma, really what that word means is shame. It's whether somebody is shaming you or you yourself have internalized that shame.

So it's hard, but Pam, you mentioned one of the best resources we have, and that's especially trained people who have been there and done that. We call them peer specialists. Certified peer specialists. And many of our MHA affiliates across the country have peer specialists on staff, they have warm lines, those that have had warm lines, they're seeing an explosion in numbers since the pandemic, and those that haven't had warm lines, many of them are establishing them. So they can reach people virtually.

So as you said, it's so important to talk about it, and that helps us dispel that shame and not be afraid to put things out. And allow other people to help, to make us feel shame.

>> **DOREEN MARSHALL:** I would love to add something to that. I think what Debbie said is so important. And Pam, I also want to share condolences for the loss of your friend.

You know, I think what's most important is one, that we think of suicide as an outcome, as really the health issue that it is, and just like we, when we grieve losing people to other illnesses, other health issues, we

need support, we do with suicide as well, but we often don't get the same support because people don't talk about it the same way. And I think Debbie that was really your point, that it's the more we talk about it, the more we do to address stigma around mental health and certainly around suicide.

Two things I'll say really quick. And this is more by way of resources. We at AFSP developed a series of guides and there's some video clips that actually -- I'm the person on the video -- it's on our website at [AFSP.org/realconvo](https://www.afsp.org/realconvo). Because what we were hearing, similar to this question, is that it was hard for family and friends to know how to start that conversation with someone about their mental health, and similarly, for the people struggling, it was hard to kind of bring it up. And this goes back to your last question around, if you're the person struggling, often we think we're wearing a neon sign of our struggle. And I can tell you people are so focusing on their own lives they often don't notice the things we see -- think are very apparent. I've had people that I've worked with tell me, did you try to talk to anybody or reach out when you were struggling? And they'll say, yeah, I asked my sister if she was busy, and she said she had a ton of stuff to do, and so I didn't take it any further.

And so really, I think what we have to do is really treat these conversations like the important conversations they are, to start them with, hey, I really want to talk to you about something important to me, and when is a good time to do that? So that we have people's full attention when we're ready to share about our mental health. I think if we treat them as just conversations that are super casual, people may miss that the importance of this.

And likewise, really quickly, I would just add that if you are worried about someone, even if in the time we're talking here, if you think, gee, I wonder if this person, if someone occurs to you, chances are pretty good there's something to be concerned about. We tend to kind of downplay our gut feelings about that, and Pam, I appreciate you sharing the vulnerability around, that because I think it is important that we don't distrust our own gut about things. Even if we can't put our finger on what's wrong, if we feel something is not quite right, we should reach out and just ask. Worse that happens is we're going to be wrong and the person is just going to know we care about them.

I appreciate you sharing that, because I think many of us look back and I too have been impacted by suicide, look back and think, what could we have done differently or what did I miss? But it's very hard, like Debbie

said, to know in the moment, which is why we have to tune in to our gut instinct if something doesn't seem quite right.

>> **PAMELA WILLIAMSON:** Debbie and Doreen, thank you so much for what you shared at this point. Andi, I would like to get your feedback on this issue from your perspective of working with individuals on a day in, day out basis. You specifically mentioned some of the work you do with young people. So I anticipate that we may, based on some of our earlier conversations, we may be seeing issues with young people and they are the ones on various social media and maybe have less of a face-to-face connection, even on a regular basis. Much less in a pandemic situation. So what do you -- what are your thoughts?

>> **ANDI SPARROW:** The young people that I see struggling the most are like my preteen teenagers. I also have nieces that are in the kindergarten, first grade, it's hard on them too, they're not -- they're struggling with not being able to play with their friends, but the ones with the really evolved social connection and all of a sudden they can't do it anymore, that age group, preteen, teenagers, social connection and peer involvement is such a part of their development and they're all over the place, honestly, in my sessions with their depression and anxiety. And then there's an uptick unfortunately in substance misuse, those kind of things. And then in terms of suicide, they're also at risk

because -- impulsivity. They feel like there's no hope, and this is the way it's always going to be, and all of a sudden you have social media, lack of connection, maybe there's some bullying cyber stuff going on, and their capacity to cope is overwhelmed, and mom and dad are freaked out about things and they're not present with me, and I'm in my rooms isolating, well, my thoughts are going to go toward, I don't want to be here anymore. I have a lot of kiddos that say I don't want to wake up tomorrow morning. And it saddens me, it breaks my heart for them, but -- so I talk to them about it. I'm there for them, trying to be in tune. But it's a struggle. Again, with that age group, as adults, I forget, Deb you mentioned, you've "Got To Give It Up" those life experiences, we've been through challenging times, and we've figured out how to kind of cope, but that age group with preteens and teens, some of them, this is their first time. They have never been through such a pandemic, or the times where this is affecting their lives. And they don't honestly don't have that cognitive capacity yet to know all the answers of how to deal with it. So they're left to the basic brain of survival, and fight, flight, or freeze, or try to find a different way. So it's confusing.

So we do provide support, work with them, we give them the hotlines, I've got a lot of teens whose sleeping patterns are off, so they may be the ones who reach out at 3:00 in the morning, because they're not

going to wake up mom and dad. Maybe their best friend is not online either. So those numbers they can call at night are so important.

On the flip side, the ones that I have seen more significant recently is, I've got my adults, my 25-35 range age adults are repeatedly struggling with suicide right now. And that's hard. But I'm providing the services, the support, the plan with them to help them get the support needed. So it's just -- it's hard across the board for all those ages right now.

>> PAMELA WILLIAMSON: Let me ask the follow-up question. Any of the three of you feel free to jump in on this.

Do you think social media is -- has helped or hurt our mental health at this point? And what are your suggestions? Because let's face it, our whole lives tend to be on social media, and we're being bombarded 24/7. So what are your thoughts on that?

>> DEBBIE PLOTNICK: I want to jump in and say it's a double-edged sword. Start by saying social media has allowed people to see that struggling, other people are struggling too. They're not alone. Celebrities are on social media talking about their mental health or mental health struggles. That's really helpful. That's terrific.

However, we know that social media has also provided new ways for kids to feel less than, when they look at where their friends are, what

they're doing, and everybody looks like they're having fun, it's wanting to keep up with the Joneses on steroids, everybody wants the fancy clothes, the shoes, they look to be smiling, and it's also a tool for bullying. And it amplifies it in ways we've never seen before. So there's the good and the bad.

>> **DOREEN MARSHALL:** I would agree with that. I think it's a bit of a double-edged sword, as Debbie said. While there's some positive things, there's also some things that could be really challenging. And I think less important about looking at social media as a whole, it's more looking at how am I using social media, what is it disrupting if it's disrupting things in my hyphen, what's getting left out because I'm doing it? So a lot of times people are active on social media, but they're not really reaching out to people in real life. Or if you're a teen and it's disrupting your sleep because you're on all the time, that's another thing. So I think this is a good reminder, Pam, for all of us that use social media not just kids, but all of us to really do a bit of a self-assessment. What is getting edged out of my life because I'm doing this, and where is it benefiting me in terms of my mental health? When that balance feels off, that we take some deliberate steps to either limit our use or take breaks from it, or do things that we know will help us, rather than just kind of stay on the treadmill of the usual

thing we do, it's a good opportunity to make a change that is within our control.

>> **ANDI SPARROW:** Yeah, I think the social media part, we've seen an uptick in the use, obviously because of lack of social interaction. So it is a great tool as well as texting and FaceTime videos to connect with other people if that was what it was all about. That social media, the Facebook accounts, Instagram, and whatever other platform people are using is the connection is there, but it's also the fear of missing out, the fear that leads our mind to comparison, keeping up with the Joneses.

I think from a clinician's standpoint, I don't know, I see a lot of people who have increased anxiety, increased depression because of social media, and if you look at what we are -- even media use at all, what's on, what we're reading in the newspapers, what we're seeing advertised, and as users, as adults, we also need to be aware with social media elements and platforms there is an algorithm that is used to put things on our timeline to make us focus on things. So if you had a like on a specific meme, or political affiliated thing, you're going to get more of that. Same thing with mental health, you're going to get more of that. Be aware that if you're being sucked in into hours of reading, things that are evoking anxiety, and making you mad at the world, and mad at what's going on, that's not good for your mind!

It's not good for your soul, and maybe I need to take a break, I'm going to paint. I'm going to go play outside. I'm going to go eat something. I'm going to go hug on my kids, if you've got kids. I'm going to go call a friend.

So it is that awareness is key. The preteens and teenage population, they are enamored, they have umpteen million -- a lot of alliteration, they have a lot of accounts and there's so much in that they're missing things. But just awareness. Awareness that what we view, what we hear, what we read does have a direct impact on how we feel, how we think about the world around us. And right now if you just look at Facebook, media, the world is an unsafe place. People are hateful. It is -- doesn't feel good to do these things. And that's not true. That is not a true -- that is a negative thought. There are some things that are unsafe, but not the entire world. Not everybody. So don't get swept up in those negative generalizations. And just take time away. Take -- try fasting from social media for an hour, what's that like?

[laughter]

>> PAMELA WILLIAMSON: I was just thinking, as all of you are talking, earlier this year I did 40 days without social media. And it was one of the best things I've ever done for myself. And I was just sitting here thinking, I think I need to do this again. I had forgotten how good that

was. I do have a colleague that I won't call out by name, but this colleague says thank goodness for videos on Instagram of pit bulls, because this person loves pit bulls and that's where -- that's the social media that this person gravitates too.

>> **DEBBIE PLOTNICK:** I just want to say one thing, I love the term "The Greatest Showman" fasting. I think that's a great term. And I know that -- the term social media fasting. I know in this difficult time we can get sucked into it, doing the job I do and paying attention to advocacy and policy, I'm always looking at all of the new sites. And sometimes -- and that gets my anxiety up, and I have to remember.

>> **PAMELA WILLIAMSON:** Exactly. Let's look at one other demographic that I think we have touched on briefly, but as we -- as we know, our older adult population has been impacted by this pandemic possibly the most. Those who are in congregate settings such as nursing homes or assisted living centers may not have been able to see anyone except for the staff for months on end. Or only be able to see their family via video, and then we also have situations where people have been confined to their homes, because they've got a compromised immune system, or they're in a very high-risk category.

So do you have any specific tips for older adults, their family members and caregivers? Especially as we do go into the holidays, where we may or may not be able to see one another?

>> **DOREEN MARSHALL:** I can start. Just to say that certainly this year is going to be challenging in -- for all of us in terms of the holidays. But it will be particularly challenging for those that aren't plugged into technology or are very isolated. And that does describe many of our older adults that may be living in assisted living settings, or really having -- being in situations where having visitors or having people see them is going to be more difficult because of the pandemic.

I think this is an opportunity for all of us to really be creative, and I say that knowing that creativity doesn't always go well when we're stressed. It's hard are to access these things. But if you Google "supporting older adults during a pandemic" you'll find so many people are writing about this, putting ideas out there.

I'll share something anecdotally. I -- one of the nice things about Zoom and about being connected in this way is that we have access to things that we're not -- where geography or transport might have been a bigger issue before. It's not if we're plugged in. So for the older adults that aren't plugged in, any way we can kind of help them get access to some of these things, I'm part of a mindfulness group that meets every

week, most of the group is older adults. But we meet for an hour a week, and it's a real time connection and for many of them it's the one hour during the week where they know they're in the company of people who support them.

So it forces us to get creative, but if you know an older adult, to really think about how can I help this person stay connected, and it's going to force us to do some creative thinking, but there are solutions out there and it's worth asking others and doing searches and really taking a proactive stance on find can ideas of what we can do.

>> PAMELA WILLIAMSON: I find it interesting that you were talking about some of the creativity. My home is -- would be considered nontraditional at this point, we have my husband and myself, and then my sister and my mother, and four dogs. So it's -- pre-pandemic with all of us, the three younger adults working and being gone all the time, we never saw one another. We were in the same house but we never saw one another. And so one of the ways that we have come along and some of the creative things we've done, it sounds -- we actually do dinner together, or supper together every night. We make -- and then we watch "Wheel of Fortune" and "Jeopardy." That has become our time together, because -- and that's allowed us to support each other. So, yes, we're in the same home, but there are -- there may be other

ways you can do that. And I've got friends who are connecting with folks via various media platforms, and playing charades, and things like that. Things that we may have forgotten about that we -- that we might need to rethink and think about how we can do them in another way.

>> **DOREEN MARSHALL:** I would add quickly too, something like a good old fashioned written note that you leave in your neighbor's mailbox, or dropping off a meal on their doorstep, there are things that you can do while you're social distancing that will still help people know we care about them, we're concerned, and we want to stay connected.

>> **PAMELA WILLIAMSON:** Definitely.

>> **DEBBIE PLOTNICK:** November is National Caregivers Month and there's a lot of amazing resources. Mental Health America just put out a report just this week, and it's available on our website on caregiving. And caregivers take care of folks who aren't just older adults. They take care of folks with psychiatric needs, they take care of younger people, they find their multigenerational folks who need to take care of each other in the ways you've mentioned. So there's a lot of support that we can give in a lot of good resources, and I love Doreen's creativity.

As I was thinking about how do we reach out to people who are isolated that we normally would be with in person and doing a lot of caregiving, it's those -- putting the cards and letters in the mail, older folks especially love to get them. Those old fashioned ways when we used to send real letters by snail mail and things like that. So there's a lot of great information, and tomorrow Mental Health America's actually hosting a Facebook Live, I'll be moderating that, hard job and you're doing a great job, I know how hard it is to moderate. So again, that's something you can see on our website, it will be on Facebook Live tomorrow, and I'm so -- I have to look at my calendar to see what time it is.

[laughter]

If I don't get those 15-minute reminders, it's like, where am I supposed to be now?

>> **PAMELA WILLIAMSON:** Understood.

[laughter]

Understood. All right. Andi, I know you've worked with the older adult population. What are your thoughts?

>> **ANDI SPARROW:** Well, it's all about connection. And human connection. And I think kind of to copy what's already been said or echo what's been said, finding creative ways to do that. If it's phone calls, if it's letters, I have one of my clients is working with her adult daughter in writing a story together. So they will write portions and come back and share what they're doing, I still, prior to this past week I was having some face-to-face, but masked safely distanced interaction with my older individuals, and I think even in that moment for the hour that we're together, it was connection. It was proximity, it was someone's listening to me. So humans are not meant to be alone all the time. So we just have to figure out a different way to do it, and while we were talking about, like, can we go and sing songs to them from a distance? Can you stand outside their room and sing songs? I don't know, just getting creative. I love the letter idea. That might be something that's cool, and I -- or just, if you're in an environment with a person who is not technical savvy, help create a system where it's easy for them to put -- view the video, or at least hear someone. We have so much at our fingertips that can help enhance this connection. And just being there. I don't know, just, I'm thinking about my older individuals, loving on them from a distance, how do you do that in a safe way? How do you help them know that you still care and it's -- I don't know, just -- that's what I'm exploring too with that population.

>> **PAMELA WILLIAMSON:** The overarching theme I keep hearing is that we've got to be creative, and we've got to make it happen. No matter what the situation might be this year, and -- but you know, the good thing about it, it's -- not only this year, but as we continue to move forward.

Ladies, as we -- before we get into questions from our audience, is there any additional advice that you can share with our participants regarding staying mentally healthy during the holiday season?

>> **DEBBIE PLOTNICK:** Go ahead.

>> **ANDI SPARROW:** You go ahead.

>> **DEBBIE PLOTNICK:** It may be cliché, but let's count our blessings. Next week is Thanksgiving. Let's think about even if we're far from folks, how we're thankful for them. Let's think about the holidays, to have that positivity. Even though in much of the country it's very cold, get outside. Enjoy nature. I'm very fortunate that I live in the mountains in Colorado, and I look outside every day and I just think about how beautiful it is. But it's beautiful all over the country, and I've lived in lots of places.

So getting outside, bundle up, it's okay. Go for a socially distanced walk or just enjoy the change of seasons. And don't forget that our furry friends are a great comfort to us. And a joy as well.

>> **PAMELA WILLIAMSON:** Thank you, Debbie. Andi?

>> **ANDI SPARROW:** One thing that I encourage myself and my clients is, watch how you talk to yourself. Watch the thoughts that you have about yourself. If you find yourself getting into the shoulda coulda wouldas, you're going to have these feelings of sadness, guilt, self-blame. And then tell yourself, it's okay to be not okay. It's okay to feel the way you feel right now in this moment, if you're anxious, if you're sad, if you're mad, if you're happy, it is okay. You were living this moment right now. Celebrate the small stuff. If it's difficult to get out of bed, but you found a way to get out of bed, that is awesome. I don't care if you're still in your pajamas, I don't care if you haven't showered for three days. But if you got out of bed, that's an awesome celebration.

Celebrate the small stuff. If the world and the day seems monotonous, find little ways to break that routine. What is something you can learn new? Maybe you want to learn how to speak Klingon, or learn something. Engage your mind in things that haven't been able to do before. Creatively. Listen to some music, make some music, draw,

paint. Go outside as well with nature. That sunshine, oh, my goodness, it's so good for the spirit and the soul, and your physical body. So if you're able to get outside, eastbound for 10 or 15 minutes, it's a good thing. If you can sit beside a window where there's sunlight, those are good things. But all in all, be present with yourself, be mindful, take care of those basic needs, are you eating? Are you eating trying to eat as healthily as you can? Are you trying to get good sleep? Are you able to get a little bit of movement and exercise? Are you taking care of your spiritual needs if you have that something that is part of you? Are you taking care of your connections with people? Take care of you. It is okay to feel the way you feel right now. It is okay.

>> **PAMELA WILLIAMSON:** Andi, you brought up some very great points. Someone posted in the chat, a few other ideas, I'm going to throw in Doreen, before we get to you, picking up the phone and calling someone. Just actually reaching out and talking to loved ones and friends. Because it helps people to feel good and so these are some things that are easy to do, they just take a little bit of time. So excellent advice.

Doreen?

>> **DOREEN MARSHALL:** I think everything that's been said has been so great. I would maybe only thing I would add is we're in this for a longer

stretch than any of us anticipated, and so we've already figured out this is a marathon, not a sprint. And that really taking things a day at a time, you don't have to decide for the rest of time how you're going to cope with this, just focus on the moment. Small actions matter, like Andi said. So when I can't do anything else, when I'm feeling really emotionally spent, and none of us have lived through this kind of time in -- so right or wrong. We are just going to do the best we can. Focus on the basics. Try and get some sleep, eat something that's not Oreos, maybe. Drink some water. Try to keep the sense of humor when you can. Set small goals. You don't have to write the great American novel while you're in the pandemic, but you might try something new. I baked a terrible batch of cookies about two weeks ago. I'm not a baker. I thought I'd try something from scratch. They were awful. And we had a good laugh about it as a family.

Don't be afraid to do something small. The way I try and remember, I can do anything for five minutes. So when I feel like not doing anything, maybe I pick up the stuff around my house for five minutes. Or I go for a five-minute walk. And often that turns into a bit longer and once I'm moving, I feel differently. But really, small, small actions and I think just realizing that we are -- our feelings may change. If today doesn't feel like a day I can do much, tomorrow may be better.

>> **PAMELA WILLIAMSON:** You've given us excellent advice. And these are all things that we really do need to remember. So -- before we get into our question and answer time with our participants, I do want to remind folks that there are all of these resources that have been mentioned will be available on the webinar page where you got -- may have received some of the initial information. So be sure to go look at that, and -- in a moment I'll put that into the chat area too.

In the meantime, what I would like for you to do is if you have questions, please put them in the Q and A area, and we will go ahead and share these questions with Debbie, Andi, and Doreen. And so -- and we will get to as many of these as possible. While we're here. So hold on just a moment, we're going to go ahead and start with questions that have already been posted. Go ahead and get started there.

One of the questions that was posted is that studies show that babies who are born and do not get physical contact or hugs or touched develop a failure to thrive. I'm curious about the long-term and short-term effect on all of us with the lack of touch, hugs, contact, and especially those who live alone. And this particular person says, for me I do have my dog for companionship, but again, that human touch is something I really, really struggle not having today.

Any comments or responses for this person?

>> **DOREEN MARSHALL:** That's a really -- first I think we can all connect to that feeling of just not feeling physical touch. I'm a hugger, this has been a very hard time for me not to be able to hug people the way that I would want to.

You know, first I think to acknowledge that that is what you're missing, and to not kind of feel like that's not an okay feeling. I think particularly if you're someone who really connects with people in that way, it can be really hard.

We've been encouraging folks to still stay connected, even though we can't physically connect, but also to do the things that kind of provide us a sense of creature comforts. So it could be making sure you have a favorite blanket, or wearing the softest clothing, if you're really, if you're somebody who is tactile by nature, you would be surprised how those things, they don't replace human touch, but they can be a comfort when we're feeling kind of lonely, or disconnected. Doing something warm, those kinds of things that soothe us physically can be a big help. But I think all of us agree with you, and one of the things I am mindful of, you mentioned the study with the babies, when they looked at -- I read something about when they looked at how people coped with large-scale things, they looked at the earlier pandemic in

the early 1900s, that was a normal piece of what people started to feel pandemic fatigue about. This kind of lack of touch, lack of -- so only to say that this is a very normal feeling, and that as we know, people recovered from the earlier pandemic in the early 1900s, and resumed contact. That this won't be forever for us. But to do the things in the interim that really help you have that sense of tactile comfort can be helpful.

>> PAMELA WILLIAMSON: Doreen, those are some excellent suggestions. And ones that I -- some of the ones I've tried that have worked for some people the weighted blankets are another option, they provide that snuggle -- that snug comfort that is sometimes just needed. So, yes, I understand that.

Andi, this next question is -- was specifically directed to you, but others, Doreen and Debbie, feel free to jump in if -- after Andi responds. It says, Andi you mentioned working on what's in our control. This is something I personally struggle with as I know struggle with being a yes or a fix it person. So can you share ways that you work on this within your profession and how to work through it's okay to let go of what we can't control? You're on mute.

>> ANDI SPARROW: All right. That's a really good question. It's okay to let go of what we can't control. Okay. I think what has been helpful to

myself and people I work with is it's recognizing here's the situation, I give you an example. I had a client that came into my office or did a telehealth session and she was really anxious about a recent utility bill that she received. So she was like, I'm freaking out!

Kind of beating herself up for not knowing and so I began to work with her looking at the evidence of the situation. Taking a step back, what's -- what was presented, how did you know it was going to be -- is there anything that was out of your control? President electric company, you put your trust in the electric company to let you know the appropriate amount, and when they stuck a larger bill, you don't no understand. But now you've learned from what to do next time. All in all, take a step back on that situation. Look at, okay, I am doing the best I can with what I have to manage the situation. Do I need to reach out to someone to help this? Is this something that -- anything that I can do? Is it -- are you able to control another person's reactions or response? You can't. You can't control what they do, what they think. You can control how you share your thoughts and feelings. But once you've put it out there, it really is on that person to do with what they do.

When you get to that point of recognizing what is in and out of your control, you begin to recognize, I did the best I could with the situation

with what I had, and you're like, okay, I'm going to put it back on the shelf. The challenge is going to be, your mind is going to want to go back, constantly, I could do this differently. You have to be like, okay, I'm going to put it back. I'm going to -- you've heard the phrase of letting a balloon government I'm going to try to physically let this balloon rise, away. Now we keep holding on to that string so there is this, I have to honestly open up my hands and let it go. It's easier said than done. It's not like you just say it happens, but it is how you think about it. Where you're spending your energy, are you trying to control a situation that literally is out of your control? I can wish it wasn't raining. But the weather is out of my control. What I can control is I can go outside in my rain boots, in my rain -- with my umbrella, I can even go outside and walk in the rain if I want to. If I focus on what is in my control and managing that situation, it honestly helps to decrease that anxiety. But the more energy and effort that I try to focus on areas that are out of my control, I become increasingly more anxious. So it's just this balance, it's recognizing what is in my control, what can I let go of, and giving myself permission to say I've done the best to manage this situation, the best way I have, and I can do. And being okay with that.

>> **PAMELA WILLIAMSON:** Excellent. Excellent.

Folks, if you remember if you have questions, please do put them in the Q and A. And we are going through those one by one. And I want to go ahead and get to one of our next questions here. How do you reach out to the -- I'm going to spell this so I do not mispronounce it, BIPOC community, via resource and offerings that are culturally sensitive to their needs?

>> **DEBBIE PLOTNICK:** That's a great question. And it's bipartisan is how we say it. Bye-pock.

It's really important to think about not that -- I'm going to speak as a white person, I think it's really important, because we don't have folks of color on this right now. To talk about, to recognize privilege. To just be aware of it. Folks of color, people of color, LGBTQI folks are often discriminated in ways that people who don't fit into -- who don't identify as such, really experience discrimination. So what we need is something that I refer to as cultural you who moment. We -- humility. That doesn't mean we remain ignorant. That means that we -- as we ask people how they're feeling, we really listen. That we really look at what is it that has given, particularly white folks, advantages? And how do we see our neighbors around us who are people of color? Who have been discriminated against? It's really come into focus in big ways, this past year, and it's always been there. We just necessarily haven't had it

focused on it. We haven't been looking at it the same way. So sensitivity to that can really make a huge difference to showing that we support all of our friends, neighbors, countrymen, and so forth.

It's really important to show that humility. My training as social worker, I'm sure everybody on this call also has this, where we had to take a course entitled Cultural Competency. I hate that term. I just hate it. Who the heck is competent? I know I'm not. And so having that understanding that we're really not, but asking. And being willing to listen is one of the best ways we can do it. And in ways that we see discrimination happening, especially if it's white folks saying something that's really discriminatory, stand up to them and say something. Call them out on it. That's something that we can do as part of actions we can take, as well as have humility to ask and listen how current events, how past events, are affecting the rest of our communities.

>> PAMELA WILLIAMSON: Debbie, thank you so much. This is a very, very real issue, and is one that I personally have become even more aware of, and started having conversations with colleagues and friends and trying to understand more of it. So Doreen, do you have something you'd like to add?

>> DOREEN MARSHALL: I was just going to add a resource that AFSP, like many organizations during this time, we've really done a deep look

at how our programming was reaching BIPOC communities, our messaging, if it was culturally relevant, and so we have done a series of webinars and they'll continue during 2021, many of them are reported on our website at AFSP.org. The series is elevating voices for change. And their panel discussions that -- they're panel discussions that feature members of the BIPOC community who are mental health professionals, researchers, others working in mental health, people with lived experience, and sharing their experiences, and really just using AFSP's platform to get their viewpoints, their work out.

So I'd encourage you to check out our website, and listen to some of those or watch some of those webinars with an eye of, what can I learn from this? Like Debbie said, I think it's so important that all of us just be open to learning. And a recognition that BIPOC communities have been disproportionately impacted by the pandemic. So when there are opportunities to not only support those communities, but also elevate their needs, we should be advocates for doing that.

>> PAMELA WILLIAMSON: Thank you, Doreen.

I want to get to a couple of more questions here. We've got about eight minutes left. If any of you still have questions, please put them in the Q and A. If we are unable to get to your questions during today's

session, if you have provided us with contact information, we will try to follow up with you.

Now, we have -- another question here, I think this is a very important question. The person says, they're a college student and they broke up with a girlfriend back in March and thinks part of it was due to communication struggles when they were physically apart. And they recently got back together, but now going into the holidays, and break time at school, very concerned, so is there any advice on those communication struggles and addressing some of the other issues that may go with it?

>> **ANDI SPARROW:** I actually am a person that experienced something similar right at the beginning of the pandemic. And would like to share with you what this person utilized with their partner. Maybe it's kind of going with the plan. You recognize the difficulty, bringing it forth, it's going to be hard, but let's work on a plan together to have these levels of communication. So this person, his partner, they would spend time like, we're going to have a Zoom call from 7:00 to 8:00 at night. They had those planned times where they did have some face-to-face interaction. To maybe work with your partner to develop a way to continue to have those lines of communication open. I think where I've seen increased anxiety occur is when maybe say if you're up at 4:00

a.m. and your partner is not, and you try to reach out and that partner doesn't respond to the text or phone calls, and that's when the thoughts come in. Oh, maybe they don't like me, or they're mad at me, again, be aware of those thoughts. If you go in with a plan, saying maybe they're not available right now, but I know we agreed to get together at 7:00 for a Zoom session, so I'm looking forward to talking with them at 7:00. Kind of alleviate some of those anxieties. I don't know if that's helpful. Hopefully it is, but it's something this person found helpful when the pandemic first started with the communication patterns.

>> **PAMELA WILLIAMSON:** Andi, thank you. That is excellent advice. Sometimes you just have to schedule those times and make it happen. And it really does make a difference.

I'm going to do one more question, and then we're going to have to wrap up for the day. So another question that's come in that I think is very important, how could a person become a peer advocate?

>> **DEBBIE PLOTNICK:** That's a super important question, Pam. So I spoke earlier about folks who are especially trained, who are certified peer specialists. Just about every state has a training for people who would like to work in some kind of capacity. So having a personal experience is really important. However, it's not enough. Having

training through an -- is important but it's not enough. A certified peer specialist has both that lived experience and that training in how to do important things like motivational interviewing, and all the important things that Andi does every day in her work as the therapist.

So reaching out to the Department of Mental Health or Behavioral Health, whatever they call it, in their state place to start, you can reach out to Mental Health America as well, we have a national certification. And we do -- we also do some trainings in various parts of the country, but not all the time. Most of our affiliates do the training and there are also other wonderful organizations like recovery international, that does trainings all over the country as well.

So that's how you can get a job. And one of the things that we do at Mental Health America and I do as Vice-President of advocacy is I work with legislators to make a few -- to work to get people paid a more livable wage. Those things are also important.

Are there ways to volunteer? There are. But they're different. And organizations do have folks who, for example, if you have experienced some types of cancer, or diabetes, there's people who talk to other people in their communities. There are community health workers, a little bit different than peer specialists, but I don't know if that person who was asking about mental health, mental health peers, training, but

it is available in almost all states, and that's certification, and where it's not, we at Mental Health America can help you find some other ways.

>> **PAMELA WILLIAMSON:** Debbie, thank you for that very comprehensive answer. And I think that that's a very helpful -- it will help a lot of people who -- for those of us that do have lived experience that are looking to be able to help others.

We are almost at the end of our time today. If we did not get to your question, please send an email to our project email at ADAsoutheast@law.syr.edu. We would be more than happy to respond to your question or share it with one of our speakers.

Debbie and Andi and Doreen, I cannot thank you enough for sharing the information that you have shared with our audience today.

Because it has been absolutely wonderful. And I do think that you've given us a lot of tips and resources that can help us get through the holidays.

So while we -- as we get ready to wrap up, hang with me for a minute, because you're going to want to know a little bit more about the certificate of completion, and the post-test. First of all, we do have a post-test for today's webinar. And that is how you will get a certificate of completion. You have to be registered, which is -- bear with us, you

are. And listen to all of the webinar and your attendance will be verified and then you've got to complete the post-test. Now, we're going to give you a bonus question that you need to know for the post-test. And so let's just go -- Celestia is going to help us out with that. So you want to know that this lovely puppy dog is a Bernadoodle and his name is Everest. Consider this a gift to you for the post-test. So keep that in mind, it's very important.

After you submit the post-test, and we verified your attendance, you'll get a link to print out your certificate of completion. And so it will be sent to the email address that you gave on file.

Now, your feedback is very, very important to us. We read every piece of feedback that comes in. Because we always want these webinars to be helpful to you and those that -- those whom you serve. And so please, we ask you to provide us with feedback when you get the survey, and to identify topics for future webinars. And as a reminder, the link to the post-test and the evaluation will be also sent out via email within one hour after the webinar ends.

Now, the webinar and all of its materials and resources will be -- archived on our website that will include a recording, a transcript, and the presentation itself. And so we encourage you to use it and go back to it as you need it, and also share it with your friends and colleagues,

and it will be at adasoutheast.org/webinars/archives.php. We thank you again for joining us today, and we do wish you the best of mental health and wonderful holidays as we go into Thanksgiving next week, and our winter holidays in December. If you have any questions about the Americans with Disabilities Act, we encourage you to contact your regional ADA center at 1-800-949-4232, so -- or you may contact the Southeast ADA Center at 404-541-9001. And again, our email address is adasoutheast@law.syr.edu or you may email our dedicated webinar email at seadawebinars@law.syr.edu. All calls and emails are confidential, and we look forward to hearing from you and good luck on your post-test. Take care.

End of Transcript

Webinar: Protecting your Mental Health during the Pandemic and Holidays

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Disclaimer: The contents of this publication are developed under a grant from the National Institute on Disability, Independent Living, and

Rehabilitation Research (NIDILRR grant #90DP0090-01-00). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this publication do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

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