

Angelica Ladd:

Good evening, everyone. Welcome to the Healthy Living Series. We're just going to wait just a moment to allow for everybody to get into the webinar and then we'll get started.

Angelica Ladd:

All right. Hi, everyone and welcome to the Healthy Living Series. I'm me Angelica Ladd, community relations specialist here at Dartmouth-Hitchcock Health. This evening, we are joined by John Broderick, our former Chief Justice of the New Hampshire Supreme Court and senior director of external affairs at Dartmouth-Hitchcock Health and Bernie Seifert, director of adult programs at NAMI New Hampshire and tonight they're going to talk about the best ways to support a loved one during a mental health crisis. But first we do have to clean up some housekeeping items. Tonight's event is being recorded and will be posted on our Healthy Living Series webpage [@go.d-h.org/hls](https://go.d-h.org/hls) and it will also be posted on YouTube so you can view it there as well and share it. We have closed captioning available this evening. If you click on your closed caption icon, you should be able to click on something that says show subtitles and you'll be able to you follow along that way if you need to.

Angelica Ladd:

If you would like to ask a question this evening, please use the question and answer function, the Q and A function, and we should have plenty of time at the end of tonight's event, to answer your questions. At the end of the event, you will receive a quick three minute survey just to let us know how we were doing tonight, and to also help us with future programming, to let us know what you're interested in for future Healthy Living Series events. Again, thank you so much for being here. We're going to kick things off now. I'm just going to give a short vis of our great guests. Thank you so much for being here. First, I'm going to start with Bernie Seifert. Thank you so much for being here. MSWLICSW is the director of adult programs at NAMI New Hampshire, which is the National Alliance on Mental Illness.

Angelica Ladd:

She is also the social worker for the Northern New England Geriatric Workforce Enhancement Program, which is part of the Dartmouth center on health and aging in Lebanon, New Hampshire. She earned her MSW degree with a sub concentration in aging from Boston University, and has been a licensed clinical social worker, serving adults and their families in New Hampshire since 1988. Her current affiliations include the board of directors for the National Association of Social Workers and past president of the board of directors of the New Hampshire chapter of the National Association of Social Workers. Thanks so much for being here, Bernie.

Bernie Seifert:

Thank you.

Angelica Ladd:

And we also have tonight John Broderick, John T. Broderick Jr. is the senior director of external affairs at Dartmouth-Hitchcock Health. Prior to joining DHH, who was a member of the New Hampshire Supreme Court from 1995 to 2010 serving as Chief Justice from 2003 to 2010. During his time on the court, the Broderick family experienced the devastating impacts of mental illness in a very public way. For years, Broderick eldest son struggled with addiction, which had masked a severe underlying mental health issue, which he'll talk more about in a moment. As a family, they survived and healed and now he uses

his experience to help educate others that mental illness is not something to be ashamed of, rather it is something to be recognized and to be addressed just as any other physical illness. So, thank you so much for being here. We're going to show a quick video to give a little bit more of a background on your story John, and then John you're going to talk a little bit more about your experience as well. So, let me get that queued up for us.

John Broderick:

I grew up in a world where nobody talked about mental health or mental illness, but for my family's experience and the public nature of it, I'm sure I wouldn't be here.

Speaker 1:

It is my pleasure to now introduce judge John Broderick.

John Broderick:

Mental illness took up residence in my own house, in my 13 year old son. He was a really good artist my son, and he spent a lot of time as a kid in his bedroom at his desk with the door closed drawing. Today, I would describe it as withdrawing.

Patti:

We just saw it as he was an artist, he was much more quiet, much more reserved and we didn't do anything to change it. We just thought that's who he was. We knew that creative people, really creative people oftentimes much to the beat of a different drummer and that was Christian.

John Broderick:

My son started smoking in high school, but he was smart and he tested very well. And he got into a pretty good college in New York. When he went to college, he started drinking I mean, it was serious drinking and we didn't know enough about mental illness to even think, I wonder if he had some mental health problem. I knew nothing about mental illness either did my wife. He used to say to us dad if I didn't have these feelings, I wouldn't be drinking. He didn't know he had a mental health problem, it made sense when you think about it, how would you know that.

John Broderick:

When he finally got through college and came home to graduate school in Boston, he lived with us. At that point, he was drinking pretty much every day. We tried rehab, but I look back now and think how foolish was that? So, Patti and I finally out to the alcohol experts and said what do we do? Patti and I were told we had two choices, put him on the street hope that him around or let him die drinking with us. And so we thought we had to do the thing that nobody should ever have to do and that was to put my grown son on the street. And so we did that, we literally put him on the street. It was the hardest decision we ever made and the single worst decision I have ever made in my lifetime. When he came home, he was drinking as much if not more.

John Broderick:

Those underlying mental health problems exploded. I'm sure looking back, he was frightened we would put him out again. And he knew we couldn't do that. So, one night he assaulted me. I went to the Intensive Care Unit at the Elliot Hospital in Manchester. I was in the ICU for six or eight days, I have no

memory of that. My masters educated son was arraigned in a public court room in Manchester, issued orange jumpsuit and sent to the Valley City Jail. I don't know what the definition in the dictionary is of hopelessness, but I know what it feels like.

Patti:

It was frustrating, it was frightening. It was horrific.

John Broderick:

[inaudible 00:09:10] In jail for six months. I wasn't allowed to visit him. My wife visited my son at Valley City when I was in the ICU. He said, mom, is dad going to be okay? I can't believe I did that to dad. I cannot forgive myself, just tell me he's going to be okay. In the early days, she didn't know. After six months, he was taken one morning to the Superior Courthouse in Manchester, where he was going to be sentenced to the state prison. My son came in that morning, I hadn't seen him for six months. My wife and I were sitting in the front public row and he walked over. I stood up with my wife, he gave me a big hug, he said, "Dad, I'm so sorry, I don't know why I did that."

Patti:

It broke our hearts because we thought we were doing the right things when we weren't. And we realized the damage we had done and the wrong decisions we had made.

John Broderick:

I said look, we must have gotten into this as a family and we're going to get out of as a family too. If you don't quit, your mother and I won't quit. He said, "I won't quit dad." He was sentenced to seven and a half to 15 years in the state prison. After 30 days at the prison, you are allowed to have visits if appropriate. We met with the head psychiatrist, two social workers, Patti and I, and my son and Dr. Noel said, let me tell you what's going on with your son. He said your son has really serious depression and panic and anxiety that's virtually off the charts. So, what he was doing is he was drinking because that was the only thing that gave him relief.

Patti:

It was through the prison that Christian finally stopped the drinking, got the right care, the right medications and we were hopeful I think at that point.

John Broderick:

It's like it all came into focus and the focus too. I felt like I had a hand on everything. My son's not a bad person that's now suddenly a good person. He's always been a good person. It's not a weakest or a character flaw. It's a health issue and treatment is possible.

Patti:

This campaign of knowing the fives signs of mental illness is become a passion for both John and I. We had same dreams for each of our boys. Christian's journey just put us on a road that we just never expected to ever be on.

John Broderick:

I think when this campaign idea came along, I thought maybe the only way out of this fire is to talk about it, to deal with it and in dealing with it, help other people. Some days I feel like I'm on fool's errand, maybe I'm the only one that cares about this. My son has taught me a lot about mental illness. I'm not ignorant now, I see it now.

Angelica Ladd:

Ladies and gentlemen, John Broderick.

John Broderick:

Angelica, I want to thank everyone tonight for tuning in. I came to learn what Bernie Seifert is going to say, she's terrific by the way, but I really appreciate the opportunity. And I assume that many of you listening tonight are either dealing with a mental health problem or someone you love is a mental health problem. And the first thing I want to say to all of you in that context is that you're not alone. You are not alone and I thought when we finally realized what was going on, that we had been alone and that was not true. And in the five years or so now more than five years, I've been traveling around New England because of the Dartmouth-Hitchcock I'm proud to be part of that group. I've been speaking mostly to young people the age my son was when this began. Ages 13 to 18, grade six through 12. I've been to 300 middle schools and high schools have spoken to 90,000 young people.

John Broderick:

And I wasn't sure when I started that they'd be that interested in what I was saying or that I could keep their attention. I'm not exactly their age, but what has been striking every time I go out, it doesn't matter what the room is. I've spoken to 40,000 adults too. It's a topic that resonates. And during the last five years, especially in gym's and auditoriums, this grandfather who these kids have never met namely me, when I finish speaking and they will come up to me, I've hugged thousands of those kids, I mean literally thousands. And sometimes they hug me first, but all of those kids have come up are either thanking me for talking about it or sharing in their own mental health journey with me or the fact that their parents don't believe in mental illness or that they're ashamed that they're mental illness.

John Broderick:

And my mission has been to let people know there's nothing to be ashamed of. It's nothing anyone chooses and it's something anyone deserves, but over time, over generations, we've always stigmatized it and make people feel badly about it and about themselves. And it is so unkind. And so that I don't sound too righteous here, I was part of the problem for much of my life, because I did and understand mental health. I thought it only affected other people and that if you were really seriously mentally, I'd never meet you. And I was wrong about both of those things. I never realized that they were people who were working with me or in my neighborhood or in my circle or someone they loved was in that circle. And so my message has been, we need to stop judging people because they have a mental health problem.

John Broderick:

Any one of us myself included, could have a mental health issue. My son was only so much better now. He didn't choose that problem. He was pretty courageous by the way, the way he fought back and came back. And because of our ignorance, we really harmed him, not intentionally but in fact that was true. And so what I'm trying to say to people is could we finally have the generations stop feeling about mental illness like it's a failing, a weakness, an imperfection, it's a health challenge it's what it is and we

need to deal with it that way. And I think one of the obstacles people have in dealing with mental health in their own family especially, is their unwillingness to let others know. For fear that they'll be found out or that they won't think the same of their loved one if they know. I get that all the time by the way, kids tell me that.

John Broderick:

And that's the way it's been. And it won't change just because time passes, it will change because we decide it needs to change. And so the discussion tonight, which I think Bernie will lead in a very informed way is how do you deal with the mental health crisis or mental health problem in your family or in your close circle? And what I want you to know is that you won't be able to do that effectively, whatever your age or the age of the person you're to help if you are ashamed of it or afraid that somebody will find out. In fact, helping somebody with a mental health problem is a very noble thing, an extraordinarily noble thing to do. And if I had a mental health problem, especially if I had a serious mental health problem, I would hope that people would help me and not be ashamed of that.

John Broderick:

Not be afraid to reach out and talk to others in your family or extended family, your friends in the neighborhood, because anybody who's providing those care services can get pretty exhausted depending on the circumstances. And if you're trying to hide it at the same time, you're trying to deal with it, it's going to take a lot out of you and your loved one will feel that there is something that should be hidden or conceal. We'll just say when I was younger, years ago my mother used to whisper the word cancer, she used to whisper the word cancer and some people weren't as brave as my mother, they would say here, she has the C word seems silly now, doesn't it? It wasn't for generations. And nobody said the word breast, no adults said the word breasts when I was a child, no one said that in the public square and no one said cancer.

John Broderick:

Now, we say breast cancer, makes sense, doesn't it? But it didn't make sense for generations of Americans. And so a lot of women, it's not only women with breast cancer but mostly women, a lot of women probably died in their 40s nobody knew why because nobody would talk about it. Last year, there were over 300,000 women diagnosed with breast cancer and we have great protocols, great care and most of those women will lead a full life in part because everyone finally they grew up and found treatment and cure. It was true for HIV aids. We all know that in the 80s, those people we didn't know who they were and they were ostracized and stigmatized and then finally Magic Johnson of the Lakers had to leave the NBA cause he had HIV and we didn't want to lose Magic and we didn't. And suddenly it was okay to have HIV.

John Broderick:

Not that it's okay, but it was okay to talk about it. And we found very effective treatment now and that's all good. It's true for heart disease and dementia. So, many things that affect so many people, but not with mental illness. So, the best advice I can give you, is to know what you're looking at and maybe we will talk a little about that tonight, but don't be afraid to seek help. It doesn't have to be in the town square every time, but you're going to need people told to give you some relief. The caregiver needs to take care of the caregiver too. And if you're trying to hide it or conceal it or you're ashamed of it, that's not going to help you and certainly not going to help your loved ones. That much I've learned the last five and a half years. I've also learned that you are not alone.

John Broderick:

Trust me when I tell you that. One in five adolescents will have a mental health issue, one in five adults too, almost one in five of every person you pass on the street either has a mental health problem or someone they know or loved is that's pretty extraordinary. That's 10 of millions of our fellow citizens. So, whoever in your orbit is suffering, if it's you or someone you love, there are so many people and families dealing or trying to deal with what you're dealing with. So, my messages reach out, get help, talk about it. It's probably the most important thing you can do. Don't try to hide it, conceal it, talk it away, that won't help anybody. Anyway, thanks for listening and I know Bernie is going to follow and I'm really looking forward to her talk.

Bernie Seifert:

Well, thank you John and that is very difficult to follow because I think that the main message for tonight is exactly what you just gave and that is please talk about it, don't be afraid to be open about it and trying to bust that stigma and that discrimination, there's so many different forms of discrimination and one of it is our own self and how if we ourselves are dealing with a mental health issue, we need to address that and not.

PART 1 OF 4 ENDS [00:23:04]

Bernie Seifert:

We need to address that and not self-stigmatize with what's going on. But, there's also stigma within a family and there's stigma within our culture, and even the way mental health is often talked about in the press, in the media... You don't listen to that. We need to fight that. So, we need to advocate to change the way mental health is talked about, and one example is language.

Bernie Seifert:

And I heard you, John, on a program, just... I think it was yesterday or the day before, in a conference for the New Hampshire Behavioral Health. And so many times through the two days of the conference, there was a talk about how we need to change the language and how we talk about mental health. And instead of saying "the mentally-ill," it's people who have mental health conditions, so put the person first. And so, if you have a family member you, yourself, or if you have a family member that you're having difficulty talking to about mental health, maybe like taking a look at the language that is used. And I'm saying this... I changed... I am continuing to change the way I talk about mental illness.

Bernie Seifert:

I think back of some things I used to say, years ago, and I'm embarrassed. Knowing what I know, now, and knowing how hurtful that language was. So all of us can have room to change, and to grow, and to be a part of changing the culture and how we look at mental health. And definitely, if you have a family member who is experiencing mental health issues, who's reluctant to accept help, maybe looking at how we talk to them about it. You talk to them about it as if it's a mental health... It's a medical condition, because you know what, it is. It is a medical condition. So, we need to think about that. So, if you do have someone in your family who is experiencing a mental health crisis or is approaching a crisis, that can be really, really devastating to a family, to an individual... It's hard to deal with that.

Bernie Seifert:

So, you talked about, John... Taught me about taking care of the caregiver... Making sure that you do take care of yourself, because if you're not thinking clearly, and you're stressed, and you're not addressing your own needs, it's going to be very hard for you to be working with your family member to get them to accept help. So having a plan, doing some homework... Fact that people are attending tonight's program, it's great, because you're trying to find information. You're trying to find... That's one of the first... One of the important steps to take, is get information and educate yourself. Pull together numbers... Maybe the medical providers of your loved one, other crisis numbers, the mobile crisis team, in your area, the mental health center number, in your area. So doing your homework, and keeping yourself a little file of where to go to when you are in crisis and need to reach out, and making sure that you don't try to make decisions about your loved one, without their consent or without their involvement.

Bernie Seifert:

That communication is key. It's really important. If you do something behind their back, it's going to come back to bite you. So it's really important to work with them, and I know it's easier said than done, and you want to do so much to help your loved one. And sometimes, you just get these things done behind their back, but really, it's important to be open and to try to communicate what it is that you want to see happen. And your... communicate that your... Their best interest is what you are looking for.

Bernie Seifert:

So, even sometimes how you present... Making sure that you're in a... Your adrenaline is reduced when you try to talk to them, and try to be as direct as possible saying that, "I'm concerned about you. And I'd like to help. I'd like to help you find some resources and find some supports." And they might not see... One thing that we see a lot, and family members of NAMI will talk about a lot, is how their loved one refuses treatment or denies that they are in trouble. They deny that they have a problem, and there is a name for that, Anosognosia, which is spelled A-N-O-S-O-G-N-O-S-I-A. And if you look it up, it's when someone has a condition, such as a mental health condition, and can't see that they have a problem.

Bernie Seifert:

So, part of the work is working with them, and giving them the opportunity and the time to really come to terms with that. So, that can be really challenging, and you are not alone. There are a lot of family members who are dealing with this. So, setting up expectations and setting up... It's also important too... One of the things we see a lot, with family members, is where... You have to set limits, clear expectations. Set some boundaries of what you will or will not allow, for instance, in your house. But at the same time, continuing to give the message that you want them to get help.

Bernie Seifert:

So, I will show a few slides and to talk about... Let me pull this up. Hold on.

Bernie Seifert:

Can you see my slides? I can't. Oh, there we go. Okay.

Bernie Seifert:

So, some of the things that we offer at NAMI, and I think it might be important to just say, you're not alone. There are some supports that you can access at NAMI. All of the programs that are listed, here,

are free to anybody in the state. So, we do... we have educational programs. NAMI Basics is a program, especially for family members of children, youth, who have mental health conditions. Family-to-Family is a program... Educational program. Both of these... NAMI Basics, Family-to-Family, and Peer-to-Peer are eight-week programs, where you attend a class and learn about the different conditions people may be experiencing. You meet other people in the class, who are in the same situation that you're in. So, there's a lot of... In addition to learning, you're also connecting with others, and realizing you're not alone.

Bernie Seifert:

So Family-to-Family is for family members of adults, family, or sometimes, it could be a spouse. It could be a best friend, a good friend, a partner. Connect Suicide Prevention is a program that is...that provides suicide prevention education for different groups. Peer-to-Peer is for individuals who have lived-experience with mental illness, and it's also an eight-week class, where you learn about different aspects of where to get help, different resources, and how to, kind of, take control of your life. Side-by-Side is a program. It's six sessions for families of individuals, for older adults and their caregivers. And Crisis Intervention Team, which is a CIT program that's specifically for first responders, and NOMA's been doing their... It's a 40-hour, week training, for first responders.

Bernie Seifert:

So, we're working very closely with police, both, state police, local police, to educate them about mental health and mental illness, and how to approach a situation. So, if you are a family member and you need to call police, one thing I would recommend is, when you make the call, ask if somebody is trained in CIT, on the team. And if you could ask that they... When they come to the house, to have a trained CIT officer be involved. The advocacy programs that we have at NAMI is... Actually, when I look at what Judge Broderick is doing, that's what he's doing. He's advocating. He is advocating for people, around mental health concerns. He's giving the message that, "it's okay to talk about it. It's important to talk about it, and to treat it like a medical condition."

Bernie Seifert:

So, the It's Your Move program is an advocacy, where you learn how to work with legislatures, to increase awareness about mental health needs in our state, and to make sure that the needs... the services and the programs address the needs. In our own voices, a program of individuals, who have lived with mental illness and tell their story. And, they talk to large groups. It's a wonderful program, and it really changes the way people view mental illness, and I think, can reduce some of the stigma. Life Interrupted is people who are family members of individuals with mental illness who tell their story, survivor voices, or, for people who have had lost a loved one to suicide, and will tell their story of how they've looked for help and found support.

Bernie Seifert:

And NAMIWalks is an annual program we do, to raise awareness. And then, we have support groups, all around the state. We have... Currently, all of our support groups are being held virtually, because of COVID. So, you can pretty much access any of these groups from where you're sitting. So, the... We have several family-of-adults support groups, parents-of-children support groups, survivors-of-suicide-loss, individuals-with-mental-illness. So, these are the Connection's... Connect support groups... Connection's... Excuse me, Connection's support groups. And, First Episode Psychosis or Early Serious



Mental Illness... And these are for family members, of loved ones, who have very early stages of First Episode Psychosis or Early Mental Illness.

Bernie Seifert:

We also have Facebook-based support groups. We have virtual support groups, where it's live time, so you're you're meeting like you are right now. But the Facebook support groups... If you want to type in something at 2:00 in the morning, or at 4:00 in the morning, or at 12:00 midnight, on Saturday night, you can do that. So, it's 24/7 support groups that it's being... It's held on Facebook, and that's for families of adults. We have one for parents, or family members of children, First Episode Psychosis and Early Serious Mental Illness, as well as one for military/veteran families. And we have individuals, who can talk with you and provide consultation, on a one-to-one basis, as well. We have that for families of individuals, and individuals for military, and veterans, and for parents of children... The parents of children is a very, very extensive program we have, around the state, where we have individuals who have their family peer support persons, who they've lived what you're living through, and they're able to support you, knowing where you're coming from.

Bernie Seifert:

So, it's a peer... A family peer support group. And the information and resource line... If anything, you can take away today, I mean, that's probably the main number you should keep, because you can call that number anytime, and someone will call you back and provide you with any information that we talked about, just now, or also, just provide you with some support about resources throughout the state, as well as provide you with some guidance of where you could get some help. And this is just a number, another way of showing the resource line.

Bernie Seifert:

And we have some services for veterans, and service members, and military. And I think these slides will be made available to you. I'm going to ask Angela, later, about this. We have... This is the website for all the Kenosha, New Hampshire, Community Mental Health centers. There are Community Mental Health Centers... There's a Community Mental Health Center in your region. So, just being aware of that, as well as peer support programs. So, there are peer support programs, throughout the state. So, that's another thing that you could... If you have a family member who would like to connect with peers or other people, who are experiencing mental health issues, this is also a great support and definitely underutilized. So, just making sure that you're aware of this. Making sure too, that you're aware of the Suicide Prevention lifeline. This lifeline, I will say, that I have that number listed my cell phone, and I would highly recommend all of you to do that, because you never know when you're going to run across someone who may need that.

Bernie Seifert:

They take calls 24/7. There will be a change in the emergency calls for mental health issues, starting in January, but they will still be responding to... This line will still be available. And I will say having that number in my cell phone, I have used it twice when I've been with an individual, who seemed to be okay... Wasn't... I didn't feel comfortable leaving them for a whole week, without touching base with them, but I gave them that number. And in one case, the person did tell me that they did call that number, and it did... I'm not sure if it could say that it actually saved their life, but they were really, very... Felt that the... It was very helpful to talk to someone, when they were in the middle of feeling very, very down.

Bernie Seifert:

There's also the texting number. For people, especially younger people, tend to feel more comfortable with texting. So, texting 71... 741-741 is, also, another way to get some support if... And just some general tips, for you, when you're managing this journey. And I know this time of year is really, really challenging, in terms of, we have COVID, that doesn't seem to go away, and is causing extra stress and extra... It's making it more difficult, I think, for family members and for people with mental illness. And actually, NAMI New Hampshire, a NAMI National, has done some statistics... Shown some statistics, that 64% of people, with mental health concerns, expressed that the holidays exacerbates or makes their symptoms worse. So, it's very... It's a very, very stressful time of the year. I know making sure that you, as a family member, or for all of us, to get extra sleep, exercise, make... get out there, stretch, get some exercise, nutrition, thinking of a healthy, healthy diet.

Bernie Seifert:

You're thinking of hydrating, making sure we drink a lot of water, and manage... Especially this time of year, be careful about alcohol intake because, I think, there's a lot of emphasis on alcohol, around the holidays. So, just being aware of that, making sure that we think about our attitudes, thinking about, "what are we grateful for?" Sometimes, we need to remind ourselves that there are some things to be grateful for. Stay connected with others and check in. And recognize that you're important, that you are very important for your loved one, that as a care partner, as a caregiver, or a care partner, or family member, it's... You provide a lot of support, and don't be afraid to ask others for help.

Bernie Seifert:

Don't be afraid to seek professional guidance. I think this can be very, very challenging. And right now, with COVID, there's a definite increase in anxiety and depression, throughout the country. You're not alone, and this is very, very real. And recognize that daily routines change can add stress, especially around the holiday, so just being aware of that. And manage your self care. If you're your own caregiver... And wait a minute, you are. You are your own caregivers, so making sure you take responsibility in taking care of yourself. Be realistic about expectations. Sometimes, we have to manage our expectations, and that is true when we're... we have these expectations for our family members for our loved ones. If we have an adult child who isn't quite what we had expected them to be, let's look at that and say, "that's okay. It's okay for..."

Bernie Seifert:

And just being able to manage how we see them and how we expect them to do. Focus on what you can do. So, you might have a long list of the things to do... Focus on the top... One or two things... Try to do just one thing at a time. Set goals and work toward them. And learn from your emotions. If you're feeling stressed... Well, you might have some reason to do that, and what is it that you can do to, kind of, help manage your own stress or your own anxiety? And don't be afraid to get help when needed. And look at how we communicate. Look at our language. Talking about our loved one or our family member, as a person who has anxiety, or a person who has a mental health condition, a person who has a substance-use issue, rather than saying that they're an addict, or they're crazy. Look at... Looking at how we talk may be really, really important. And these are just some... The website for NAMI... A Lot of information is available there, and don't be afraid to go into that. So let me stop sharing.

Bernie Seifert:

And I think we can, probably, take a look and see if we have any questions or any comments from the audience.

Angelica Ladd:

Thank you so much, both of you. We do have some questions that have come in. So John, if you want to just turn your video back on and we can have a little discussion. Bernie, would you like me to share out some of those resource materials that you had?

Bernie Seifert:

That would be great? Sure.

Angelica Ladd:

Our first question was, somebody is... Has an adult son that lives an hour away, and they just want to know what the best way would be, to support them, being that they're a little bit further from them?

Bernie Seifert:

Okay. Well, one of the things, I think, to keep in mind... So, you're living away from your son. One of the things to keep in mind, is you can still access services and supports, even though it's remote. Especially these days, because of the virtual nature. If, depending on how you communicate with your son, are you checking in with him daily? Or weekly? Are you checking in by FaceTime, maybe? That's a possibility, and sometimes, what we hear over the phone may be a little different than actually being able to go visit. So, it might be important to connect with them on, on a face-to-face basis, if possible, maybe once a week or once every couple weeks, so that you can see how they're doing. Maybe having a communication with... Communicating with them about, what is it that they're willing to accept for help? Do they need help trying to find resources, within their region or within their area where they're living? Potentially, even getting some help online. If they're... Are they willing to meet with somebody on... Virtually, through FaceTime, or through, like a zoom medical, telehealth, I guess, is the word I'm looking for.

Bernie Seifert:

So, I think it all depends on what it is that you're worried about, and is it something that... Maybe, you need to make sure you connect with them on a face-to-face basis.

John Broderick:

Angelica?

Angelica Ladd:

Yes?

John Broderick:

Can you hear me now? I can't get back on the video. It says-

Angelica Ladd:

Oh, let me see what's going on there.

John Broderick:

The host has disabled me. I don't blame you for doing that.

Angelica Ladd:

Oh no. You should be able to that now. You should be able to. There you go.

Bernie Seifert:

There we go.

John Broderick:

I'd have to agree-

Bernie Seifert:

I thought you'd left us.

John Broderick:

No, no, I'd never do that. I just wanted to add one thing, all right? I agree with everything that you've just said, Bernie, but one of the things, I think, is important, and I didn't follow this rule, obviously, but I didn't know what I was looking at. I'd be smarter now. I think it's really important, with someone who's trying to be a caregiver, to really learn what the mental illness is, that you're dealing with to really learn about it. And in the world,

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John Broderick:

... What you're dealing with, to really learn about it. In the world we'll living in today, not that everything you read online is accurate, but there's a lot of fingertip information. So I think it's important, if you're trying to help somebody to understand what their mental health problems are doing to them and how they may perceive the world around them and you who are trying to be of help. I think it's really smart to become more and more informed. As Bernie was saying, this I've learned, persistence and patience are important. If you can learn about mental illness before it reaches stage four and engage the person at a different time, at an earlier time, you may be dealing with it more effectively than if you keep looking the other way until it explodes in front of you. At that point, it's never too late, but it's later than it should be. So I think to be really vigilant about it, to ask questions of medical providers, social workers, therapists, so you really need to be an informed consumer and that's not always easy, but it's essential.

Bernie Seifert:

Absolutely, education, education education is really... Having a file, keep a little box or a little file so that you can keep as much information as you can, definitely. You'll be better prepared and get that homework done. Trying to find more and the medical providers is a good place to go or educate or attending classes. NAMI has some programs, but not saying you have to go to NAMI. There are other ways of educating yourself and just finding out more and don't be afraid to get your own therapy as well, to be involved in counseling yourself, because this is tough work and the healthier you are and the more you're aware of your own needs, the better off you will be to help your loved one, your family member. Also, it's also going to be setting a good example.

John Broderick:

I wanted to share Bernie, a week or so ago I was at a forum put on by the YMCA with Charlie Olson. I don't know if you've met Charlie Olson. He's 11 years old, he's one of my heroes and he's the kid governor of New Hampshire. A fifth grader. He's a cute kid and he's an athlete and he talks about mental health. I think Charlie probably has suffered from some mental health challenges himself. Although he's such a courageous kid, I just so admire him. He was at this forum and one of the adults in the room said to him, "Charlie, what do you think adults don't realize that you wish they realized?" And out of the mouths of young people, he said, "Well, one of the things I realized," he said, "When you talk to people, especially mother," he said, everyone laugh. He said, "Mothers want to fix everything. That's what they do. They fix, they come in, they're maternal. They want to make sure it's okay."

John Broderick:

And he said, "Sometimes, you're not asking for that. You want them to hear you. You want people to be attentive to what you're saying, not say, "How can I fix your problem?" Because then you really stop listening. You're thinking about action steps." And he said, "Sometimes it's really helpful if someone just sit there and take most attention and be supportive of you without making you feel like they don't have time, because they could fix you somehow."

John Broderick:

I think one of the things that happens, I'm sure I was guilty of it myself, when you really don't know what you're dealing with, and so you think, "Okay, it must be this, or it must be that." When I found out more, but still not the right answer, I was always intent on fixing it, which was probably not productive as opposed to assisting someone and helping to guide them and not becoming the resident expert myself. There's a tendency, especially with people you love to say, "I can solve this problem." And most often you can't solve it, but you can assist them in solving it. I think it's an important another, no one's expecting you to fix it, but they are expecting you to be attentive, to listen and to know when things were being elevated and what to do then. Bernie's point about making a plan, know where the resources are. I will say this, I've had calls over the last five years from parents who have children, it's usually a son who has acted out in their house and he's living with them and they got frightened from time to time and they don't know what to do.

John Broderick:

I said to them, "You know what I would do if I were you? Not to get them in trouble, but you don't know where that's going to go and it could suddenly go quickly. I would go down to my local police department, meet with the chief or somebody and say, "Look, I'm not here to get my son or daughter in trouble. That's not why I'm here. I hope you never come to my house. I love my son or my daughter. They're great people, but they have some mental health issues now and they getting help or working on it. But if I ever call the station, not that I hope I ever have to do that, and let you know that there's a problem in my house. When you arrive, I want you to know the person in there's not evil. The person has a mental health problem."

John Broderick:

Because the police that you pointed out Bernie are getting much greater training now in dealing with mental illness. It's a lot easier for them to know that in a quiet office visit than on the front steps of your house. So I encourage people who are concerned that that could happen, and hopefully that would never happen. But that you don't start talking about it in a nervous voice on the phone, that you're able

to come out and say, "It's my son. I told you. So when you come here, please remember what I told you." I think that's good to do.

Bernie Seifert:

That is really important. That's a very important tip. I have a friend and colleague who often says that, and she's had an experience of having a family member who has a mental health issue. Sometimes they've had to call the police and she has this arrangement with her husband that, one of them goes out and meets the police outside and talks to them and the other one stays in the house with their son so that they're able to tag team and be able intervene and inform whoever the police officers are of what's happening and giving them message that it's not a bad person in there. It's not a criminal, it's someone with a mental health issue and he's really struggling right now. So that's a very important tip to provide.

John Broderick:

We live in a world Bernie, where people weren't shamed, that probably wouldn't happen. Something needs to happen.

Bernie Seifert:

Yeah, and it's unfortunate that that's how we view it. I think we need to all work together to change that. Absolutely. Being able to have, it's educating yourself, it's also finding support and whether the support is in a one to one office with a counselor or a zoom call with a counselor on a regular basis, or in a support group of some kind, finding some place where you don't have to feel alone and while you're in support groups for example, I know support groups are not for everybody, but what seems to happen in support groups is you learn from others who've been there, done that and what did they, that that help them. Who are the good therapists, where do you go for some help? There's a lot of that stuff that happens in the support groups as well.

John Broderick:

Well, I think also Bernie, sometimes even though parents love the person, if it is a child, it's not always the child, but it doesn't matter who would be, but sometimes you're not the right person to have that conversation. You might love them more than everybody else, that doesn't mean you're the right person. Sometimes it's important for you to know who your son or daughter may be close to because maybe it's that person that should have the second conversation and they may hear it differently. But the one thing that I know, and I've learned it from my son too, is when people think you are judging them in their mental illness, that's not a good place for them to be or to feel like that, and they're perceptive. Most times they're extraordinarily perceptive. They want to be treated with respect, as all of us do. It goes back to my point, you can't say, "Don't worry about, I'm going to take all the burden off your back."

John Broderick:

Because then you're making them a potted plant. They've got to plan too. They to be involved and you've got to be a constant assistant and coach and encourager, but sometimes it may not be you that could do the job. It may be a friend or a relative in the family who has a better relationship at some level. So I just encourage people to realize the whole team may not include them in a very direct way, but just to give it some thought, there may be people beneficial might be your brother or a sister better to talk to the person than a mother or father.

Angelica Ladd:

Yeah.

John Broderick:

Right.

Angelica Ladd:

Really good thoughts, and I'm sure we've answered quite a few questions I hope. But we're going to get into a couple more, we have someone who... We've talked a lot about talking to our loved ones about their mental health, their mental illness, and really having a conversation and talking, but someone's concerned because in their experience, that's never solved the problem. It never feels like it improves it and usually it feels like it makes it worse. So they really don't have a lot of confidence in the ability about talking to improve anything. So where do they begin in having that conversation? How do they start when in their experience, it's only been a negative?

Bernie Seifert:

I don't know, did you want to take this John?

John Broderick:

No. All I was going to say Bernie is, is everybody with a mental health problem is in a different place. It could be the same mental health problem. Everyone is different. But I think what nobody wants, whatever place they're in, they don't want to be lectured to, and they don't want to be told that I know what your problems are. You may know, but that's not a conducive way to start because it neutralizes them. I think open ended questions, non-judgemental questions. How are you feeling, how can we help? What do you think would be helpful?

John Broderick:

At least they're not feeling at risk. Because sometimes they feel like, "Wait a minute, what are you doing here? What are you telling me?" They're not in a place to understand your good intention. So your language matters, how you approach it and my experience has been that oftentimes the first try doesn't succeed, right? It's a process oftentimes, but ultimately it comes down to trust. So if the person who's suffering trusts you, which even though they may love you, they may not trust you. It's important you earn that trust. So they know that what you're doing is really in their best interest, not your best interest, that's a fine line. So being too assertive, too aggressive, too matter of fact, got to be patient.

Bernie Seifert:

Yeah. In addition to that, recognizing where they may be at, when we look at how people change, even making a decision for instance of going on a diet or losing weight. There are difference stages of someone being able to make some changes. Yeah, as a family member, you might have done all your homework and you might say, "Oh, geez, I know all about this," but they might not be at that stage. So trying to meet them, I know this is easier said than done, I realize that, but trying to meet them where they're at. Asking them, listening, taking time to sit back and asking them what they want and it might not be where you think they should be. It might not be exactly what you want to hear, but starting with that and recognizing we can't make everybody change, but we certainly can listen. Listening may open a door. I know that's easier said than done. We're talking here recognizing that there's some very, very

challenging situations out there. Especially when someone doesn't realize that they have some symptoms or they have a problem.

John Broderick:

I think it's important. Obviously if it's at a crisis stage, the options may be very different. But I think most people are getting more perceptive about mental health problem. Sometimes it's worthwhile, there's no crisis, there's no emergency, just to have a conversation, say, "How are you feeling? How are things going? You looking better. You seem better." Just to have a thoughtful discussion with no end game, other than just engagement. I think oftentimes people with mental health problems, when people engage them it's because something's about to happen and oftentimes they don't want that to happen. So most of us have casual conversations and those who are mentally ill, I think sometimes we think, "Well, we'll talk to them when there's a problem." No, we should talk to them when there no problem and it doesn't always have to be at how they're feeling.

John Broderick:

You don't ask that of everyone you meet. I think they want to feel mainstream, but included. I agree with what Bernie said about having expectations because we don't have any expectations. That's almost dishonoring them in a way. If I say you can't do anything, so I have no expectation. You got to have them within parameters that makes sense. But I think it's important that you do. But my goal is find out what you can as early as you can and start to deal with it when it's not a crisis level. I had the Director of Mental Health America from Connecticut, and I was talking to him maybe a year ago. He said, "John, mental illness is the only illness I know of, but we don't start treating it until stage four." And he laughed and I said a lot of truth to that. We don't for the tooth to be pulled when it starts hurting, we do something. So we need to treat mental illness more thoughtfully sooner, and we need to learn about it sooner. We need to be patient with those who are suffering.

Angelica Ladd:

Hmm. Great points. We have another question and we've talked about it a little bit, but addressing burnout. There's someone here who's been supporting their loved one for decades and has been on a roller coaster, a constant crisis, and just trying to figure out the best way to support them, even though they might be burned out.

Bernie Seifert:

Yeah, you know what we're going to say about that, right? We're going to say, we need to take care of your burnout, of the depression or the stress, that it's really important to pay attention and take care of that. This has been going on for you years. It's probably not going to go away tomorrow. The person will probably survive if you take a little break and take care of yourself. It's really important for people to practice what you preach. You need to address that stress and burnout is there because you keep doing the same thing over and over again, and it's not making a difference or not making a change. So somehow we need to also take some time to recharge your battery and pay attention to your needs. I know that sounds maybe cruel, but it's really important. What I have seen with families members who've really worked hard at taking care of themselves is they feel stronger. They feel more capable of providing support, that compassion fatigue can really get the best out of you and is not helpful in your relationship. I don't know if you want to add anything, John.

John Broderick:



All I would say is this, and I think on one of your slides that I saw, either tonight or not long ago, the example you used, which is very good one, it's the airline example. So if you're on a plane and they tell you if the oxygen mask drops down, which is a thought I don't really like to hear the pilot say to me on the plane, but I listen. What they say is put the mask on yourself before you try to help the person next to you. That's true in this context. So the caregiver has to take care of themselves or you're no good to the person you're trying to help.

John Broderick:

I think the other thing that's important to keep in mind, it's what Charlie Olson said, which is, don't assume your job is to fix this person because if you could do that, you'd have a different job title. Okay? You're not a clinician, you're not a medical person. You're someone that loves them. Really, I would think of myself as being the guardrails so that you know when things are getting bad and you're managing their care as best you can. Treatment works by the way, I know that too. So others are the pros. That's why we're not doing what Bernie does or what doctors do or psychiatrists, but we need to be inform. But don't put the pressure on yourself that somehow between Monday and Friday, you're going to make this person go from A to B to C, because you're not. You're not, you can provide support and you can be the guard rail as I said, to make sure the car to leave the road. But don't add that stress to yourself that, "I need to fix this," because you alone can't, you're important, but you're not the picture ultimately.

Bernie Seifert:

What can happen over time, as a caregiver, as a family member, a loved one, you start resenting them and be aware of that. Because if that starts happening, need to fix that, need to continue being their family member and let that work of fixing it be with the professionals as well, other people.

John Broderick:

Absolutely.

Angelica Ladd:

That's great. So we have someone who's frustrated, trying to help their daughter, but their daughter won't sign releases for them to speak with the doctors and they feel that they can't talk to the doctors without her consent. HIPAA just feels like huge obstacle for parents, friends, and others to help. So is there a way, what is the best way to tackle that obstacle of not having a direct line to a loved one's medical professional?

Bernie Seifert:

Keeping in mind that with HIPAA, as a family member, you have the right to talk to the providers. They don't have the legal right to talk to you unless they have permission, but you do have the legal right. If there's some things that are happening that you're very concerned about, that may be posing, may show that the individual you're concerned about may be at high risk for hurting themselves or hurting somebody else. It's really important for you to be sharing that information and recognizing that they can't even acknowledge that they're helping the individual.

Bernie Seifert:

But also the other thing that I have found is making sure that you're honest about not doing something behind someone's back because that comes back to bite. Especially if someone is experiencing some paranoid type symptoms, it'll make it even worse. So you being pretty honest. If somebody, for instance, is experiencing symptoms like hallucinations or delusions, don't spend a lot of time arguing with them and trying to tell them that that's not real, unless they ask you, if they're hallucinating and they're seeing something that's not there, and they ask you if you're seeing whatever it is, you can say, "I'm not seeing it, but I understand that you are." So acknowledging that that is what they're experiencing and focusing on their emotions or what's...

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Bernie Seifert:

And focusing on their emotions or what they're feeling rather than whether or not what they think or what they see is real. So trying to focus on that and supporting them, where they are with their feelings and asking them how they are. It can be very frustrating, especially when you realize when life experience that when my son's going to college and all of a sudden you can't even talk to the medical provider of the college. Unless they sign this paper and they forget to sign the paper. I mean, I think that's a really minor example of what you're talking about. You're talking about somebody who is experiencing and is as under care. So having that conversation with your family member and trying to open that communication is really important. So that they will then potentially open a door to allowing you to talk to their provider.

John Broderick:

I agree, Bernie with everything you just said, and I think part of the problem is a lot of folks, sometimes who have mental health problems, they are usually the last ones to know what those are. And they often see people, parents sometimes are intruders, like you're not going in there to help me. You're going in there to run me down, or you're going in there to tell them something. And so that may not be true at all, but they don't see it that way. And I agree with what Bernie said too, about reaching out. You can't do that. And usually the doctor or council will listen; they won't say anything. But I would caution you. I wouldn't do that just casually.

John Broderick:

It would've to be pretty consequential if it's, well, I'm not sure he or she's telling you this, or last weekend when we went out, that's minor stuff. If it's consequential, then you say, okay, I'll balance that. It's worth it. Because I agree with Bernie, people if they find out about it and somehow they always find out about it, they will think they're trying to undercut them, and they will never trust you. So it's a very fine line. And it's difficult. In some cases you could try to go to court and be a point of guardian of that person, but that is not easy to do. And if that doesn't work, you never build that trust again. And even if it does work, it's not perfect. It may not be worth it at all. But it's just difficult. It's challenging.

Bernie Seifert:

Yeah. And sometimes even having that conversation with your family member there if possible, that is probably the best scenario, because it's talking openly. There's no secrets talking openly and allowing your family member to be in control. They're the central person here that we're concerned about. So giving them some control that way. And I know sometimes they present with symptoms or with plans

that can be very concerning. And there is a line to across, where if you're really concerned about their safety or other people's safety, you really do need to kick in and speak up.

Angelica Ladd:

Yeah. Great points. Could you talk a little bit about how to de-escalate situations. What's the best way to go about deescalating a situation, maybe something happens over the holidays and how do we go about smoothing that over?

Bernie Seifert:

One of the things that can be really helpful if possible, is to try to control the environment. So if there were a lot of people around, trying to get people to stand away, to reduce the energy in the room, in a sense, trying to calm things down the environment as much as possible, giving that person space. The best time is probably one of the best things to do when things are escalated. So if you are able to give that person some space and time to deescalate, step aside, of course there's if somebody's in danger, that's a different story where you do need to kick in.

Bernie Seifert:

But don't try to solve the situation right away, giving them time and space to calm down. That probably is the most important, helpful thing that can help to deescalate a situation. Standing away from someone. Sometimes even changing the atmosphere like maybe going outside, where it's a little cooler to change the environment a little bit and being aware of how you come across. I know it's easier said than done, but if you go in with a lot of anxiety and a lot of adrenaline going, that they're going to, that's what they're going to react to. They're not going to react to your words. They're going to react to how you're saying them. So being aware of that, I don't know if you wanted to add anything John.

John Broderick:

Well, I think that's very good advice. I would say that depending on the circumstance, if someone's really getting irritable or upset, maybe just validating that you know how they feel, I understand how you feel. And you may not feel that way, but you understand how they are reacting. So you do understand how they feel and say to them. But we'll have chance to talk about that, but probably not right now. I understand why you're upset. And I want to hear more about that. I want to talk about it, but maybe not right now. If they don't feel threatened by it, that someone's saying, "Hey, I understand you're upset. It's okay but maybe we ought to deal with it a little bit later in a different way," as opposed to saying, "Why are you upset? You have no right to be upset." That's just going to agitate them. So just acknowledging why they're upset and we'll deal with it.

Bernie Seifert:

Yeah.

John Broderick:

But it doesn't have to be [inaudible 01:15:47]

Bernie Seifert:

Yeah. Telling somebody they don't have a right to be upset or that they shouldn't be upset, not a good thing to do. They feel the way they feel. So acknowledging, "That's how you feel. I see that you're upset right now. I think you're upset, right?"

John Broderick:

Yes.

Bernie Seifert:

Rather than, "You shouldn't be upset."

John Broderick:

Yeah. You're supposed to have fuel to the fire. That's not good.

Bernie Seifert:

And the holidays can be a time too, where there's a lot alcohol flowing, sometimes is not very helpful and can add to the escalation of an issue. So being aware of that, yeah.

Angelica Ladd:

Probably have some great questions coming in. This one actually goes to the state of mental healthcare in New Hampshire. If somebody does end up calling for help and because somebody is a danger to themselves or others, and it lands them in an emergency room, how is that helping? And is there a better way? What do we?

Bernie Seifert:

I agree that the system right now is not ideal. One of the things that will be happening come January is that each of the regions in a New Hampshire will have a mobile crisis team available. So instead of waiting for things to get to the point where you really need to get into the emergency room, and some of these mobile crisis teams are available in some parts of the state already. Where you make a call and the team comes to you or comes to your loved one. There's some changes that are coming around the corner. I hope they are positive changes. I have a lot of hope that things will be better. And I think that there might be some challenges at first, because it's going to be a new system. Right?

Bernie Seifert:

But I'm hoping that, at least it's going in the right direction in terms of trying to prevent. It's like being able, who go to an urgent care place rather than waiting for a situation to just get point where you have to go to an emergency room or going to the doctor's office before you have to go to the emergency room. So not having to wait till a situation is that extreme that you have to go to the emergency room.

Bernie Seifert:

Now, there will be some times where people will have mental health emergencies, where they will still have to go to the emergency room. But hopefully these mobile crisis teams will be able to catch things a little bit higher upstream before it gets to that point. There will be a lot of information available. I think come January, you know what numbers to call. Come July of 2022, the number will be 988, but there will be a period of time where there's going to be a special number to call in New Hampshire. And I

recognize that it's not an ideal situation right now, but we need to keep working on improving our system of care.

John Broderick:

I just want to jump here briefly because that question is so cultured, which is what you do. I mean, on Valentine's day, this year we had 51 kids in adolescent think community hospital, emergency rooms. Community hospitals are great, by the way, they're the backbone of the system, but they're not prepared to deal with acute mental illness. And some of those kids were there for hours until they caught an appropriate bed somewhere else, or some were there for days. A few were there for weeks. It's really not right at so many different levels. And so you really need systemic reform. We don't have enough psychiatrists. It's not just in Hampshire by the way, it's nationwide. We don't have enough psychiatrists, we don't have enough psychiatric nurse practitioners, we don't have enough people like Bernie, trained social workers, we don't have enough mental health counselors, we don't pay the people who do that work, what they deserve to be paid, we don't reimburse them in the insurance market the way we reimburse people who provide procedural medicine, orthopedics, and neurology or gynecology. We don't.

John Broderick:

And unless until we start doing that and some of the things Bernie is talking about, which is mobile crisis insurance, they should be on the ground now. We need them now. And we need more transitional housing. So when people are at the state mental hospital, the state hospital. But they really are not ready to be released released. But they could go to step down housing, we'd have that available so we could pretty up their beds. And there may also be respite housing for people who don't really need to go to the state hospital, but shouldn't be staying where they are staying and they could be getting treatment there too.

John Broderick:

There are so many things we need to do because as there were so many people and families who were dealing with it. And as I said in my remarks at the beginning, if you look at the way we treat cancer of all kinds, HIV/AIDs, dementia, diabetes. There's a protocol, a place, an entrance. And it's usually covered by insurance. People dealing with mental health problems, it's kind of a morass. I mean, my heart goes out to people. I've talked to so many family members who don't know what to do, don't know where to go, don't know how long they can afford it.

John Broderick:

So my value, I mean, my thought or the value is we need to talk about it more and be honest about the need. And we need a hundred more, Bernie Seifert's we do, we need more people like you. We need more people in community health centers around the state. And they're the backbone of mental health in New Hampshire community. Mental health centers are great, but they don't have the say on how far the budget or the sources they need. So everybody on this call could help on that front. And it's not just New Hampshire. I'm not picking on the Hampshire. It's like that everywhere. It doesn't need to be, but listen to what we deal with. It will always be there. It's been that way for generations.

Angelica Ladd:

Thank you. Great thoughts. So we have someone who would like to know, they feel like they're trying to support their loved one in their struggles, but it also feels like they're enabling them. So how do you, we

reconcile supporting our loved ones while also being honest about how mental health impacts our life and our own mental health?

Bernie Seifert:

And I know it's difficult to do this, but to be really totally honest, excuse me, is I don't think we should hide how it is impacting our lives. But it also should give the message that you care and you love them. And the reason why you're so involved is you want to be helpful. But if it's impacting your life, you need to also put that up on the table and work on trying to get some help for yourself as well. Again, I can't say that enough that we all need to be mindful of our own mental health needs. And it's not just... Taking care of someone being a caregiver and being a loved one of a family member who that can be very stressful and we need to take care of ourselves. That compassion fatigue can really have an impact.

Bernie Seifert:

And if we don't pay attention to it, what happens is become resentful. We become angry. We be it becomes more difficult for us to be supportive. So if trying to have an open discussion about how it is impacting you. And saying also, "But I have to do something about it. I'm going to do something about it. I'm going to get help." Support groups can be helpful. Counseling can be helpful, educating yourself. And sometimes some people, they feel that being an advocate is a great thing to do. And it makes you feel better. At least you going out there and, one thing that we see a lot of people on the sidewalk with signs about other causes, and I think we need to do more of that for mental health and for mental, for mental illness.

John Broderick:

We sure do. Right. One thing I would say on the enabling point, which is everyone's guilty of that. If you love somebody, and you don't really understand what their suffering means in day to day terms. So if you have no expectations for the person who you're cared for, you are by definition, enabling them not to take any responsibility. So supporting someone is different than doing everything for them. And so I think there's a fine line.

John Broderick:

So assume that... Now there are exceptions, but most people are suffering. A mental health problem are not helpless. It's not like they can't do anything. It's not that they can't execute things, they can. It may be difficult for some of them, or it may not be as difficult as you think. But you need to have some expectation. So the difference between supporting someone and enabling someone, if they're supporting someone you're working hard, but you have expectations that they're going to do something when you're enabling them, you're basically doing everything and that's not fair to them either. And that's not a solution that is not a solution. That's just increasing the burden on you. So decide where that line is. And in a nice way, adjust on it. That's not being mean that's maybe being helpful actually.

Bernie Seifert:

Right, doing them a favor.

John Broderick:

Yeah. I absolutely.

Bernie Seifert:

By giving them the power to, yeah.

Angelica Ladd:

I'm turn my video back on. We are at 7:27. This has really been great. A great discussion. And I just wanted to give you both the opportunity to take a minute or two, to talk about your closing thoughts. And I also just wanted to let everyone know that the slides are in the chat and there's some resources in the chat. If you'd like to download those, feel free. Again, everything will be available on our webpage, which is [go.d\\_h.org/hls](http://go.d_h.org/hls). And if you want any of the resources, this video will be there. And those slides and resources will also be there. So I'm just going to give you guys a couple minutes to wrap it up with your closing thoughts, and then we'll let everyone go. Thank you.

Bernie Seifert:

Well, I will say that one thing that I am so impressed with you John, and I think that this is an important point, is your vulnerability that you've put forth in the last five years of the work that you've done, it's very different than the work you've done for years before that. Both of them are very important. But being able to, I mean, you've said that we need more social workers. I think we need more people with this experience. We need to listen to people with that lived experience. Peer support is something that we have not used enough in this state.

John Broderick:

I agree.

Bernie Seifert:

I'm not the expert here. We need to take people those experience and learn from that and work together. And I would encourage people to take a look at becoming advocates, and help working towards changing the way we do things. In the same way what you've been doing for the past five years. Make making a big impact. We still have a long way to go, but we need to improve our system of care.

John Broderick:

Yeah. We really do Bernie. I tell you, and I mean this and sincerely. I'm sorry to see Ken Norton step down. I realize the mens in tittle. I love Ken Norton. Nimiety has been such a huge, and it remains such an important part of what we're doing. God loved them. If we didn't have nimiety, we'd all be in real trouble in this state. What I really want people to know is, as I said, at the beginning, you're not alone. It doesn't mean you're going to have help with a snap of your fingers. But there are a lot of people out there who can help you. And sometimes that's not a physician. I think we also need to start to learn about mental health, what it is and what it isn't. And to understand that treatment is very helpful. And so we need to find it sooner.

John Broderick:

We need to deal with it more efficiently and we need to deal with it with no shame. I tell lot the kids in every gym auditorium I go to. And you would be amazed when you make yourself vulnerable, which obviously I do. People will open to you. It's not a mystery. It's not me. It's vulnerability creates vulnerability and people will share. We need to be able to do that. So if you have a loved one, who's

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suffering, don't be ashamed to say he, or she's got some mental health issues and we're working through them. And I've appreciate you asking. And I may be asking you for some help at some point.

John Broderick:

There's no shame in that. And I think that's what we've got to get rid of. It's that mystique of mental illness, the people who are mentally ill are your brother, your father, your cousin, yourself. I mean, that's how it works. If not somebody across town with a shirt that's broken on the front of their house, it could be the CEO. So I think when we realize an equal opportunity health issue, that the treatment works and that we need to talk about it, change will come. It will.

Bernie Seifert:

I agree.

John Broderick:

Anyway. Thanks everyone on this video.

Angelica Ladd:

Thank you so much. Thank you both for being here. We appreciate your time and your knowledge. Thanks so much, Bernie and John and everyone, please be well. Especially do this holiday season stay well, shout out to all our how healthcare workers who are-

Bernie Seifert:

Yes.

Angelica Ladd:

... really struggling right now. And thank you so much for being here. Have a great night.

Bernie Seifert:

Thank You.

John Broderick:

Thanks, you're welcome. Bye.

PART 4 OF 4 ENDS [01:31:43]