

“That’s Understandable” Podcast - Season 1 - Episode 9
The Mental Side of Health
Final Transcript

Brendan 00:00

- This episode contains mention of self-harm and suicide, which may be triggering for some individuals. Please use discretion when listening to this episode. If you are in crisis, or you know someone who may be, please contact the 988 Lifeline by dialing 988, or visit [988lifeline.org](https://www.988lifeline.org). Everyone's well-being matters. (light music)

Welcome to "That's Understandable," the podcast that gives you a little insight into the complex world of healthcare. I'm your host, Brendan McEvoy, US Head of External Communications at AstraZeneca. Thanks for spending some time with us today. If you are enjoying this podcast, take a moment to like and follow on your favorite streaming service, and if you know someone who is interested in today's topic, be sure to share. Let's help make healthcare more understandable for everyone. The World Health Organization describes mental health as a state of mental well-being enabling people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. We now know that mental health is an integral component of overall health that has historically been misunderstood, ignored, and feared. Mental health exists on a continuum and impacts people differently. No two people have the same experience. The nuances of mental health combined with its seemingly invisible nature and sociocultural factors make it challenging to understand and navigate. At AstraZeneca, we make medicines, many of which help people living with chronic conditions, those that require ongoing medical attention, and often are limited in the activities of daily living. I imagine life with a chronic condition must take an incredible toll on someone's mental health. Mental health is just as essential to a person's life as physical health. In fact, the two are inherently connected with one having tremendous impact on the other. People with mental health conditions are at higher risk for developing chronic physical conditions, and people with chronic physical conditions are at higher risk for developing mental health illnesses. Each year, millions of people are impacted by mental illness, which is described as health conditions involving changes in emotion, thinking, or behavior, or a combination that can be associated with distress and possible problems functioning. In 2021, almost 23% of American adults experienced a mental illness, most notably anxiety disorders and depression, with the prevalence highest among the LGBTQ+ and multiracial demographic groups. Joining us today to talk about mental health is Dr. Joshua Thomas, CEO and Executive Director of the National Alliance on Mental Illness, or NAMI, in Delaware. With a decades-long career focusing on the intersection of law enforcement and mental health, he joined NAMI in 2013. As a law enforcement executive, Dr. Thomas helped develop training for mental health deescalation, and advocated for criminal justice reform and a stronger mental health professional-staffed crisis response system. He has a doctorate in psychology, and has professional experience in psychiatric inpatient, outpatient, and crisis care settings. Dr. Thomas is also tangentially a member of the AstraZeneca family, as his husband is an employee. Thank you, Dr. Thomas, for joining us today. It's great to speak with you.

Dr. Joshua Thomas 03:43

- Hi, Brendan, thanks so much for including me and for discussing such an important topic, and please feel free to call me Josh.

Brendan 03:49

- All right, will do. All right, let's jump right in. So in the past few years, especially during the COVID-19 pandemic, we've heard a lot about mental health, but like many health terms, that

isn't always used appropriately, and people may actually mean mental illness when they use the former. So Josh, I'm hoping you can start us off by explaining the distinction between mental health and mental illness.

Dr. Joshua Thomas 04:16

- Absolutely, and Brendan, you're so right. During the pandemic, I think I heard people talking more about mental health than I've ever heard them talk about mental health in the past. And I think it's really important to remember, as you mentioned earlier, that all health is on a continuum, and so is our mental health. So when we're talking about mental health, we're talking more like a general state of our mental thought process and our emotions, and when we're talking about mental illness, we're talking about a time when our mental health is challenged and we may qualify for a diagnosis of a mental health disorder, or a mental illness. And it's important to remember, just like other health conditions, sometimes those disorders can be something that's temporary, that we're going through a very difficult time, and we have a temporary mental health issue that needs to be addressed, or sometimes that's a chronic mental health issue, or mental illness that we may have to deal with in the long term, and potentially a lifelong thing that we need to work on managing. All of us need to keep in mind that we need to do things to manage our mental health and to help keep us healthy, just like we do with other parts of our health, and we need to remember that all of us are at risk of developing a mental illness, or a mental health disorder. Something could happen in our life that dramatically changes the way we view the world and the way we view our health, and maybe an extremely difficult time in our life, where other health circumstances may change and that may impact our mental health. And I think one of the things that happens, and why we sometimes have a tough time kind of capturing what this is all about, is we tend to use the term mental when we're talking about mental health issues when it's easy to forget that what we're really talking about is the brain. We're talking about brain health when we're talking about a mental illness and our mental health. So it's easier with other health conditions, 'cause we're often much clearer what we're talking about, and it seems a little more concrete to us, and a little easier to understand when we're talking about other health conditions.

Brendan 06:43

- Yeah, I appreciate that. I think it's helpful to have that foundation, 'cause, you know, it is, the terms are used interchangeably. It is a bit sort of abstract in a sense, but I've never heard someone describe it as sort of, you know, talking about brain health, and I think that actually kind of gives it, it makes it a little bit more tangible, at least in my mind, than the (mumbles), you know, than saying mental health and mental illness. I recently came across a stat that said that one in five adults in the US live with a mental illness. So it's really important to recognize how common that is. I know when I saw that stat, you know, I didn't realize how, the prevalence of it. I mean, one in five is significant. But despite its prevalence, there are certainly many challenges facing individuals living with mental illness. Could you give us some insight into those challenges?

Dr. Joshua Thomas 07:31

- Absolutely, and you're right, one in five is a pretty eye-opening statistic that it affects so many people. And what I like to say is while one in five may be living with a mental illness, five in five are affected by mental illness. More than likely, we know someone who is living with a mental health disorder and that is impacting our life, and we are certainly seeing that in our community when people don't get treatment that they need, and unfortunately, in those circumstances, far too often the criminal justice system is where people end up getting involved, and it turns our jails and prisons into the largest mental health institutions in our country, which is really sad. A lot of times, people don't get the help that they need. In fact, in 2021, over half the people with a diagnosable mental health disorder did not get treatment, and that can be for a number of reasons. One of 'em may be that they lack insurance

coverage, or adequate insurance coverage. They may live in an area where there aren't a lot of mental health resources, or mental health facilities where they can access care. There's certain areas of our country, where they don't have a mental health professional that's easily accessible, which is really concerning that people can't access that help. Now, certainly, we've seen some progress in terms of being able to do things virtually and being able to access care virtually, which is a very big step to helping overcome some of those hurdles. But that's not always the most preferred way for some people to receive the care that they would like to get. The other thing is people, if they're already dealing with a mental health issue, if they're also concerned about how they're gonna be received by a mental health professional, maybe they're a member of the LGBTQ+ community, or they are a Black individual, or a person of color, or someone from another population that has faced discrimination. They may be really hesitant to go meet with someone, or receive treatment and be vulnerable with someone who may not understand their culture, or who may have strong feelings about them, and that may make them less likely to want to seek care. And then there's just that general lack of understanding to a great extent in our country and in the world about mental illness. Let's face it, it's something that we don't grow up really talking about usually. I think most of us adults probably went through our whole academic career in school and probably didn't talk about it, or didn't get educated about this. So when we're uneducated about something, we can be much more vulnerable to thinking things that are just more like common understandings that may not be accurate, and just look at how things are portrayed sometimes in the media, or in movies, that it's not always in the most compassionate way that people are depicted, or, you know, people try to imply that someone's dangerous because they have a mental illness, or something like that, and that's certainly gonna mean that it could be a barrier to someone accessing care. They'd be fearful about someone knowing that they have a mental illness, and not feel safe in seeking treatment. (light music)

Brendan 11:34

- The education component of this really got me. What Josh said is so true, and is the reason we started this podcast in the first place, to educate, to make things that are big and complex, like mental health, more understandable and digestible. One in five adults in the US live with mental illness, but five in five are connected to it. We all know someone living with a mental illness, and at any time any one of us could experience something that ignites it in us. There are so many layers and variables, both systemic and cultural, to the discussion of mental health, and we have to understand this to be able to play a role in making things better for everyone. (light music) Yeah, it's, I mean, a sort of a lot, a lot to unpack. There are a lot of factors that contribute to it. The one, you know, the last piece you mentioned there around sort of like portrayals of, whether in the news, or even in sort of the entertainment industry, and the sort of the looseness around using terms like crazy, or depicting folks with mental illness, or mental health issues in sort of a more, you know, dramatic way, I think that becomes sort of like what people associate it with, and I think feeds into sort of the, you know, the stigma around mental illness. So I looked into the American Psychiatric Association, and they say that there's three types of stigma identified by researchers. There's public, self, and institutional stigma, and as you mentioned, we know that there are cultural factors at play that can exacerbate stigma associated with mental illness that you just referred to, especially among those of the communities you referenced as being sort of disproportional in need of that support. Can you share with us a little bit about the impact of stigma on mental health in general, and then maybe digging a little bit deeper on the impact it can have on someone living with mental illness?

Dr. Joshua Thomas 13:35

- Well, that stigma often leads to people having those negative views about mental illness and the people that have mental illness. So it can create a less supportive environment,

whether that's at our workplace, whether that's in our family, or in our circle of friends. It can lead to it not being a safe environment for someone to be open about what they're experiencing from a mental health perspective, and that's very concerning, because when people don't get treatment and support for a mental health condition, it increases the risk that they could be vulnerable to suicide, and I think a lot of people in our country don't recognize what a serious issue suicide is. In general with adults, it's the 10th leading cause of death in the United States, and that's an alarming statistic. But even more alarming is the impact that it's having on our youth and young adults. So listen to this. It's the second leading cause of death for children age 10 to 14, the second leading cause of death in the United States. That is absolutely unacceptable. We have to do something about that, and that means we need to change the narrative, and by the way, it's the third leading cause of death for young people aged 15 to 24 in the United States, and we referenced earlier challenges of minority communities, communities like the LGBTQ+ community, and LGBTQ+ youth are four times more likely to attempt suicide than their straight counterparts. So stigma can present really serious ramifications in our community, and be that barrier that keeps people from seeking help. And you know, I think, again, back to a lot of times we just don't talk about it, and people don't know how to access education and to develop a better understanding. People with the best of intentions sometimes will say things that are going to unintentionally further that stigma. They're gonna use language, or words, or tone, or further some, you know, myth about mental illness that can be harmful to that conversation and that dialogue, and for someone feeling safe. People are listening to us and our words matter. As you mentioned, I come from a law enforcement background, and many, many years ago, it was a long time ago that I went to the police academy, but something that I talk about on a regular basis, when I went to the police academy, there was no mention of mental illness. They did not prepare me for going out into the community and encountering someone who was having a challenge with a mental health issue, or they were in a state of crisis and needed help. I was completely unprepared to deal with those situations. However, in order to graduate from the academy, I did have, 'cause this was in Florida, I did have to help capture a live alligator. So how many times in my career do you think I encountered someone with a mental illness, and how many times do you think I had to capture an alligator? I did not capture any alligators, but I dealt with people with mental illness all the time, and that's what led me wanting to understand more, and I tend to kind of overdo things sometimes, and I guess going and getting a PhD to help me understand might've been overdoing that interest of learning more. But the good news is there is options now where people can get educated. So hopefully, that's gonna help with the issue of stigma.

Brendan 17:51

- Wow, Josh, the fact that you had to capture a live alligator versus preparing yourself for a more common and relevant experience of dealing with someone actually experiencing a mental health crisis speaks volumes for the need for mental health education. You mentioned a lot of powerful statistics there, especially among younger people, and while those statistics can be overwhelming, I think they're important for us to acknowledge. (gentle music) I was fascinated to hear Josh talk about his background, especially given his experience in law enforcement and how even he had to unlearn and retrain himself to consider mental health and illness in a more empathetic and productive way. I think we all have misconceptions and biases about mental health, and those have far-reaching effects, especially as we start to consider the impact of mental health on physical health and vice versa. (gentle music) The one piece that I also jotted down here is words matter, which I think is something that sticks out to me, because I think there is, and I'll talk about a little bit later on when we talk about sort of the resources piece, or what can people do better. I think that's one that I'm just sort of bookmarking right now, because I think it's just a powerful reminder of how important it is to choose words wisely. If I change gears a bit, there's also a significant amount of evidence correlating chronic physical conditions and their impact on mental health, including risk

factors for depression, for example, directly relate to having a physical illness. In your experience, Josh, how closely are physical and mental illnesses related?

Dr. Joshua Thomas 19:34

- There's a strong connection between our general health and our mental health, and when we think about the potential of facing a serious health issue, either it's something that's an acute health issue, or potentially a chronic health issue that we're facing, think about every time we go for a medical exam. Our nightmare is to have our medical provider say they found something, or they're concerned about something, and when we get news that we have a serious health condition it is more than likely going to impact us emotionally and it's going to impact our mental health. When you think about when you hear news like that, you're thinking about your vulnerability, and how that can change your lifestyle, how that can change your longevity, how long you're gonna be alive. It can change your perception of how you're gonna live your life. Are you going to have to be involved in treatment regimens that are disruptive to your life? Are you gonna have to deal with unpleasant side effects of the treatment that you're gonna be receiving? Is it going to change the way you experience life? Are you going to not be able to enjoy some of the same things, hobbies, travel, your mobility? Is it gonna change potentially your career path and your career potential as a result of having to deal with a serious medical issue? And then think about how that translates to potentially us becoming depressed, or anxious, and when you realize maybe you're having to go for lab work on a regular basis to see how you're doing, how you're responding to treatment, how much stress and anxiety is associated with waiting for those test results, wondering what those test results are gonna be. Is that going to be devastating news, or news that you've been hoping to hear that things have improved? In those ways, we can see there's gonna be a natural connection. There's another connection that sometimes we don't think about with other health conditions and our mental health, and that is if someone's already dealing with a pretty significant mental health issue how it may be challenging to comply with treatment, and be able to navigate the treatment system and the treatment program, and the care that they're going to get if they're already challenged with a mental health issue. So there's a lot of ways that our mental health and other aspects of our health are related.

Brendan 22:53

- Mmm-hmm, yeah, no, thanks for sharing all that. It's helpful, and it actually sets us up nicely as we transition to the next part of our conversation to help actually bring in the patient voice. So joining us now is Lynette Marie, whose last name we won't use, just for privacy purposes. Lynette was diagnosed with lupus in the summer of 2020 and has had quite the journey in managing her chronic illness in tandem with her mental health. So Lynette, thank you so much for joining us today.

Lynette Marie 23:23

- Oh, thank you, Brendan, and thank you, Josh, for being so informative about chronic illnesses and mental health. And like you stated, it's a stigma when it comes to mental health, and when you have a chronic illness compounded with mental health, it's very challenging, very challenging.

Brendan 23:41

- Yeah, no, and Lynette, if you wouldn't mind, could you share a little bit about what that's like, sort of your journey in living with lupus, but also how it's impacted your mental health?

Lynette Marie 23:53

- Oh, yes. I was diagnosed with lupus in July of 2020, and I actually got the diagnosis while I was planning my sister's funeral. So I was already dealing with some, you know, depression, 'cause she passed away unexpectedly, and my doctors had suspected that something was

going on, 'cause of my kidney function, it was starting to crash, and I was in Michigan, and actually literally planning my sister's funeral arrangements when they were just calling me and calling me, and I had to take the call, and that's when I got the diagnosis. So as you can imagine, not only I'm preparing to bury my sister, I've been diagnosed with a chronic illness disease that my niece lost her battle to four years prior as well. She had lupus, and she was only 23. So... I just was in a shock, and when I returned back home, I immediately saw my rheumatologist, who did reconfirm that I did have lupus. So the treatment plan was, you know, all these different medications, but one medication took up a serious effect on my mental health. It was used to maintain the flares, and I was having severe flares that were making me bedridden. I couldn't eat, and it was affecting my mental health because I was on such a high dosage, and it takes you to another place. Now, you're already dealing with the fact, other factors, depression, being diagnosed with this illness that you had no idea that you probably had for the last 10 years, 'cause you was misdiagnosed. Other factors was how am I going to take care of myself? How long do I have to live? How am I gonna tell my family? I didn't even tell my family for almost a year, because we were dealing with the death of my sister. So I didn't want to compound that, and keeping it to myself, I didn't tell anyone. I didn't, I suffered in silence on the physical aspect of it and the mental health aspect of it, and to the point I became suicidal, you know? And it was a combination of the depression and the use of that medication, because they would have to bridge me off, which will alter, as you would know, Josh, that alters your mind, and then I'm back on 'em again. So it was just back and forth with these mood swings. I mean, and it was like one extreme, I would be crying, and then on the other extreme it was just like, "Mmm," and angry at everything. And again, I wasn't sharing this with my family, so they're just thinking what, you know, "What is going on with her?" And it was not until I had went into septic shock, and when my organs started shutting down is when they found out that I had this diagnosis of lupus and I was not able to make it, wasn't gonna probably make it through the night. So it's been a journey, and I'm in a lot of support groups, and this is the same thing everyone is encountering. We could deal with the pain of the lupus, you know, the joint pain, but it affects your mental health. And a lot of us have what they have called now is neuropsychiatric lupus, 'cause lupus does affect your brain cells, your neurotransmitters. So compounding upon that with the depression is affecting, you know, your brain function as well. So a lot of Lupus Warriors, like we call ourselves, are opting now, are taking antidepressants. So that's a concern for me, too, because so many are just down and out, and a lot of young women under the age of 25 are being diagnosed with lupus, and they're not seeing any way out, you know? And they don't wanna go see a psychiatrist. You know, they say they're tired. We're already on a ton of medications, and we don't wanna add more medications to our regimen. So lupus needs to talk about more, especially with the mental health side effects, because it's very challenging. We are in a really bad place when it comes to our mental health.

Brendan 28:22

- Lynette, thank you so much for sharing, and being so open with your experience, and first, you know, condolences for both your sister and your niece. I mean, that's a lot to go through on its own, on top of dealing with a, you know, a chronic condition like this. So, and just sort of to navigate all of those at one time, you noted that, you know, you didn't kind of wanna burden your family, or others as you were going through this, just because it was on top of some other tragedies in your family. What was the sort of shifting point for you in sort of either recognizing, or changing to recognize that you needed support, or you needed to find some other outlet to, so that you weren't dealing with this by yourself?

Lynette Marie 29:08

- Yes, it was actually when I went into septic shock, and when my family was informed, because they had to inform my family, 'cause we're 3,000 miles away, that I was not gonna make it through the night. And that's when they learned shockingly about my lupus diagnosis.

So of course, it was a shock to them. Everybody was upset. Now, they're thinking, "Oh, Lynette, "our other little sister is going to pass away." But fortunately, that did not happen. So I think I have a purpose now to advocate for this, and to bring awareness to how, you know, mental health and lupus are intertwined with each other. So now armed with that, it still was not easy, because I was still on a high dosage of medication. I still was going into mood swings. I kept getting sepsis shock, in and out the hospital, and my lupus started deteriorating all the way around. My kidney functions was starting to fail. I was now pretty much handicapped, where I had to have assistance in just bathing, getting out of bed, I needed a walker, I could not drive anymore. So combined with all of that, being vibrant a year ago, and now, basically I'm bedridden, that took a severe toll on my mental health, and I literally started giving up. I started really thinking about committing suicide, because I didn't see a way out anymore. I did not see a way out. And it was not until December of 2021 my rheumatologist called me in, 'cause he knew I was at that point, and they were all concerned, my psychiatrist, a psychologist, and everything was just going in one ear and out the other, because, you know, like I was explaining, we don't, you can't go, understand what I'm going through every day with all this pain, and not having memory, 'cause the lupus affects your memory. It affects your short-term and your long-term memory. Sometimes, I will be speaking and stop and miss, and, 'cause I can't generate the words I wanna say. So you know, I'm like, you know, it's the holidays. I'm usually out Christmas shopping, putting up Christmas decorations. None of that, because I was bedridden, literally bedridden. And my family, they were calling me. I would block them. Didn't wanna talk to anybody, 'cause that's how bad it had gotten. And so, my rheumatologist, he called me into his office, and he was talking about this new medication, which is a monoclonal antibody, and I would say, "Well, what else do I have to lose, "you know, at this point?" And he said, "I don't want you to give up." He said, "I need you to let me get you on this medication. "We're gonna start you at the first of the year," and that was the turning point for me when I started that medication, and it's controlling the lupus flares. So still even with having this kind of illness, I still go through a lot of things mentally, some things I can't do that I used to do that I like to do. And just talking to like other Lupus Warriors, you know, I try to give them hope and encouragement as well, 'cause a lot of 'em are suicidal, especially that age group 18 to 25 who are diagnosed with lupus. You know, they have friends. They see their friends going out, you know? They can't, some of 'em had to drop out of college. One young lady was getting ready to graduate from Harvard, and she had to drop out in her, five months before she was supposed to graduate, because her lupus had taken such a toll on her body. So we talk quite frequently, and I try to keep her encouraged as well. And you know, a lot of the doctors, they don't understand the mental side effects of the lupus as well. They're just a rheumatologist. They know, "Okay, yeah, it's gonna affect your brain cells," and they basically tell them, "You're just gonna have to deal with it, "or get on some antidepressants," which, like I said before, we on enough medication. I take 10 pills a day. So do I wanna take three, or four? No, you know, if I don't have to. It's hard managing all those medications every day in the first place. So as I said, me being on this new drug has helped me tremendously. It took me out of that suicidal state that I was previously in. (light music)

Brendan 33:53

- Lynette's story is so powerful. What she lives with each day relating to both her physical and mental health is a challenge I can only imagine. What's been going through my mind is that it's just one person's story. There are so many more like this, so many people living with chronic physical conditions and subsequent mental health implications, many of which we can't see. Lynette, I'm glad to hear that things have improved for you and it sounds like you're on a better track now managing it. One of the pieces, and Josh, I'm curious to get your thoughts on this, Lynette, you had shared that your family had reached out to you throughout, and you weren't in a place to sort of receive the, or to talk about it. Josh, I'm curious from a support perspective, I would imagine it's a lot of family members and friends who have

someone in their lives that are living with mental illness, maybe not sure what to do to help support them. So are there any things that we can do to support those in our lives, friends, family, as they're going through these challenges?

Dr. Joshua Thomas 35:01

- Well, I think what really helps when we're trying to decide how to support someone is to take into consideration some of the things that we've talked about, the stigma associated with having a mental health challenge, and how someone may be reluctant to share and be reluctant to be vulnerable, even with the people that we know love us and care about us. But also as we start to think more as mental health being a part of health, understanding that a lot of the things that we would do for any other health condition can be very helpful when we're supporting somebody with a mental health disorder, or going through a difficult mental health challenge, and that is being present and being accessible to that person, letting them know that you're available on their terms, and within what is comfortable for them, being mindful of our language that we use. As we talked about, words matter, and our family, and our friends, and our coworkers listen to us, and if they hear us using language that is disparaging, or negative, or judgmental, they're going to be less likely to feel comfortable talking to us about their mental health. So checking in with those that we care about, and those that we think might be going through a difficult time, encouraging them to seek treatment and get professional support when we think that could potentially be beneficial for them. Considering things like peer support groups, as Lynette was saying, you know, being able to share that journey with someone who's going through something similar can be really helpful and really beneficial for people. And at the same time, just like we would with any other health condition, looking for significant changes in the people that we care about. So if we see dramatic weight changes, if we see sleep disturbances, or sleeping all the time, or something like that, big changes to their appearance, know that that could, really should prompt a check-in with them to see how they're doing, and certainly families should get support themselves because it can be very stressful being a caregiver and providing support for family members.

Brendan 37:23

- Yeah, it's a helpful list of things we can do, and as you shared, Josh, around sort of the peer groups, Lynette, I heard you mention the Lupus Warriors a few times, and so, I'm curious how that sort of support group impacted you throughout your journey.

Lynette Marie 37:42

- Yes, it's very informative. We talk about different treatments, different medications, even just simply as makeup, because with lupus we have, you know, affected to the sunlight, so different makeup we can use when we go out with SPF in it. Just sharing just little quirky things that might be funny that only us Lupus Warriors, you know, will understand, and it's just all about a good support group, and like I said, I didn't get involved with it, because I was not really accepting that I had this condition. I was in a lot of denial about the lupus. So since I've been in these different support groups, it's been very helpful to me just even learning about different foods I can eat, different other support groups that's in my area that I can join, and that's important. My family, they call me every day three, or four times a day, and I've just really been advocating. So everyone pretty much knows now that I have lupus, because I'm advocating to let them understand that this is a, you know, a serious illness, 'cause like, right now, I look fine, and that's how most Lupus Warrior look. We look like we're okay, but internally, we're feeling like crap. Like I had to literally drag out of bed this morning, but that's part of the lupus. But now, I know what I need to do. I'm not gonna let, my saying is, "I'm not gonna let this illness define me. "I'm gonna define this illness." So that keeps me motivated, and that gives me the incentive to motivate other Lupus Warriors so not to let this illness define us, and to advocate for this illness, and bring more awareness to it, 'cause it's not talked about enough in the community. Over 1.1 million people are diagnosed with lupus in

the United States, and that's both men and women, 'cause it affects men as well, which a lot of people don't know that, too. So being in the support groups, sharing information has being very beneficial to me.

Brendan 39:50

- That's great, I love that you're sort of, you know, not letting it run your life, but you're, you know, sort of taking control. I think that's powerful words, and as you said, I think you're, you know, you shared about how sort of you wanna help others in this, which I think is really powerful. I'm curious about in sort of your, in a work environment, workplace setting, you know, I would imagine sort of it's one thing in your, with family and friends, who sort of, you know, are on this journey with you, who, you know, maybe are better able to support you, but in a work setting, is there, you know, did you encounter anything that maybe, you know, either sort of restricted, or made it uncomfortable for you, or was there anything on the flip side that you sort of saw within your work environment, or something you think that the work environment could do to sort of help make it a safer, more inclusive environment for someone that's living with a chronic condition?

Lynette Marie 40:44

- Well, in retrospect, I'm retired now, so I retired before the pandemic, and I was a publicist. So looking back, during that time I did have lupus. I was getting misdiagnosed with the rosacea. So I did a lot of traveling with, as being a publicist, and in retrospect I would be so tired. I would have these joint pains, but I would attribute that to being in different climates, you know, getting on and off the planes, and I just remember during that time I was tired, and you know, like I said, I just attributed it to, you know, just doing all this traveling, you know, working all these extended hours. Now, presently, if I was still doing that job, I could not do it. I would have to retire, because of the, you know, the travel requirements. Every four weeks, I have to get treatment. I'm on a lot of different medications, and some of the medication makes me sleep, sleepy and drowsy. So I could not possibly hold a job, you know, with all these different medications I'm on, and that's a lot of things that a lot of the Lupus Warriors are facing as well is the financial side effect of having lupus, 'cause a lot of 'em cannot work. They have, some of 'em have exhausted their FMLA, and barely going into work. Some have applied for Social Security benefits, are constantly getting denied, 'cause lupus is not really recognized as a chronic illness that the person cannot work. So it really affects you financially. So if you know it is affecting you financially what it's doing to you then, again, on the mental side as well. And the blessing with me that I am financially stable, that I can maintain, you know, my bills, I have good insurance still as well, but a lot of that comes into play with people who still have to go to work with this chronic illness, and mainly because they need to keep them, you know, health insurance to continue to get the treatment that they need. So that's, you know, another issue we wanna start try to advocating for is for some of the Lupus Warriors who can apply for their Social Security benefits, and still (mumbles) work part-time to supplement that income, 'cause that weighs a heavy toll on you mentally as well.

Brendan 43:20

- Thank you, and Josh, if I turn to you on the same topic, we spend so much of our time in a work environment, or around colleagues, and so, it's not that you turn it off and on, right? It's all-consuming. So from your perspective, what are your thoughts on how workplaces can make a safer and more inclusive environment for those and their mental health?

Dr. Joshua Thomas 43:42

- Well, in the corporate world, we hear a lot about leadership and the need to be a leader, and I think here's an opportunity for everyone in the corporate world to be a leader and be part of creating a culture that is safe and that is really going to look at how to make it an empathetic culture that understands people are multidimensional. That includes they bring their mental

health to work with them into the work environment, and as you said, if they're dealing with a challenge, they're dealing with that challenge when they're at work as well, and we all, a lot of us are really good about wearing a mask and doing our best to not let people see what is going on. So I think if we demonstrate leadership, and we are vulnerable and say, "Hey, I'm struggling," it helps make it okay for other people. If everybody's just keeping that brave face, it looks like I'm the only one that's dealing with the mental health challenge.

Brendan 44:45

- Right.

Dr. Joshua Thomas 44:46

- And so, I think it's important that we see that vulnerability as an asset and that we create a more empathetic culture and we can do that through things that we've talked about, being careful how we speak about mental health and mental illness and people who are struggling, because people are listening to us, and that is going to tell them whether we're safe, or not. The other thing is to get education. Different workplaces can look into things like mental health first aid training, so that people know what to do if a colleague is in a mental health crisis. NAMI organizations across the country provide training and support opportunities that people in the corporate world can certainly access that as well.

Brendan 45:33

- And if I could stick on that point, 'cause I'm thinking that there's, you know, that many people will listen to this episode, it may strike a chord with them. And so, when it comes to the initial places to go for resources, or support, Josh, you know, in your role with NAMI, what would you recommend? Where should people start to go for some resources?

Dr. Joshua Thomas 45:54

- I think a really good place to start is with our organization. If people go to N-A-M-I.org, the website is full of great information and resources. People can read more about different mental health conditions. There's a good start at developing a better understanding of mental illness, ways that we can be of support, how stigma impacts people that are challenged with mental health issues, and you can also find through that website, nami.org, you can find out where your local chapter, or affiliate is located and how to contact them to find out what is available to you. We also are okay with, if we don't provide what you're looking for, if there's another chapter affiliate close by, you are welcome with open arms, so sometimes continuing to look if you don't find what you're needing. If someone is in crisis, a very important resource for people to know is the new 988 number. That just came online just over a year ago, where it's trying to set up a parallel system to the 911 system to direct more mental health-related crises to a number that's better equipped to deal, and offer support, and to connect people with the resources that they need. Another thing that I commonly recommend to people is that they look into their healthcare coverage through their medical insurance, that you can often search for providers that way, and you can do some research on your own, where you're not dependent on other people directing you where to go. You can look up provider profiles to see who might be a good match for you, who may understand you better as a person, and the other thing is to look into the employee assistance program that your employer may have. So same thing, there's ways that you can access care where you don't have to often go through human resources, or something. You can go directly to that, and that's all confidential care and support that you can receive.

Brendan 48:06

- That's great, thanks, Josh, and that's a really great point to close out the conversation on is the resources and what's available to seek more information. So I wanna thank you both so much for your time, for sharing your experiences, the information that you've shared with us

that have really contributed to, I think, a really powerful conversation that many people will relate to, or use as a resource for those that may have someone in their own lives who are experiencing, you know, mental health issues. If I may, though, but what we like to do before we close out each episode is do a little rapid five questions, which is really focused on kind of getting to know each of you a little bit more on the personal side. I know both of you shared quite, you know, quite a bit openly in this conversation, but we're all, you know, I always say, "We're all multi-dimensional people here." So I'm always fascinated to do this sort of question session, and hear what the responses are. So if you'll indulge me for just a couple more minutes, I'm gonna go through five questions. Josh, I'll have you respond first with sort of what comes to mind first, and we'll kind of move from there. So here we go. The first question is what is your go-to simple way to relax?

Dr. Joshua Thomas 49:19

- Meditation, for me it's meditation.

Brendan 49:22

- Great, how about you Lynette?

Lynette Marie 49:24

- Meditation as well, or walk on a beach, somewhere where there's water.

Brendan 49:29

- Yeah, I like that. I'll have to get on the meditation train. I haven't quite jumped in there, but walking on the beach, you know, I definitely can relate to that. How about, Josh, in one word, what brings you joy?

Dr. Joshua Thomas 49:42

- Family.

Brendan 49:43

- How about you Lynette?

Lynette Marie 49:45

- Family.

Brendan 49:46

- Family? Yeah, I'd have to agree. Josh, what song always cheers you up when you hear it?

Dr. Joshua Thomas 49:54

- "I Will Survive" by Gloria Gaynor. It's a nice reminder.

Brendan 49:59

- Love that, how about you, Lynette?

Lynette Marie 50:02

- Oh, wow. "God's Plan," by Drake.

Brendan 50:07

- Eh, I think they're both on my playlist, but if not, I'll double check. Josh, what food have you never eaten, but would really like to try?

Dr. Joshua Thomas 50:21

- Insects, intimidating, but interesting. Never tried that.

Brendan 50:26

- Oh, yeah, it reminds me of as a kid, I remember there was like a lollipop that had like some sort of insect inside of it, but

Dr. Joshua Thomas 50:33

- I remember that.

Brendan 50:34

- I never ate it, but it always looked (mumbles), yeah. (Brendan laughing) How about you, Lynette?

Lynette Marie 50:39

- Something so simple, licorice.

Brendan 50:42

- Licorice? Black licorice, red licorice, or any

Lynette Marie 50:46

- Any type, any type.

Brendan

- Any type?

Lynette Marie

- Any type.

Brendan 50:49

- I'm a big red licorice person, or I think it's cherry and strawberry. (Brendan laughing) All right, last one, Josh. How do you encourage yourself each day?

Dr. Joshua Thomas 51:01

- Positive self-talk, changing that narrative and that negativity to positive.

Brendan 51:11

- Hmm, love that. How about you and Lynette?

Lynette Marie 51:13

- Waking up every day is a blessing, and making the best out of it every day to make a change.

Brendan 51:19

- That's great. That's a perfect way to end, two very positive affirmations there at the end. So I wanna thank you both, Josh and Lynette, again, for playing along with these five questions, but really for taking the time again to share your experiences, perspectives with us today. I know it's gonna be, you know, a well-received episode, and look forward to hearing the impact. (light music) There is a direct correlation between our physical health and our mental health. As Josh said, the brain is just another muscle in our body and we need to take care of it just like we do any other body part. Unfortunately, the topic of mental health is still laden with stigma and misconceptions in our society. With one in five adults in the US experiencing some form of mental illness, it's concerning that this isn't a more frequently

discussed topic. If we talked about it more and normalized it more, we'd reduce that stigma and likely change people's lives for the better. Thanks for tuning into this episode of "That's Understandable." I hope the conversation not only informed you, but inspired you to care for your own and others' mental well-being any way you can. For more information about the National Alliance on Mental Illness, and resources mentioned in this episode, please check out our show notes, or visit nami.org. That's N-A-M-I.org. And remember, if you are in a mental health crisis, or if you know someone who is, contact the 988 Lifeline by dialing 988. Until next time, be well, be healthy, be understanding. (light music)