

[00:00:04.230] - Kriste

Hey, welcome to How It's Done, a podcast for curious marketers. I'm Kriste Goad. I'll be your host and I'm really glad you're here.

[00:00:15.610] - Kriste

Today, we're here with Alisa LaPolt and we're going to talk about the role of storytelling in mental health because mental health is a top subject. It's kind of on the top of everybody's minds. We're coming off an unprecedented, is the word everyone likes to use, year of trying times and completely a lot of upheaval, a lot of things that none of us could have ever anticipated nor would have wanted to have to live through.

[00:00:46.270] - Kriste

So Alisa is policy and advocacy director for NAMI Tennessee. NAMI Tennessee is the Tennessee chapter of the National Alliance on Mental Health. Welcome, Alisa.

[00:00:58.870] - Alisa

Thank you. Glad to be here.

[00:01:00.310] - Kriste

It's great to have you. Let's start by you maybe just telling us a little bit about yourself and how you came to work with NAMI. What brought you here?

[00:01:11.110] - Alisa

Sure. So I've always had an interest in mental health policy and policy work. And now, as you know, I used to be a newspaper reporter. You and I worked together back in the day at the Nashville Banner. And I kept on with my reporting career after the Banner and got into a lot of healthcare reporting, Medicaid, health policy and how it affected people.

[00:01:35.680] - Alisa

And then I just started noticing mental health wasn't talked about a lot in state government, and I paid attention because—

[00:01:45.730] - Kriste

Which it's really the place that should be talked about a lot. Let's be honest.

[00:01:48.820] - Alisa

Exactly. Exactly.

[00:01:50.920] - Kriste

Anybody as a reporter, especially that's ever covered government knows how true that is.

[00:01:58.660] - Alisa

Yes, which we both have, because I replaced you after you left the Lundquist administration.

[00:02:04.600] - Kriste

You did? I totally forgot that. Man, that was fun. I loved covering politics as a reporter.

[00:02:12.160] - Alisa

I did, too.

[00:02:12.160] - Kriste

It was really, I mean, you know, I think a lot of people forget that politicians are people, too.

[00:02:20.710] - Kriste

But when you're in it and you get to know these people as humans and you realize that they are people, too, and they have, you know, real lives like the rest of us, and they actually give a lot of themselves and give up a lot on their personal lives to be able to serve. And I think that gets lost a lot of times. But—

[00:02:38.350] - Alisa

Yeah, I agree.

[00:02:39.530] - Kriste

Little tangent.

[00:02:40.510] - Alisa

Yes, yes. So I eventually switched from reporting to lobbying in 2003 and—

[00:02:51.040] - Kriste

The dark side.

[00:02:52.870] - Alisa

I would say the darker side from where I was, I was already there, but yeah.

[00:03:02.650] - Alisa

And I just started focusing on again, mental health, health care work. And then I became the executive director of NAMI Florida, the National Alliance on Mental Illness, Florida.

[00:03:15.850] - Kriste

And when was that?

[00:03:17.920] - Alisa

That was in 2016. And I spent two and a half years in that role. And then during that time in Florida, we had the very tragic shooting in Parkland, Florida, at the Marjory Stoneman Douglas High School. And it took a crisis like that and 17 people getting killed for the Florida legislature to finally do something.

[00:03:40.450] - Alisa

And it was a shame that it took a crisis to happen, but I was instrumental in getting legislation passed that mandated mental health awareness programs in schools. So it became top of mind for legislators, and it was really interesting to see everybody pull together in that crisis. You had the legislative session was already in progress. So you had advocates like myself coming together to come up with proposed legislation. How do we prevent this from happening again? You had legislators scrambling and then you had the whole gun rights thing and then the mental health thing.

[00:04:21.690] - Alisa

It was just, it was emotionally draining. But the final bill that passed was really good and it was just really rewarding to be part of that.

[00:04:31.090] - Kriste

Wow. I bet. It had to feel like such a sense of accomplishment.

[00:04:37.530] - Alisa

It did. And at NAMI, we have a lot of really great programs, including one called Ending the Silence, in which we have a trained presenter, a young adult and an adult who have lived with mental illness and

they go in and they speak to middle school and high school students about the stigma and about the concerns about talking about your mental health problems and depression and sadness. And it just makes it easier to talk about. So that's one example of the really great programs that we have at NAMI.

[00:05:10.320] - Kriste

Well, I mean, I think that ties back nicely to our topic today, the storytelling and its role and place and really power in mental health. I'd love for you to talk about what that means to you. I know you and I in our advanced conversations, you had a lot of great things to say just about the whole notion of authenticity and the role of authenticity in storytelling and mental health. Can you talk about that a little bit and why that is so important?

[00:05:44.490] - Alisa

Sure. So in my role as policy and advocacy director, my job is to teach people how to tell their experience with mental illness to policymakers, legislators, decision makers. And it's important that people understand the journey and that recovery is possible and hope is possible. And if I'm going to be teaching people that and asking them to tell their stories, then I need to be able to do the same, and I talk very openly about my sister who passed away from, I would consider, medical complications from drug abuse.

[00:06:21.810] - Alisa

And she had mental health problems, mental illness, and she passed away in 2016 while I was at NAMI Florida.

[00:06:31.050] - Kriste

Wow. You had just started there, huh?

[00:06:32.790] - Alisa

Yeah. It was like just a few months after I started with NAMI Florida.

[00:06:36.360] - Kriste

Wow.

[00:06:36.810] - Alisa

In fact, I found out about her — well, when she had the brain aneurysm, I was at a NAMI conference in Denver, so it was just pretty jarring. And then she passed away, and then her oldest son, my nephew, who, when he turned 21, he decided to end his life and shot himself.

[00:06:59.040] - Kriste

Wow, that is so tragic. I'm so sorry.

[00:07:02.310] - Alisa

Yeah. Well, thank you. And they both lived in Greene County, and so my nephew became a statistic. So I decided to move back from Florida to Tennessee. Then this job opened up, and it's just really important for me to say why I up and moved to come back home, because I don't want any other young man or young woman or anybody to feel like that's the only option they have. And so it's important for me to tell my story so that other people can feel free to tell their stories.

[00:07:32.790] - Kriste

And I would imagine that that gives you an awful lot of credibility to when you're say you're going to talk to the, now the Tennessee legislature, right? About different policy or law, anything that we could pass to really help address some of the problems that exist with mental health.

[00:07:52.110] - Kriste

Do you find that to be true? Because they know it's not just a job for you, right, you really have a lot of emotional investment and there's a reason you're so passionate about it.

[00:08:04.330] - Alisa

Oh, definitely. I mean, I think it's important to walk the walk, talk the talk. And it's very interesting, my time here and in my time in Florida. It's interesting what legislators will say behind closed doors. They will share with me their experience with mental illness, whether it's they themselves or a loved one, a co-worker, a neighbor, and a lot of them are just afraid to talk about it publicly because they don't want to be judged because that stigma is still there.

[00:08:33.310] - Alisa

And I would point to the governor as a great example of somebody who does speak without the concern of stigma. He talks frequently about his daughter's attempts at suicide and as a father, not knowing where to go or who to turn to. And in fact, we just gave him the NAMI Tennessee Advocacy Award for his proposals last year on a mental health safety net for children and more funding for mental health. And, of course, a lot of that, most of that got rolled back because of COVID some of the financial concerns there, but he's an example of somebody who talks bravely and openly about it, and it makes it easier for other people to do the same.

[00:09:20.650] - Kriste

Have you noticed any kind of ripple effect from that among people here in Tennessee, other legislators or other people within state government?

[00:09:32.050] - Alisa

What I've noticed is people calling and asking for help and like how to talk about it because...it's so awkward. Like, a lot of times people don't know what to say after a suicide. Like, what do you say to the parents and to the family?

[00:09:49.570] - Alisa

You know, I have gotten calls from people asking for more talking points on...And they want to know what is it that we're going to be doing legislatively this year? So there's more inquiries and certainly a better understanding about the need for mental health services because of COVID and the pandemic and all the mental health challenges that that's presenting.

[00:10:12.010] - Kriste

Absolutely. I think the numbers are that the pandemic and the resulting recession and all the notable effects on mental health, that the figure is something like a thousand percent increase in calls to the National Suicide Prevention Hotline, which is just astounding, but not surprising, really. And then also, 90 percent of employers have indicated that COVID-19 has affected their employees' behavioral health, you know, and that they are taking a closer look at how to recognize that, how to provide resources and and benefits, quite frankly. Have you seen that be the case?

[00:10:56.490] - Kriste

I know that you you mentioned you get calls. Are you getting calls from companies and corporations around this topic?

[00:11:05.460] - Alisa

Yes, we definitely have, especially right when all this hit. So I do want to mention that even before the pandemic, the number one cause of worker disability in the United States was anxiety and depression.

[00:11:18.900] - Kriste

Wow.

[00:11:21.330] - Alisa

Right. So a lot of times you'll see employees like a lot of absenteeism, or what's called presenteeism, where they're they're working, but they're not totally present. They're not producing because they've got

underlying anxiety, depression. And so that was already a dynamic in place before the pandemic. Now it's just spreading to more people. The numbers are getting bigger. Another statistic that I find interesting is prior to the pandemic, one in five individuals in a given year would be affected by a mental health condition.

[00:11:57.910] - Alisa

Those figures are now one in two. And that's from a CDC report.

[00:12:02.370] - Kriste

Are you kidding?

[00:12:02.370] - Alisa

That's according to a CDC report over the summer. So you've got one in two.

[00:12:08.520] - Kriste

What do we do with that? Seriously?

[00:12:10.890] - Alisa

So, you know, my recommendation is that we really focus on wellness. And just because you have anxiety or depression does not mean you have a mental illness. And I think it's important for people to understand the spectrum of mental illness, just like you have a spectrum of physical illness from the flu or a cold all the way to cancer. OK? It's still a physical illness.

[00:12:39.540] - Alisa

So mental illness can actually be just anxiety and depression all the way to bipolar disorder or schizophrenia. It doesn't have to be a mental illness, like in other words, there's situational anxiety, there's situational depression after a death, anxiety because of a project or something at work.

[00:13:03.940] - Alisa

But when we start seeing the symptoms affecting your daily living for more than two weeks, then it becomes a mental health challenge. So I think it's important for for companies to recognize that we all have mental health conditions and challenges and to make it more mainstream in conversations around the workplace.

[00:13:25.750] - Kriste

You had mentioned that you have even created, I guess, a playbook, if you will?

[00:13:33.310] - Alisa

A toolkit.

[00:13:33.940] - Kriste

A toolkit. For companies. Talk to us about that, and I think you also had recently been called on by HCA.

[00:13:44.050] - Alisa

Yes.

[00:13:44.590] - Kriste

Here in Nashville. What did that look like? And what what are the kinds of things that are involved when you're helping employers think about this?

[00:13:54.520] - Alisa

Sure. So HCA, I was really pleased that they reached out to us. They have like a series that they provide for their employees. It's tackling difficult subjects in the workplace, and this was one of them, and it was in May. And they wanted to focus on mindfulness and the importance of staying present and not worrying so much about the future.

[00:14:22.600] - Alisa

So, you know, we kind of talk through that and they wanted their employees to understand the signs and symptoms of what a mental health challenge looks like. They wanted reassurance that just because you're going through this, that it's not necessarily mental illness and also that this pandemic is new to all of us and it's presenting a trauma. This is in some ways, a lot of us are affected by this traumatic event.

[00:14:48.970] - Kriste

Well, and especially for a company like HCA Healthcare, which is on the front lines all across the country, and I know for a fact that the effects on mental health and mental well-being and physical well-being for all of our hospital and health system providers is just huge and we probably don't even know what the full lingering effects are going to be.

[00:15:16.110] - Alisa

Right. Definitely health care workers, those frontline workers, first responders are some of the most at-risk individuals for mental health challenges right now. And so we did a webinar for them, and—

[00:15:31.290] - Kriste

Now was this for one of their divisions or was it for corporate?

[00:15:38.760] - Alisa

I believe it was corporate and they had like six or seven hundred employees.

[00:15:43.250] - Kriste

Oh, wow.

[00:15:44.110] - Alisa

It was for Tennessee. Yeah.

[00:15:46.420] - Kriste

OK. What are some of the key things that you talked about that others might be, you know, if we have listeners and other companies and this sounds interesting to them, help them understand maybe the kinds of things that you can talk about and cover and in that kind of a situation.

[00:16:05.800] - Alisa

Well, it's interesting. The thing that I get asked about a lot is mindfulness. I did a presentation for my sorority at the University of Tennessee, and they were most interested in mindfulness because we hear about meditation, we hear about staying in the present moment. And a lot of people are just really looking for tips on how to get out of that place of worry, worrying about the future and just living in the present and enjoying that. And the common tips that I give include going outside for a walk, connecting with nature, breathing, just sitting in a quiet space and breathing in and breathing out. And it's very simple –

[00:16:52.980] - Kriste

I just did that. I just did that while you said it. I'm like, yeah I need to breathe.

[00:16:56.800] - Alisa

You breathe in for five seconds, hold it, and breathe out. And it brings down your blood pressure, it calms your heart rate. It's just little techniques like this. And the funny thing is that these kind of wellness tips in implementing them do not cost companies a lot of money. They really don't. It's the recognition of the mental health challenge and the awareness and addressing it that is so important. So so speaking about it, naming it and addressing it is what's critical.

[00:17:33.850] - Kriste

That's great. So in those sessions, is there storytelling that happens in those as well? Do you incorporate that as part of your toolkit?

[00:17:42.910] - Alisa

Yes, actually, as part of the toolkit, I have a checklist that CEOs should do and it really starts at the top. And I encourage CEOs to talk about their experience with mental illness, because when employees see that their top leader is willing to talk about maybe his or her fears, maybe his or her loved ones that have had mental illness, then all of a sudden they're more likely to talk about it, too, and see that it's OK to discuss it. So storytelling is very important.

[00:18:19.650] - Kriste

Along those lines, you had shared a story with me also about when you were at NAMI Florida and all of a sudden, kind of randomly, dollars started sort of flowing into the organization. You guys were like, what's going on?

[00:18:33.060] - Alisa

Yes, yes. I noticed our PayPal account was all of a sudden getting bigger and bigger, and I looked to see what was going on, and there were donations ranging from \$25 to \$100, \$500 from a particular corporation. And I think it was in Michigan and it was in memory of a young man and I couldn't quite figure out what was going on. So I called the company headquarters and pieced it together, and it was a young man from Florida who had died by suicide and his father was a corporate executive. And corporate leadership and the employees were just so upset about what happened, and they decided to all get together and give money to NAMI Florida in the name of this man's son.

[00:19:24.780] - Kriste

That's amazing.

[00:19:26.100] - Alisa

It was. And I looked up the obituary in the newspaper and it was heartbreaking. He was 16 years old.

[00:19:33.090] - Kriste

Oh, my gosh.

[00:19:33.960] - Alisa

And it was, you know, it was just—but it was very moving because I knew that those dollars would go to help other families cope and other people learn how to address their mental health challenges.

[00:19:48.720] - Kriste

And it's so interesting, too, because, you know, when something tragic like that happens, you know, at work to someone you work with, you know, you want to be able to do something, right? You want to be able to help. And that's where that's what those donations, people...It probably helped them feel better and process a little bit of their grief for what they were going through.

[00:20:10.860] - Alisa

Definitely.

[00:20:11.550] - Kriste

That's great. It's really cool, too, when that just happens organically.

[00:20:15.870] - Alisa

Yes. Yes, definitely.

[00:20:17.940] - Kriste

Because you're probably, you're always trying to raise money and awareness and drive policy probably in your role. Is that accurate? How is NAMI Tennessee funded?

[00:20:27.750] - Alisa

We have some contracts with the state for offering classes, grassroots training, advocacy training, support groups. We have support groups for individuals with mental illness, as well as a separate support group for family members because it's a family disease and they need to learn how to cope as well. So then beyond that, grants, donations, sponsorships for events, and then to a lesser extent, membership.

[00:20:59.880] - Kriste

Gotcha. And then do you do a lot of different partnerships with public and private organizations? I'm just curious, do you have relationships, for example, with like Blue Cross Blue Shield Tennessee or UnitedHealthcare or other healthcare companies? I'm just curious how those relationships are leveraged, because, you know, it's interesting, you said HCA reached out to NAMI Tennessee. So I'm just curious what other kinds of partnerships exist?

[00:21:31.890] - Alisa

Yeah, sure. So my boss, Jeff Leighton, is more involved with those kind of partnerships. But for example, we started having a [Facebook Live on Mondays](#), Mondays at two o'clock on our NAMI Tennessee Facebook page. And the way that was kicked off was underwriting from UnitedHealthcare. So that was a huge kick start for us because now we've got three to five thousand people a week who watch that and it's really well done. Yeah.

[00:22:02.520] - Kriste

What are those?

[00:22:04.020] - Alisa

So it's a, just a Monday Facebook Live event. It's moderated.

[00:22:09.060] - Kriste

Anybody can join?

[00:22:10.730] - Alisa

Oh, yeah. Anybody can watch. And we've got national speakers that come in on, oh gosh, I'm trying to think of the different topics, anything ranging from childhood mental health to different types of treatment. Just trending topics.

[00:22:31.500] - Kriste

That's awesome. We'll have to include a link to your Facebook page for those in our show notes.

[00:22:37.380] - Alisa

Definitely, definitely. And we're definitely looking for sponsors for our...We'll have a virtual walk again this year. You know sponsorships can take on different forms like underwriting for the state convention, you know, different programs and things like that.

[00:23:00.420] - Kriste

So one of our one of our clients here at fuoco has an annual healthcare summit, the emids Healthcare Summit, and this past fall, they had a great panel on mental illness and it was called [The Tipping Point of Mainstream Mental Health](#). And Tom Tsang, who's an MD, was one of the panelists and he was an internist as well and he said 60 percent of his primary care patients have some sort of underlying mental health issue that needs to be treated and that it's just such a critical access issue.

[00:23:37.230] - Kriste

And, I want to get to in a minute, there's been a huge influx of dollars into mental health technology and apps and things like that, but at a more sort of foundational level, do you think that maybe in the wake of COVID-19 and the pandemic, do you think that we're going to start to get any closer in this country to changing the way that mental health services are delivered? In some countries, they're just a part of primary care, but that's not the case here. Is that something that NAMI is working on or that you think is maybe on the horizon?

[00:24:15.320] - Alisa

I do. So, for instance, like in England or in many European countries, mental health is part of primary healthcare, and the primary care providers will give a mental health screening just to check and see your alcohol use, or are you sleeping too much because those are the two signals, two red flags, something that could be more serious about your mental health condition. So we do know that the Biden administration has pledged more money for behavioral health, substance abuse, and so we're really glad to see that. I find that a lot of primary care providers, especially older ones, have just not been taught how to do that, just a quick 10-question screening for mental illness or mental health challenges, and they don't know where to go for resources. I'm hearing that the nursing schools and medical schools are incorporating that more and more into the curriculum, and that's where it starts, is teaching the up and coming medical professionals that this needs to be very much a part of screening for mental health conditions as you would check, blood pressure and vital signs.

[00:25:36.560] - Kriste

It seems so simple, but it's just not happening that way.

[00:25:42.170] - Alisa

Well, the way that health care has been delivered is from the neck down, like you have all the parts of the body, and then anything that happens in the head, the brain, is different. And now what we're seeing is emerging and treating the whole person. And what I would like to see, and I'm a big proponent of, is holistic medicine, mind, body, spirit. And that's where your mental health is also very much intertwined with your physical health. And we know that heart conditions, high blood pressure, can very much be influenced by your mental health condition, stress and anxiety. So it's important to treat all those as one. One person.

[00:26:27.050] - Kriste

Wellness, as you said earlier.

[00:26:29.360] - Alisa

Wellness.

[00:26:30.020] - Kriste

Just overall wellness. So to that, I mentioned earlier, there's reports out there about the number of dollars that are flowing into, I guess, access points and maybe solutions for mental health and mental health being as you've described it, you know, kind of this bigger, broader thing. And according to the research, there's a record \$2 billion in equity investment that went into mental health in 2020, which I can only imagine is going to lead to some pretty significant solutions, you know, hopefully, as part of telehealth, different applications.

[00:27:16.110] - Kriste

Gosh, I don't even know I can't imagine all the different ways that maybe that money can drive innovations there. What do you think about that? Do you track that at all? And do you think that, you know, sort of like digital access is going to be super important?

[00:27:33.360] - Alisa

I do, from a recovery standpoint. It was interesting. After the pandemic started, you had people who were no longer able to go to their AA meetings or their NA meetings.

[00:27:43.130] - Kriste

Right.

[00:27:44.200] - Alisa

Yeah. Yeah. So a lot of them went to Zoom. And so what I started seeing is a proliferation of apps for recovery, like tracking your recovery and connecting you with other people, other networks of people who were in recovery. That networking became really important. But then the challenge there was that NA and AA have the anonymity and so suddenly you're on a Zoom call where somebody could potentially record you.

[00:28:13.990] - Kriste

Oh, what are they doing about that? Do you know?

[00:28:17.610] - Alisa

My understanding is that I mean, there...I think you can limit the recording options for people, but I mean, they're continuing to have the Zoom calls for sure. And I don't know, I think some of them have started meeting again with social distancing. It just depends on the city. Yeah, but that was a challenge. So there's recovery apps. I think that might be a place for investment for sure.

[00:28:46.290] - Kriste

There's also been a lot of media around online therapy provider Talkspace. They had a \$1.4 billion merger with an investment firm and they they say that 80 percent of behavioral health can be done remotely. So I think that's interesting.

[00:29:07.260]

I certainly, you know, just personally, I downloaded the Calm app, and that's a pretty cool app. And that's just that's a lot of sort of like mindfulness, you know, is on there. But there's just different resources and there's soothing music and soothing content and things like that. And I have heard of a lot of people who have leveraged apps like that. I went to this, had this great opportunity to go to a yoga and mindfulness retreat through a studio out of Boulder.

[00:29:41.220] - Kriste

And yeah, and it's Taylor White Moffitt. And she's amazing. And so much of that was just that high-level notion of being present in the moment and breathing like you were talking about.

[00:29:55.050] - Alisa

Right.

[00:29:55.470] - Kriste

And when you start to do that, I think you do start to discover all kinds of things that maybe you didn't realize were there.

[00:30:03.000] - Alisa

Right.

[00:30:03.900] - Kriste

I'm rambling a little bit here, but I'm excited about the investment, that's the the money that is going into solutions around this. And, you know, even before that, I had I gotten calls from a couple of different entrepreneurs that were really looking to develop. They were in the mental health space and they were actually, you know, clinicians and they were working here in Nashville, but working to come up with

mobile solutions, you know, and what we're now understanding is more like sort of telehealth solutions. But there were all kinds of issues that were getting in the way in terms of regulations and being licensed, you know?

[00:30:41.370] - Alisa

Oh, right. Yeah, the whole telehealth debate—

[00:30:43.360] - Kriste

Crossing state lines, telehealth has kind of opened that door.

[00:30:47.190] - Alisa

Sure.

[00:30:47.940] - Kriste

To primary care provision as well as hopefully it'll open the door, you know, for the provision of mental health services as well.

[00:30:57.600] - Alisa

Yeah, definitely, definitely. I mean, I know telehealth legislation has been debated federally and on the state level. And there's...In some cases there's turf wars. Some providers don't want providers from other states coming in here and taking your patient. But we really are in a new paradigm. Now, this has been a shift because of this pandemic. We now see the technology has just opened so many opportunities for people to connect and get help.

[00:31:31.980] - Alisa

The biggest thing I see as far as telehealth is providing an opportunity for people to realize that they're not alone. There's so much isolation that comes with mental illness. You feel like you're the only one who feels this way or you're embarrassed or ashamed. And so having somebody to talk to about this without judgment in, you know, without having to worry about what they think is a really big thing for the individual who's suffering.

[00:32:01.140] - Kriste

That is so true. Does NAMI Tennessee have your kind of 2021 legislative agenda mapped out? Is that something you're working on? What's on the horizon for the kinds of things that need to move forward and happen?

[00:32:15.990] - Alisa

Yes, I'm literally working on that this week.

[00:32:18.460] - Kriste

Oh, excellent.

[00:32:19.930] - Alisa

So, yes. One of the things that our organization is involved with nationally and on the state level is the connection with law enforcement and educating them on how to respond to an individual with a mental health crisis. And this is... We have a program called Crisis Intervention Team Training, and it's a program that started in Memphis 40 years ago. And it started with a—it wasn't quite as bad as the George Floyd situation—but it was a shooting of a man by some officers who was in a mental health crisis.

[00:32:59.310] - Alisa

And the community got together and said, "We've got to do something. We can't have law enforcement responding in this way." And they developed this CIT program that is now global and like I said, started in Memphis, and at NAMI, Tennessee, we've got one of the founders, Sam Cochran, who's a consultant. We have a statewide CIT coordinator, and we help communities bring together stakeholders, law enforcement and mental health providers to develop ways to improve situations when a person's in a mental health crisis and how to get them help instead of handcuffs.

[00:33:43.050] - Kriste

So has that bubbled up coming out of 2020 and the unrest and "defund the police" and everything? You know, all the awareness that has been driven around these horrific scenes that have played out in front of our eyes.

[00:34:00.210] - Alisa

Right. It just underscored the importance of community training, actually, of deescalating these situations and how to get people the help they need. So we'll be asking for money from the legislature this year and to help law enforcement agencies and police departments, sheriff's departments, send their officers to trainings. So because it's so important, it's just critical right now.

[00:34:31.260] - Alisa

And then another thing that we're going to be talking about is walk-in centers. So typically police officers will take a person in crisis to a drop-off center, but there's only like three or four in the state. So if you're in East Tennessee—

[00:34:47.220] - Kriste

Yeah. Are they in the major metropolitan areas?

[00:34:50.700] - Alisa

Yes. Yes. So if you're in northeast Tennessee, you might have to drive a few hours to go to one. So when you're in a crisis, you need that service right then and there. And to have a drop-in center really takes the pressure off the emergency rooms because they're the ones that are responding to these crises. So we'd like to see more money into these drop-in centers.

[00:35:15.490] - Kriste

Do you envision that Governor Lee is going to be an advocate and a partner in these or these initiatives?

[00:35:22.360] - Alisa

Yes, yes, we actually had a meeting with him at the beginning of the month, and he told us he would like to do more. He's going to do what he can, obviously, with the dollars that he has. We're all bracing for what the budget's going to be like because of the drop in revenue for our state. But his commitment to mental health is there. And really the state budget held firm like there were no cuts to the mental health budget in the state, which we were really pleased about. So if we can just hold the line, that would be great. I mean, obviously, there's more work to be done, but the most important thing right now is to just maintain and not go backwards.

[00:36:06.240] - Kriste

And will you be bringing some of your storytelling to that effort this year?

[00:36:11.850] - Alisa

Yes, I'm actually doing a storytelling training on February 17th. We're not having our Day on the Hill. Well, we're having it, but it's going to be virtual because all the Days on the Hill have been canceled. So we're going to have a rolling event. And it's not just a moment, it's a movement, so they say. Instead of having one Day on the Hill, I'm going to have different trainings for people over the course of several weeks on different issues and different topics. So people think that they can't talk to legislators because they don't know anything about legislation or budgets. And what I tell them is they're actually the experts on mental illness because they've lived it. And that makes them credible, and the expert.

[00:36:59.430] - Kriste

So it's just tell your story. Just be authentic like you were saying earlier.

[00:37:03.590] - Alisa

Yes. Now, I also teach them how to be cognizant of time and respectful of time, because some of these stories can get a little long. But basically you can hit the highlights in two or three minutes.

[00:37:18.200] - Kriste

Mm hmm. I wonder if this opens a door of opportunity for you, like you would be able to record this and have anyone go in and maybe get access to these stories on a virtual platform in a way that maybe you wouldn't have had that, you know, if you actually were in person for a Day on the Hill. Is that going to be something you're maybe going to make available?

[00:37:38.640] - Alisa

Definitely. So I've been kind of bombarded with emails from organizations that want to do like the online platforms for reaching out to legislators. And we do have one that we're going to be using, but I think story collection, story banking right now is huge because we don't have access to legislators right now. Like I as a registered lobbyist have limited access. The public has no access. I mean, they're going to let us come in for committee meetings, but, you know, apparently there's no mandate at the Capitol. So a lot of people will not be doing that. So it's going to mean that letter writing is going to be more important.

[00:38:22.140] - Kriste

Old-fashioned letter writing still works, doesn't it?

[00:38:25.470] - Alisa

So that's what I'm telling our people to do, because an email can be deleted, but a physical piece of mail, it's a little bit, especially when you get a lot of them, it makes an impact.

[00:38:34.920] - Kriste

Right. All of a sudden a big bin of a thousand letters come in. You can't ignore that.

[00:38:41.640] - Alisa

Right. Right. So old fashioned letter writing is going to come back.

[00:38:45.690] - Kriste

And as you and I also know from our reporter days, legislators really listen when their phone is ringing and they are getting mail and emails and being bombarded on an issue—that gets their attention.

[00:38:58.500] - Alisa

Oh, definitely. And legislative aides certainly keep a tally of calls that they get for and against a bill or an issue. They do listen. And, you know, my concern is that because of everything that's happened, you know, with the presidential election and then, you know, at the Capitol a couple of weeks ago, I'm hoping that people don't get disenchanted, that they realize that they can make a difference. And honestly, I think on both sides of the issue, people's voices, the people are feeling like their voices have not been heard. And so that's why I view my job is more important now than ever, is to make sure that people are heard when it comes to their challenges with mental illness because we need to have some policy changes.

[00:39:45.720] - Kriste

Absolutely. I've got a few stats. I'm just going to read them out because that's kind of a good segway for it I think. So, according to our research, one in five U.S. adults experiences mental illness each year. Is that the one you said is now one in two?

[00:40:03.270] - Alisa

Yes.

[00:40:05.130] - Kriste

Amazing. An average of 11 years passes between the onset of mental illness symptoms and treatment?

[00:40:12.150] - Alisa

Yes, a lot of times symptoms will show up around age 13, but they show up...they get blown off as typical teenage behavior like isolation, withdrawal, loss of interest in hobbies. And so by the time they're a young adult, they're already into their mental illness and they haven't been treated for it.

[00:40:32.100] - Kriste

So it's just kind of...it's just kind of getting worse.

[00:40:34.740] - Alisa

Yeah.

[00:40:35.080] - Kriste

And maybe manifesting in all kinds of ways that no one's really clear that it's actually tied to some underlying issue.

[00:40:42.480] - Alisa

Right. That's why you see these young people, especially young men in their early twenties, having psychotic breaks.

[00:40:49.410] - Kriste

Wow.

[00:40:50.310] - Alisa

Yeah. Because it hasn't been treated eleven years earlier when it started showing up as symptoms. Sometimes it's rebellious behavior, sometimes it's aggression, but when actually the root causes of mental illness.

[00:41:05.010] - Kriste

And yet another statistic is 60 percent of U.S. counties do not have a practicing psychiatrist. Have you heard that figure?

[00:41:13.260] - Alisa

Yes, yes. You know, we're lucky that we have a pretty good group of members across the state of a coalition—a behavioral health coalition. And that workforce issue is critical. We talk about that quite often and we've got to get more mental health professionals through school and out into the communities.

[00:41:36.610] - Kriste

How does that happen? Because another statistic I'm looking at is that the number of mental health providers has increased about 23 percent in the last four years. But it's still not enough, as you say. So is it just about helping people see that as a career path and a need?

[00:41:56.690] - Alisa

I think so. It's also about loan forgiveness programs. So, you go to school and you work in this community for a certain number of years and we pay your student tuition.

[00:42:09.550] - Kriste

Yeah. Hey, it's working in a lot of other areas. Why not work work for this profession.

[00:42:14.730] - Alisa

Right, right. And in Tennessee, it is challenging in some of the rural areas because mental illness is often not discussed in in some areas. Mental illness is looked at as a sin or a weakness of character, a defect of character. And so there is a lot of education that needs to go into that and teaching people that it's a disease. It's not a not a sin.

[00:42:44.880] - Kriste

Wow. When you put it that way, it's compelling and sad.

[00:42:50.310] - Alisa

Yeah.

[00:42:52.230] - Kriste

So apparently there is, however, a new mental health emergency number, I think, that's being developed that's sort of the equivalent of 9-1-1. But it's not going to be going live until I think they're projecting 2022. Do you know anything about that?

[00:43:08.040] - Alisa

I do. Our NAMI national organization was involved with that on the federal level. It's 9-8-8. And so it did pass Congress I think in the spring. And now what happens is states have to enact legislation. I think some put in place some fees, maybe a communication fee. And right now, I haven't seen any bills being filed to do that yet, and we've been talking to the Department of Mental Health and Substance Abuse about that. I'm not really sure what needs to be done here quite yet. So but it is something that we're watching.

[00:43:46.560] - Kriste

And do you think that is going to — that almost sort of kind of falls into the, you know, kind of helping try to keep folks that could be getting mental health treatment out of the E.R., for example, or they're not calling 9-1-1. And so even, you know, it's kind of de-escalated if it goes through a 9-8-8 number, maybe it's de-escalated on the front end. Is that kind of part of the goal there as well?

[00:44:10.080] - Alisa

Yes, absolutely. So people can get the help they need before the situation escalates. And yeah, you can imagine the diversion of calls that will not take place that would go to 9-1-1 will now go to this 9-8-8 number. And so then that sets in motion a whole different set of providers and support as opposed to 9-1-1, which is more law enforcement response.

[00:44:39.390] - Kriste

That makes so much sense. I'm excited to see that come to life. What happens if you dial 9-8-8 right now, I wonder?

[00:44:46.800] - Alisa

Yeah, it's not set up in Tennessee yet.

[00:44:49.530] - Kriste

So nothing, nothing happens.

[00:44:52.190] - Alisa

I don't think so.

[00:44:52.190] - Kriste

OK, so stay tuned on that, right?

[00:44:54.420] - Alisa

Yes. Yes.

[00:44:55.560] - Kriste

Awesome. Well, what are some burning issues on your mind that we haven't covered that you think would be important for our listeners to know about or get engaged with?

[00:45:11.190] - Alisa

I think children's mental health. We need to be aware that our children are, I mean, we're all in a very unique experience now with the pandemic, but they don't have the skills and the tools to cope yet. And I think it's important to encourage children to talk about their feelings. There are a number of good resources online, you know if you Google, like parent resources, pediatric mental health, you know, there's some good tips out there. So it's important that our children be remembered during this time.

[00:45:54.100] - Kriste

So important. I feel for the kids.

[00:45:58.070] - Alisa

Yeah.

[00:45:58.750] - Kriste

So on that note, can you tell us and tell our listeners if they want to get in touch with you? If they want to get in touch with NAMI Tennessee, they're looking for resources, what's the best way for people to do that and to reach you?

[00:46:14.800] - Alisa

Yes. So the easiest way to reach me is at advocacy@NAMITN.org. And you can go to our website at NAMITN.org and see what we're doing here in Tennessee. We actually have a whole page dedicated to mental health and law enforcement. And then you can go to our parent organization, NAMI.org, and it's just a fabulous resource that has information on what the symptoms are for different mental health conditions, how to navigate getting help, the effects on loved ones and what families go through when a loved one has mental illness. It's really geared towards being a resource for both the individual and the family member affected by the illness.

[00:47:01.540] - Kriste

That's awesome. How long has NAMI been around? I imagine, you know, the resources are just, you know, broad as well as deep.

[00:47:10.420] - Alisa

Yes. NAMI has been around for 40 years and it started with a group of moms in Madison, Wisconsin, sitting around a kitchen table saying that they're frustrated that they couldn't get help for their children with mental illness. And from there, it grew nationwide.

[00:47:29.080] - Kriste

The power of moms. I love it.

[00:47:31.930] - Alisa

Yes, they were called NAMI mummies.

[00:47:34.510] - Kriste

NAMI mummies!

[00:47:36.340] - Alisa

Yeah.

[00:47:39.010] - Kriste

That is wonderful. And kind of full circle, maybe even to where we are today, and, you know, moms continuing to come together around issues. And unfortunately, like you talked about with Parkland, you know, so often it does take a crisis to finally get some of those voices heard. So I continue to talk about there's so many silver linings from the pandemic and from everything that we experienced in 2020. And I think certainly shining a light on the need for us to approach and find mental health access and services differently, hopefully that will, you know, history will look back and that will be a silver lining for mental health as well.

[00:48:23.230] - Alisa

I think so. We're at a pivotal point, and I'm very happy and grateful to be part of it.

[00:48:27.400] - Kriste

Well, good luck with all of your efforts and with your legislative agenda this year. I'm super excited for you.

[00:48:32.950] - Alisa

Thanks. Thanks.

[00:48:34.540] - Kriste

And hopefully Tennessee will continue to serve as an example. Sounds like that CIT – is that the program?

[00:48:42.220] - Alisa

Yes.

[00:48:42.220] - Kriste

CIT sounds like a national model.

[00:48:44.081] - Alisa

Oh, it is.

[00:48:44.090] - Kriste

So let's keep on bringing solutions that others can follow.

[00:48:50.710] - Alisa

Yeah.

[00:48:51.520] - Kriste

Thank you so much. I've loved this conversation. It's so good to reconnect with you, and I'm so glad you're back in Tennessee. Welcome home.

[00:48:59.660] - Alisa

Thank you. Me, too. Me, too.

[00:49:02.590] - Kriste

And we look forward to following NAMI Tennessee and your good work.

[00:49:06.760] - Alisa

Oh, great. Well, thanks. Thanks for having me. I enjoyed it.

[00:49:10.060] - Kriste

That wraps up this episode of How It's Done. My guest today has been, Alisa LaPolt, policy and advocacy director of NAMI Tennessee. And we have talked about the role and power of storytelling in mental health. Thanks for joining us.

[00:49:25.870] - Kriste

That's it for now. Thanks so much for listening. We're looking forward to keeping great conversations coming your way as we grow this podcast. There's even more great content from our conversations on our blog. Be sure to check it out at growwithfuoco.com. That's grow with fuoco – f-u-o-c-o – dot com. Stay tuned until next time and no matter what, stay curious.