

NAMI Ask the Expert

Dear Stranger: A Journey of Youth Mental Health

Featuring Diana Chao, Founder & Executive Director, Letters to Strangers

February 24, 2022

Dan Gillison ([00:00:00](#)):

Good afternoon to all of you that are with us, or good midday for those in the west. And welcome to our first Ask The Expert of 2022. It is wonderful that this is our first one of 2022. And on behalf of the NAMI board, our board president, Shirley Holloway, our staff, and all of our field leaders, we appreciate you being with us. And as I prepare to hand this off, I do want to mention one thing, and that is that if you need support while hearing our story today or at any time, remember you are not alone.

And please consider reaching out to the NAMI helpline at 1-800-950-NAMI or 6264, or you can go online at info@nami.org or visit nami.org/help. We are so excited to have you with us on today. And now I want to hand it off to our chief medical officer, Dr. Ken Duckworth. Ken.

Ken Duckworth ([00:01:09](#)):

If I fade out, please forgive me.

Teri Brister ([00:01:23](#)):

And Ken, we're not able to hear you. Maybe turn your video off. Okay.

Diana Chao ([00:01:28](#)):

I think you're back.

Ken Duckworth ([00:01:40](#)):

The problem before until just now. Diana Chao is a remarkable person. I saw her at the NAMI convention three years ago, and recognized her brilliance. Diana is a first generation Chinese American immigrant from Southern California, who founded Letters to Strangers, while dealing with bipolar disorder in high school. Letters to Strangers has gone on to be the largest youth to youth support program in the world, serving over 35,000 people every year on six continents. Diana's was also part of publishing the first youth to youth mental health guide. Diana's been an incredible ambassador for NAMI.

I'm pleased to say that Diana was interviewed for NAMI's first book, which you'll learn more about and will be coming out this fall. Diana's a graduate of Princeton University, and wrote to me in her bio that most of her time, in addition to everything else she's doing, she's trying to figure out how to navigate life. **Diana Chao** is a treasure, and we're very blessed to have her. I'll see you again for Q&A. Feel free to put them in the chat, and you'll be able to ask Diana anything you'd like. Thank you and welcome, Diana.

Diana Chao ([00:03:01](#)):

Thank you so much for having me, Ken, and everyone else at NAMI. It's been a pleasure and honor, to be able to be part of the NAMI family over the past few years. And I am so excited to be able to share a little bit of my story with you all today. So just a note that if at some point it starts to become an issue with bandwidth and you have problem hearing me, I might turn off my video, but the slides will still be showing. Otherwise what you're seeing now is what you're going to be seeing for the rest of my presentation. So with your permission, I would love to start by reading a letter. Dear stranger. I don't know what to write, so I just pull on the bevels of the laptop keys with my fingernails. I pull and pull and pull until it starts to hurt.

And I stare blankly at nothing, until tears well up again. And I sob so hard, I wonder if my heart is wringing itself dry. I don't know what to say, except that sometimes everything hurts so bad, I don't know what to do. My arms quake and my legs shake, and I am a puddle. I am a string. I am a prayer wavering on existence, but never quite making it there. Hot, cold burns up my arms. An elephant wakes up in my head. I can't think around it. I wonder what would happen if I just tore this elephant out, dumped it down to a stretcher and shipped it out of my brain. How would that weightlessness feel like? How do people live without that am sealed into their mouths? I wonder what it's like to laugh without having to claw your throat open first.

I should stop this here. I can feel myself slipping. I don't know, I guess I'll talk soon. I have nothing else to say, even though I feel like I should, and this on a positive note. I don't know. I don't know. I don't know. And what are you going to do about it? What am I going to do about it?

I wrote that letter for myself. To be honest, ever since I was very young, and I wrote that letter when I was about 14, I was never a particularly innocent child. You know, I still wear neon shirts and bedazzle hairbands, and I found trouble everywhere. Or if you ask me, adventures. I was sassy, I convinced myself I was funny. I tried to be punk, pretended like I was a Chinese princess. You can see here with some photographic evidence. So maybe that's why people didn't seem to care when I started to disappear.

Maybe I didn't know it, or maybe I somehow subconsciously wanted it that way. But the greatest trick I ever played wasn't on others but on myself. A few years ago I was interviewing people around San Francisco about mental health. And I was going from the wealthiest districts where a one bedroom apartment can cost more than an entire rural mansion, to neighborhoods where concoctions of drugs would punch through air to assault far more than nostrils. You're staining the streets like murals, and no matter where I went, someone would always hear about what I'm doing, why I'm doing it, I'm blurred out. "Oh, you're doing this because you have a personal connection. How could someone so sad be so young." And their faces would fold in with shock, as if I blamed anxiety on the rising costs of avocado toast, just because I'm Californian. Or God forbid, be on the math test.

I wondered if they think the chicken pox vaccine makes children immune to trauma and exhaustion too. Apparently, human emotions are too complex of sensations to be felt by youth. But to be honest, those questions, those stouts, they didn't faze me. Not because I'd been used to hearing them from other people, but because I was telling them all the time to myself. See, I'm a first generation Chinese American immigrant, I'm from a rural village in the poorest province of China. I'm an ethnic minority there. Indigenous to Huachuca mountains, stretching back generations. Our history is old as the slopes, rich as the smell of rice after rain. So how could I feel so empty? How could I feel so deceiving? You know, how could I look in the mirror and see my lips stretched wide open, yet seemingly hear my own bones collapsing?

Diana Chao:

I wrote that letter I read to you at the beginning to remind myself that despite it all, what I felt was real, legitimate, still me just in the midst of trying. It was supposed to stay my little secret, but I guess nowadays I read it aloud for the semi-public. What I know now, I didn't know back then, was that I wasn't alone and I'm not alone. And you probably know this to some extent, but youth mental health especially is a serious problem.

See, turns out that 50% of all lifetime cases of mental illness begin by age 14, and 75% by age 24. And this is a statistic I got from the NAMI website a few years ago when I was first doing resources and research on this specific topic for the Letters to Strangers website. 20% of youth aged 13 to 18 live with a mental health condition. 37% of students aged 14 and up with a mental health condition drop out of school. That's the highest dropout rate of any disability group. Suicide is the second leading cause of death in the US between ages 15 to 34. And nowadays it's the second leading cause of death for young people worldwide. And yet despite that, 80% of American youths with severe depression have no or insufficient treatment.

You can imagine that these statistics will not just magically get better on their own, right? Like the last 20 years where revolution technology and social media have changed our world, the youths, and really everyone today face new ideas that old things were not designed to accommodate. Youth and social media perfection, body distortion, life make-over, cyber bullying, over stimulation, desensitization, or FOMO, fear of missing out. I'm sure you've seen headlines like the ones that just popped up on screen all over the place, especially during the pandemic.

And sometimes it can sound a little absurd or even childish, right? It's really easy to dismiss all of this as just kids caring too much about what other people have to say. It's that classic adage of, "Oh, if all your friends did X, Y, Z, would you do it too?" But the truth is, everything is relative to your baseline. And in the US, that could look like the dinner parties of the twenties, the nightclubs of the eighties, the club chasing of the digital 2010s and now 2020s. Your life becomes your relevance, your relevance defines your worth, or so it seems. It's not that the old triggers have softened, it's that now within two seconds you can look up seriously hurtful information for yourself.

I suppose I would know. I don't have the words necessarily to describe my story in the timeframe that we have today, but I do want to tell you this. That my story began violently, and I grew up with scars. I learned what they looked like, what they felt like, what they tasted like. But most importantly, what happens when they don't go away? And when I was 13 years old, I was diagnosed with bipolar disorder. And at the time it transformed my pain into what seemed like an escapable nightmare.

The truth is that, intergenerational trauma is real. Hurt people hurt people. My family, like so many others, grew up with all of these things that have been passed down as some twisted emotion of love. My dad has a long scar etched into his body from a childhood beating that left him alone and bleeding. It's not unique to Chinese or any other cultures, right?

All these cultures have super unique, powerful, tremendously wonderful structures for healing. And so to demonize a culture is to choose ignorance. So I want to emphasize it, I really mean it when I say I am so proud of my heritage and everything that it has taught me. But as an immigrant, as the daughter of a traditional Chinese medicine practitioner, stigma has a different taste. And I grew tired of flushing it down with milk. See, intergenerational trauma is not just real in the sense that we know it's a concept that exists, but because studies have shown just how much it can affect us how many generations down the line.

Diana Chao:

One study found with mice that when you mated one mouse, let's say the mother mouse, with another mouse that was considered normal, if you expose that mother mouse to anxiety inducing situations that would create habits in that mother mouse of responses to that anxiety, that behavior, even when mated down to five generations later with "perfectly normal," whatever that means in that world. Mice up to five generations later, those anxiety induced behaviors and symptoms can still be exhibited by that offspring.

And so that's not a doom sentence by any means, that's not what I mean to say, but what I do want to point out with that is how real it is that hurt people hurt people. And how, especially among immigrant families or cultures where there's a lot of movement in recent years in general, a lot of changes between the older and younger generations. The factors that affected the people of before are still going to ring in the minds and hearts of the people today, even if we don't explicitly realize that it's there. And so that's why it's so important to talk about just what it really means when we say hurt people hurt people. I know you know that mental health concerns can affect anyone anywhere, at any age at any time, but I didn't.

Today I can easily say that this is not a moral dilemma. That no one chooses mental illness like they choose outfits. A textile merchant from Somalia once told me that mental health should be as normal as the rising and setting sun, that we can't afford to wait until it's our sons holding to their headset. But it took me a really, really long time to learn that. The thing is, in American clinical practice settings, we see this example really brought to life. Minorities are less likely than white patients to receive treatment that adheres to treatment guidelines. And one way that that history of hurt can be so explicitly, and even you can say intentionally seen, is through the way that we talk about minority symptoms.

So take for example the diagnostic manual of the DSM that's used to diagnose mental illnesses by mental health professionals. In it there's this concept called culture bound syndromes, AKA symptoms that are found within really one particular culture, in this case, a minority AKA non-white culture. Whether or not culture bound symptoms, syndromes exist is a whole other topic. But in the DSM, that syndrome is relegated to just the appendix of that huge, huge book.

And you can imagine that as more and more countries around the world are adopting the DSM foray into Western psychiatry, that when you are trying to have that conversation about mental illness, but you are not necessarily seeing the symptoms of the people you're trying to talk to, how are you supposed to have that conversation in the first place? And I want to point out that, of course, for the most part it's not like anyone's trying to be explicitly racist. No, that's not the case, right? But the thing is these guidelines and practices that were designed from a few centuries ago, that are still sometimes in some ways being used today, will have consequences even when we don't necessarily know that they're there.

So it's not surprising then that ethnic minority and immigrant clients have been found to suspend trust to providers who are ethnically dissimilar from them, until they are proven trustworthy. Asian Americans use mental health services at about one third of the rate of white Americans, and we see the rate similarly lower among other minority groups as well, including LGBTQ+ individuals. And in a lot of households, what you'll hear is that, mental illness? That's just the consequence of a past sin. It doesn't exist. You're being ungrateful, spoiled, disrespectful. You should just drink some herbal tea. The pain is in the body, not the mind. And remember, mental illness? That's a white people thing.

Diana Chao:

I really tried to believe that. I did. But the thing about emotions is that they are by nature immortal. They learn to undig their own graves. When I was 14, I was diagnosed with anterior uveitis, which is an inflammation of the eye set, popped my eyes blind for days, weeks at a time, every time an episode struck. And I remember whenever I would ask for help, the response was and still is always, yes, and of course. And you are so strong. But even though I still get moments where I'm terrified of talking about my mental health, afraid that if I say the wrong words someone will tell me I'm crazy, dismiss all that I'm saying. Admitting mental illness is giving them ammunition, and my voice is the target. Afraid that if I speak my truth, my story, someone will still tell me I'm romanticizing without bothering to let me finish.

Say that I'm only making things worse, I should just shut up. Because what do I know about mental illness? What do I know about mental illness except that sometimes I see flashbacks, I see crawling up my thighs, my eyes glazed over my head, buried XL sweaters, bagging a God I didn't know how to believe in to not let me pass him, to not let him see me. I asked myself over and over, and I alive. Hurt slipped into my blood the way thunder slips into ears, by which, I mean, less of a slip and more of a tearing or a prayer. The thing is, sometimes loneliness creeps on you like old age. Even in hindsight, I still find pieces of my past tossed in between the lines. Sometimes I wonder why if I introduce mental health to the conversation, some people take that declaration as confirmation that I don't belong in this nation.

Like they're waiting for me to scream, do something real normal humans wouldn't. As if mental illness walked me from person to personality, human to human disease, are you kidding me? I wanted so badly to figure out what the heck was causing all this pain? Especially with my eye disease. Because years later, I was at a conference and I was trying to tell this story, and this Asian American ophthalmologist came up to me and she asked me if I knew what caused my eye episodes. And I was just at a loss for words. Because throughout all of high school, I was in and out of hospitals. I spent about 50% of high school, at least in the emergency room. And I had done so many tests, seen so many specialists, and not a single person could figure out what the heck was causing me to go blind.

Seemingly randomly, and then sometimes the medication would work immediately, sometimes it takes longer. We never know if at any given point the medication is just not going to work anymore, and I was going to be permanently blind. And the ophthalmologist told me that she thought my eye disease might be psychosomatic. Psychosomatic, or physical manifestations of psychological distress. It's drawn from Sherlock, walking with a limp from PTSD even though his leg is technically fine. It's anxiety burning my lungs, even though I have never smoked a day in my life. But my eyes? I was quite skeptical. But she was sending me these papers, and I was like, yada, yada, yada. Turns out, as I entered college and I was able to receive consistent mental health care with a good medication regimen that worked for me, for the first time in my life, as my mental health got better, so did my eyes.

I'm thinking that as someone who went to the hospital every other week, I've now been eye episode free for the past four years. I'm starting to believe in miracles. The truth is that psychosomatic symptoms hide in the shadows of stigma. And many minority cultures, especially ones that emphasize the mind body connection, that may particularly stigmatize mental illness more so than others, tend to flood them with prayer. We hide that pain until our bodies throw a coup. It's like our brains are saying, "If you won't care about me up here, then let me remind you how I control everything down here."

And so I wish that someone had told me about this earlier, that someone would have asked, not just how are you doing? But really ask, how are you feeling? Maybe then I wouldn't have had to wait so long to discover the key. Maybe then I wouldn't need someone to tell me that pain is not the synonym for life, that I, and all of us deserve the air that we breathe.

Diana Chao:

The thing is, I had a long journey towards finding that answer, right? So before I learned it, I was still stumbling around trying to figure out what the heck was going on. When I was 14 year old, I attempted suicide for the last time. And in the last moment, my little brother was the one who found me. And they say, you should find your own strength, build your own light, don't rely on anyone else. Sure. But sometimes all of our strength is spent on fighting ourselves.

And in those moments, I chose to borrow someone else's light for a while, stand in their glow and let it illuminate the path forward to show and remind me that there is somewhere to go. For me, that person was my little brother, who in many ways I raised like my own child, given our family situation. And I told myself that no matter how dark my world got, I could never drag him down with me.

At the time, I didn't care what happened to me. I had been told by almost everyone around me, including those who were supposed to take care of me, that the only thing I could do for this world was to rid myself from it. But I cared about him. And so for his sake, I had to learn how to care about me too. So how do you heal and navigate American healthcare system when you are a fresh teenager, the child of immigrants who don't speak English, living beneath the poverty line, just trying to figure out what the heck is going on? Well, it turns out the American healthcare system, especially in that situation, is not that easy to navigate. So I ended up writing letters. I wrote letters to strangers, to everyone. At once, seemingly, and I found comfort. I was being so kind and empathetic to these people I'd never even met. So why couldn't I do the same for myself? Didn't I deserve the same for myself?

In these words, I began to discover the miracle of life, that I never was alone. That writing... Oh, okay, that writing is humanity distilled into link. I know you can't see it now, but that's the motto that I have on my shirt that I'm wearing. But this is the backstory of why I founded Letters to Strangers. When I was a sophomore in high school, I started it initially as just a small student club, because I thought, "Well, if it helps me, maybe it can help somebody else." And I really never had any intention for it to grow big or anything like that. I always joke about how I had to bribe my friends with free pizza to come to the lunch meetings. But what amazed me was that even after the free pizza ran out, people kept showing up. And then people from nearby schools, nearby states, and then eventually other countries heard about what we were doing. And especially at that time, it was the first time for many of these people to see so someone who looked like them talk about mental illness without shame.

And I thought that maybe this could be something. But I never could have imagined that it would grow today to become the largest global youth for youth mental health nonprofit. And so it's been such an honor and pleasure to be able to work on L2S, that's a shorthand for it. But the truth of it has always remained the same, right? When we erase the burden of judgment, when you know not my name, my background or my diagnosis, unless I want to tell it to you, suddenly the story that I feel most comfortable and truthful telling becomes the only thing that matters. Suddenly, a human connection becomes the only viable solution, in those moments when so many of us feel like we no longer have control or autonomy in our lives. When everything seems to be spending away from us. Suddenly in these letters, you can have total agency, no matter who you are.

Because I will choose to write with a purple colored pencil. I will choose stationary paper with Chewbacca and stripes. You know, I will write in cursive, adding an origami crane. I'll be the protagonist, but maybe next time I'll just listen in. I'll write, "Dear stranger..." Exhale the rust on my I heart.

Diana Chao:

During my interviews around San Francisco, I had met Michael, and he's been homeless on the streets of downtown Berkeley for over two decades now. But even though bipolar disorder and alcoholism had dealt his career, they had not dealt his spirit. I remember at the end of our talk, the final time I was with him, he looked at me with peers in his eyes, gray as the sea right before sunrise. And he said, "Diana, I just want to be well enough to help somebody else." That's it, right? That's what I think all of us are really trying to do, to recognize that human connection, whatever it means for each other, his ultimately can be that most powerful, powerful tool.

And so at Letters to Strangers, we do a variety of things, from of course anonymous handwritten letter exchanges based on art therapy, informed themes and guiding questions, which we do in student clubs on campuses, or in local communities. But we also do things like peer education and policy based advocacy. And one thing I'm really excited to share with you is our world's first youth for youth mental health guidebook, which is written entirely by 14 to 21 year olds, and is reviewed by medical industry professionals, and includes really deep dives into intersectional mental health.

So not just what types of mental to illnesses there are and how to navigate the healthcare system, but how race, ethnicity, LGBTQ+ identity, religion, socioeconomic status, all sorts of different things can affect your mental wellbeing. And I'm very excited and proud to be able to say that NAMI is a resource that we feature a lot in it. NAMI is awesome.

And we actually just two months ago launched a teacher's handbook to supplement that as a mental health curriculum guide. So these are both for free to download in black and white on our website, letterstostrangers.org on the store. And we also, and it's quite funny and coincidental, but in a really good way. Last November, we launched the first pan African toll free mental health hotline. And it's open for anyone to call from within Africa, 24/7 at the number 9898. And if you know what NAMI has been pushing for in the US with the shorthand 988 hotline for the national suicide prevention hotline, you'll know why this number is so coincidental and so serendipitous.

But of course, we want to move on to the next slide. I got to do, Ken, a shout out. When we're talking about resources and books, I was very lucky and honored to be interviewed for the book that Ken wrote that is coming out this fall.

So definitely check that out, because proceeds go to support NAMI, and it's going to be amazing. Point being, with all of this work, I am very, very lucky now to be able to say that we impact over 35,000 people every single year. But I always find this number astounding because of how impossible it would have seemed. And it's really a reminder that life gives us so many opportunities to feel doubt, to feel fear, to feel anger and all of that, but it also sometimes gives us a chance to prove those doubts wrong. And I know it can be so hard, but if we give it one more day, one more week, one more month, heck one more year. Sometimes that's the time it takes for those doubts to finally start to go away. And what a beautiful world can be like beneath that.

You know, I really learned the magic of it all throughout the teenage years when I was still trying to figure out life. Because the thing is, and I have to be honest with you, I was kind of offended by this. I fell in love with photography around the time I was diagnosed with my eye disease. And I was so angry at the universe, because I was thinking, "How dare it show me how beautiful and wonderful and interesting conceptual photography could be, right as I start to no longer be able to see?" But the thing is, it's when you can't see for so long, and then one day it gets better, and then other day there are textures and colors and kaleidoscopes and magic and ring portals mirroring pomegranate skies. This was life. This could be life.

Diana Chao:

I wanted to tell that story, both the good and the bad, the magical in all senses of the word, and so I ended up creating the self-portrait series for minority mental health month in July a few years ago. And I'm not going to go too deep into the artist commentary on that. You'll be able to get a PDF to view this in more detail later, if you want. But point being, I was very lucky that the series went viral. We got over 2 million views on social media, and I was like, "Oh my gosh! This is exciting." But the thing that people forget to warn you about on social media and virality is all the hate comments.

And I don't think I'll ever forget this one specific comment, attention seeking yellow, beep. What do you know about mental illness? What do I know about mental illness? Oh, here we go again. I remembered very clearly that the reason this person and a lot of other similar commenters were angry at me, was because I used color. In my images, I had a kaleidoscope of colors, and they said that mental illness must be this clearly black and white thing, so how dare I use anything other than gray scale? And I thought to myself, the truth is those images depicted a version of my world, the way that I was living it. And yes, my world has psychedelic colors. It was beautiful, it was nightmarish, it was glorious, it was horrendous, it was the best and worst thing to happen to me all at once. My world is not your black and white. It is my own to lead.

And so in the midst of exhaustion, medication and epiphanies, I internalized that the best way to learn is through experience. I mean, yes, I'm often terrified and overwhelmed. I wonder if I'm weak, if I'm a burden. But no, mental illness can mean battling dragons only to find their [inaudible 00:32:31] in our chest, but we learn to live with fire. So where is the weakness in that? How can there be weakness in that? So what did I learn? Well, over these past few years, actually over eight years now since I started Letters to Strangers, I had learned that no one walks this earth alone. Right?

I learned how backgrounds, identities, all these things can affect mental health. I learned about the way culture, religion, diet, gender, immigration, status, language, economic reality, and ACEs or Adverse Childhood Experiences, and I know there was a Ask an Expert talk about that. How all these different factors can impact the way that we grow up, and interact with those around us and perhaps are progeny as well, if we have any.

I learned about coping skills and self-care. So I want to share a few of those with you in case it's helpful for you. These are things that I've learned from talking with my fellow students, from doing research on my own, from interviewing people for the guidebook, all of these things. And one is positivity portfolio. So creating a folder, it could be digital, it could be a physical scrapbook, where you're centering around things of a particular emotion. So images, videos, songs, poetry, whatever else. And that could be joy, gratitude, serenity, all sorts of things. And ideas, you can turn to those portfolios when you're in a moment of needing a little bit of that emotion in your life, to remind yourself that those exist. Writing a gratitude journal. And I'm sure you heard about that a lot.

But for me, I'm lazy and also impatient. I don't always have the capacity to wax poetic about how grateful I feel, but I think what is a lot more approachable, at least for me, is in the moment when I feel that little bit of gratitude, I can write down a very short note, on a post-it note or in the notes app on my phone. I'll put it in a physical cup or in a folder on my phone. And whenever I need a little reminder of the gratitude, I can just post something out. Of course, there's writing letters. We do have free write letter writing things and guiding questions as well as sample letters and letter writing guidelines on our website. There's healthy, productive distractions from art to music to pets.

Diana Chao:

The idea of focusing. So sub vocalization, which usually talks about, you know when you're reading a page in a book and you are reading aloud the words in your head? That's the vocalization. But in this case, it's focusing on sub vocalization that happens when you are maybe thinking about yourself. Like that dialogue, that internal dialogue we have, maybe negative self-talk, things like that. We are not necessarily saying out loud, but that we are voicing to ourselves in our minds. So noticing those things so that we can stop them, or at least recognize that that's what we're feeling right now and remind ourselves why actually we are not deserving of telling ourselves all the time that we suck or whatever else.

Practicing deep, slow breathing, rational responding, which isn't always the most helpful thing, especially when you're feeling really angry. But I do sometimes think about, "Okay, well, I'm really angry right now. And I'm definitely not Sherlock Holmes, but if I was someone who was extremely rational like Sherlock Holmes, how would I respond to this situation?" And then maybe I can find a little bit of a happy sweet spot in between to respond a little bit more wisely.

There's also schema work. So schemas are the templates that are built from things that we experienced in childhood, those patterns and how now use them to process things around us. So a template that takes in the input of today to arrive at the conclusion based on patterns that we've seen when we were younger. And for me, I know what happens a lot is I get scared. I get scared that someone is willing to use anything I say to attack me, to hurt me in whatever manner that means.

And so sometimes I will take what someone said, and I might immediately jump to the conclusion that they're going to use that against me later, so I better respond in a self-protective, defensive manner now, but they actually haven't made that leap. And so when I recognize that that schema is at play, I can better acknowledge why I'm suddenly feeling angry, why they don't understand why I'm feeling angry and how we can work on the communication from there.

There's also the metacognitive. So working on acceptance, compassion, breaking down large tasks into small ones. And last but not least idea for emotional glossary. So thinking about, "Well, if I want to talk to someone, whether it's even myself or someone else about what I'm feeling, how would I describe it?" It's easy for us to say I'm feeling happy. I'm feeling sad, I'm feeling angry, but I want us to be a little more nuanced about it, a little more fine-tuned. So maybe I'm feeling guilty, maybe I'm feeling betrayed.

The more that we're able to understand what really it is that we are feeling the better we are able to have those conversations with other people. And also not just about our emotions, but also to ask them questions about how they're feeling as well. But the main thing I learned is about actions that we can do for each other, not just for ourselves. And so some of these you've probably heard from what NAMI has been putting out there wonderfully as educational resources. But things like watching your language, right, like saying died by suicide instead of committed suicide. Saying completed suicide instead of succeeded in suicide.

Saying people with mental illness, with bipolar disorder instead using it as the adjective that ends up describing and sort of encapsulating the entire person. Avoiding trivialization or unnecessarily pathologizing. With this I do want to expand upon a little bit because the reason I added this in there, is because over the years, I've seen more and more young people come up to me talking about how they worry with mental illness becoming almost there I say a trend in their communities. With social media we've seen a rise in the conversation about mental health and it's super important and awesome.

Diana Chao:

But with that rise in these buzzwords, in these hashtags is not a corresponding same level of rising education. And so I literally had one student recently say to me that... She said, "I was lucky I had bipolar disorder because everyone at her school now has depression and anxiety and they are not cool anymore." Bipolar disorder is the next cool thing. And you can imagine how shocked I was that something that nearly killed me is now considered cool. But I say this because it's not like any of this dialogue is happening out of malicious intent, but that people are not necessarily aware of what mental illnesses consist of. And so there is this equating of having a symptom, like feeling sad sometimes with having something that can be considered as fitting the criteria for diagnosis of mental illness.

And when I say this, I always want to emphasize that it's not as if to say that if you don't have a diagnosis, that you are not allowed to talk about it, because that's the opposite of what I'm trying to say. What I do want to say instead is I want us to be able to have conversations about emotions, about pain, about whatever else it is that we're feeling, without feeling like there needs to be a diagnosis to justify that conversation being heard. To be able to talk about it on such a normal conversational level, that we don't need to feel like we need to have a justification in the name of a diagnosis to be able to seek help.

And so that's something that all of us can do, I believe to be able to have that conversation about emotions on a daily basis. So just ask how each other is feeling to make talking about mental health, not just mental illness or mental health at large something that is okay.

And so similarly I want to emphasize when we're talking about things like suicide, to avoid mentioning means, especially when it's unnecessary or sensationalized. Avoid glamorization or idolization of those who passed from suicide. I lost a dear friend to suicide when I was in high school. And I remembered feeling so angry at my school, because we wanted to build a memorial for my friend, but the school wouldn't allow us and just felt like it was such a shameful, horrible thing to do. But now that I know a little bit about post-vention, I know a little bit about copycat suicides and how these cluster suicides, aka suicides that happen very closing time and or space tend to particularly affect younger people, because they're often on the same campus facing similar issues. These things can be triggered when we are sensationalizing glamorizing or idolizing suicide that might then inspire in the worst way possible someone else who is also suffering.

And so once I learned that I've become a little more empathetic and sensitive to the way that we talk about post-vention, and what we can do after a loss to be able to help as many people as possible, not have to repeat what you just experienced. This other thing I wanted to talk about in terms of what I learned is letting them help you. And I mentioned a little bit before that Michael the homeless man from Berkeley, but I don't want to describe him as that, because he's so much more than that. But Michael had told me, right, that all he wants is to be well enough to help somebody else. And that is the key of it. I had so many people tell me they don't know how to help someone who won't listen to the fact that they believe there's something wrong with that person or whatever else.

But the thing is... I was telling them here, the thing is when you insist on helping someone in a way where the phrasing seems like you believe there is something wrong with them, they start to feel that lot of autonomy even more. They feel even more like, "Oh, even this person who's really close to me. Who's supposed to know me thinks that I've lost control of my life. And that's a very scary feeling. And so instead I want you to think about how can I let them help me, to remind them that they do have autonomy. They do have control.

And what I mean by this is even something as simple as like, "Hey I've been trying to talk to my crush." This is an example I use with like fellow students. But I want to talk to my crush and I don't know how to go about it.

Diana Chao

You want to help me out with that? Like I would love your advice. Reminding them that they still have the capacity to be an agent of their own rights is oftentimes a much more bearable way for them to ease into that conversation about ways that you can help each other. And last but not least is take them seriously. As you probably know by now, since you're watching a NAMI webinar that you can't make someone suicidal just by asking them if they have been considering it. So ask and make sure because it's always better to prevent than to regret.

And I also want to talk a little bit about Pain Languages, because I would imagine you've heard of the five love languages, but what I've learned is we don't talk enough about our pain languages. And one acronym I use is EMPHATHIZING. Now any of these are very normal in and out of themselves, but it's when they're showing a up in abnormal combinations, in abnormal amounts for somebody that could be a sign that there's some pain going on and it's worth it to checking. So E is for eating, eating too little, eating too much. M is for mind distractions, whether that's personal or social. So cleaning a lot of sadness and only wanting to go to parties all the time. P is for pride. A is for anger. T is for tears. H is for hurting the self whatever means that involves. Insomnia is I or hypersomnia, so sleeping too little sleeping too much.

Z is for Zany. And I always have to emphasize here. That I didn't choose Zany just because Z is a hard letter to find a word for in an acronym, although it is, but also because it's not just about humor or adapting a character or a facade, but really becoming someone who is not the you that is experiencing the pain or whatever else that you're going through right now. And one way that I found this to particularly occur within the younger generation, especially is through the use of emojis. I have conversations with my friends all the time where we're talking about something that's bothering us. And it's like, "Oh, I could just totally die right now, laughing, crying face emoji, whatever else. And it's a little bit like Schrodinger's cat in that most of the time, the purpose of that emoji is to serve as a buffer, right?

Like if the other person doesn't have the emotional capacity or whatever else to take what you're saying really seriously right now. They can take that emoji as a cute to treat it as a joke can move on or they can ignore it and ask deeper questions about why you said what you said. And so I bring this up because sometimes we all notice these things and we don't know if someone is being really serious or not, but it doesn't hurt to ask. Right? It might not be the coolest thing to do, but it's probably the wiser thing to do. I is for imprudent behavior. So being really reckless. N is for not present.

So whether that's through a verbal silence or physical absence, or you're physically there, but you're mentally drifting. And then G is for gross productivity. So overworking to the point where productivity isn't even just distraction, but the way that you value your own self-worth. And so before I wrap up all of this educational stuff, I want to talk about that journey to heal, because now you know how to cope. Now you have these skills for being a better supporter for other people, and we are better able to recognize pain languages. But how do you actually heal?

Well, the acronym I use for this is SIMPLE. Like to make it literally simple. This is for self-advocate. And I think the biggest lesson I learned here is that this is not a zero sum game. And what I mean by this is, for so long, I tried so hard to convince the people around me to give two cents about what I was feeling. And whenever I couldn't convince them "to take me seriously," I felt like I lost. But the thing is, I'm not in it to win them over, I'm in it to win myself over. And that's what it's all about.

It's not a zero sum game. There's no winning or losing, there's only learning and growing. And so that's what self-advocacy really means. To win yourself over, to accept yourself first. I is for increment, taking things one step at a time, knowing that sometimes you go three steps forward, five steps back, it's okay, it's normal, you'll get there. M is for meditate, and I don't just mean sitting in the low

disposition, going home. I'm a Buddhist, I do that. But what I really mean is coughing off that mind space, that calm space as they call it in therapy oftentimes. To allow yourself to see the emotions that are coming in, get those thoughts, feel them, process them, but ultimately learn to let them go. P is for patients, L is for listen. And you might have heard of the acronym, "Wait, why am I talking?"

That would work terrifically with listen here. To think about how... To be honest, we are not the knight in someone else's shining armor... We're not the knight in shining armor for someone else's story, I almost said that wrong. The thing is, I think a lot of us are afraid to have conversations about mental health because we don't know what to say. Look, truth is you don't have to know perfectly what to say. You might not even need to say anything at all. That might not be what the other person is looking for. So listening to realize that our role is not to slay that fire of breathing dragon for someone else. Is to be a partner in crime of source, to walk alongside them as they navigate themselves the journey they want to go on to heal. E is for educate.

So like you're doing now, learning these things, recognizing that when we talk about mental health, and especially mental illness on social media and elsewhere, that we also have a responsibility to think a little more critically about what we're putting out there. To being that journey to learn together.

The truth is, I knew joy even when I didn't think I did. And I know I just gave you all of these lecture, ask tips and such, so I hope you weren't too bored by that. But there is something to be said about walking away with actionable steps instead of just me waxing poetic about my own story. But I do want to close off a little bit with what I learned from my story. I like to show this picture because even though I don't remember anything from my childhood that I could remotely describe as happy, I must have felt happy at some points. At least this picture is proof. It's proof that where there's a shadow, there must be something casting a light, even if you don't see it in that moment. And so I often have this fear that, one day all of this new found learning and peace and whatever else is going to disappear. That I'm no longer going to be able to hold down to whatever control I feel like I have.

And it's a fear that I'm not sure will ever fully go away, but for now I remind myself to hold this memory tight. Where my breaths escape, the full body shake under the magic of being alive. I close my eyes and wonder if this is what hugging the moon feels like. Solid ground, where I thought I'd only find air. A rocky reassurance that I, and all of us are not alone in the universe. For a very long time I was afraid of living because I felt like I'd already died, but how time bubbles up like soap. Slippery and all forgiving with a tinge of sage. I tell my shadow, like in this picture, "You took your sweet time trying to extinguish the light, but look how the stars came out."

So I started with a letter and I would like to end with one as well. This is a video from a short film series that Letters to Strangers did with the string actors Guild of New York, where actors were reading aloud some of the letters that we received, and there's more on the Letters to Strangers website, but I'll play it for now. And there are captions, so if it's lagging a little bit, I hope at least the sound itself will come through, even if the video is questionable.

Video Narrator ([00:52:12](#)):

Dear stranger, I dare you to write down 10 things you love about yourself. Maybe you can't finish it all in a day, maybe you knew just what to write and finished in less than 10 minutes. But the thing is we don't give ourselves enough credit. I want you to remember that even when it seems like no one else cares, you should care about yourself. You should care about yourself, and I care about you too. And that's two people already. The world is less lonely with you here. And for that, I thank you. Thank you. Love, a stranger.

Diana Chao ([00:53:24](#)):

So thank you so much for having me. It has been an honor and pleasure. If you want to learn more or get in touch, here are resources. And I will leave this up for another three seconds or so, so you can screenshot, write it down, whatever you need. Okay. Okay. Okay. And what's up next is Q&A with the one and only Ken Duckworth.

Ken Duckworth ([00:53:47](#)):

Diana, that was so beautiful and moving. I just want to mention a few things from the chat that I saw. I'm just going to read one. This is very representative. This has been so instructive, moving, brilliant, courageous. I am so grateful that the slides and replay will be available to us. Your voice is so needed. I can't agree with you more, we should not have to have a diagnosis to justify our mental health status. So a lot of love for you and your work. And so I just wanted to start with that, because I also found it moving and brilliant, just as I did when I saw you at convention and said, "I need to get NAMI closer to Diana." So I just want to thank you for everything. I'm going to now transition from the love component, there will be love in the questions, but that was the straight up love component. I want to make sure we get to a few questions. So let's develop the story of Letters to Strangers a little more. You're at Claremont High School, you start a club, then we skip ahead to the largest youth to youth nonprofit on planet earth. And so I want to just develop that. You're still only 23 years old, right? So this happened fast. Could you tell a little bit about that?

Diana Chao ([00:55:05](#)):

Yeah. I mean when I think back on it, it happened pretty fast, but when living through it, it just felt like it was a very, very long time. I think it was about... So when I was in high school, I actually was not open about my mental illness. And when people asked about Letters to Strangers, I would always say, "Oh it's like an educational thing." I was really scared of what would happen if people found out about my diagnosis. And even on my college apps, I didn't actually mention Letters to Strangers because I was told by people around me that if a college knew about my past suicide attempts, that they would view me as a liability and not want me on campus. And so I was very, very afraid.

It wasn't until after I graduated from high school, I took a gap here. And I really needed to get away from everything that was constantly bringing me pain and trauma. And I went off the grid. I went to Europe for a few months backpacking with a shoes string budget, I lived on mountains, things like that. It was very, very random. But in that process, what I realized was I don't care anymore if someone is going to take my story and use it against me, because ultimately it is my story. And I wanted to find that balance of strength back for myself, to claim my own voice for what is worth. And so after that, I went public with my story. And I told the public about why mental health matter to me, and why I started Letters to Strangers. Because at that point it was a small private thing.

It was after I went public that Letters to Strangers started to grow really rapidly. And that was when I realized why it was growing so quick, because people were able to connect with my story, to see themselves and their journeys reflected in what I went through. And that connection didn't happen before because none of us were willing to talk about it, for fear of what would happen if we did. And so really Letter to Strangers growth really came in the past four years or so after I went public with my story and I was able to share it with more people that connected to me and then therefore, because they have that invest personal connection now, we're interested in starting a chapter in their own school, in their own community and a word got around, especially because people really crave that youth for youth peer support. I think that's the big driver that caused a shift to it becoming what it is today.

Ken Duckworth (00:57:51):

That's beautiful. So your vulnerability generates strength and creates this community? This international community.

Diana Chao (00:57:59):

I would say that hopefully that's the case, yes. Although I do want to point out that I'm very glad that I took the time to feel comfortable enough to share my story, because I think if I did while I was still living in that very abusive environment, it would have brought more pain than it was worth.

Ken Duckworth (00:58:18):

Well said. The pizza didn't hurt, but that was only a few weeks of meetings, right?

Diana Chao (00:58:22):

Yeah.

Ken Duckworth (00:58:23):

That was a brief little moment. People came for you and the mission. Okay. Let's shift gears. Let's talk about youth mental health. One of the questions is, how do you reach people who may not quite be ready for this? And is there anything we can do to change that equation for people who aren't at a place where they want to join something like this. Before that, which you know well, can be a long piece of the journey. And I can't expect you to answer that question, because I don't think there is any answer, but your perspective would be very welcome.

Diana Chao (00:59:00):

Yeah. We don't have to talk about very deep or intense or whatever that means conversations with really young folks. But the truth is, even when we don't talk about these things, it's still happening, right? Like the first time I was kicked out of the house, I was six years old and I was thrown into the bottom level parking garage of a supermarket complex. And things like that, even if I was a child and I didn't understand what was happening, that didn't mean that it didn't affect me in some way. And so even when we feel like someone is not ready to have the conversation yet, that doesn't mean that maybe that conversation is somehow not necessary for them.

So having these discussions about emotions, starting with something like that. Not necessarily having to go into the details of mental illness, but being willing to talk about feelings, about experiences at a young age doesn't hurt, and in fact can help prepare young people to feel more willing and okay with talking about more intense aspects of it later on.

Ken Duckworth (01:00:04):

How can I get this amazing guidebook? Can you just walk people through that again?

Diana Chao (01:00:10):

Yes. Thank you. If you go to letterstostrangers.org/store, I believe someone put that link in a chat, so thank you, whoever did that. If you go there, you'll find various versions. There's print versions for sale to cover the cost of production. But there's also free digital version that you'll find.

Ken Duckworth (01:00:32):

While we're talking about book, somebody asked about the NAMI book, which Diana is one of the featured stars in. That book will be out by about October 1st. And I'll be doing a national book tour. And everywhere I go, I'll be on a stage with people that I interviewed. So hopefully when Diana is in Los Angeles, she's in town when I'm in Los Angeles. And we'll be discussing what she's learned and what I've learned along the way together. So that'll be in the fall.

And as Diana mentioned, all proceeds benefit NAMI. Let's talk a little bit about a person who said in their culture, and they're implying what you learned about your culture and the generation before you. The statement is, "People are seen as either crazy or not crazy, crazy or well." And again, they're interested in how your experience relates to that. Does it relate to that?

Diana Chao (01:01:32):

It definitely relates to it. And I remember when I first came out with my story, people who were not from my background would come and be like, "Oh, thank you for being so moving, blah, blah, blah." But then people in the Chinese community were like, "Oh my God, your parents are so brave to be okay with you talking about this, because what will other people's think?"

And it's that fear of like, "Okay, now someone's going to think that there's something wrong with either their parenting or with the genes." There's fears that... Especially because I'm from a very rural traditional village, there's fears that maybe now I'm going to be unmarriageable. What if I pass this down to my kids? All of these things. And it's just like, "Oh my God, you're bringing shame upon the family." So wow! Kudos your parents for letting you do that.

And so what I've realized is that when it gets to the point where we feel like someone is going to be labeled as crazy, that's usually not the first stage that they exhibited signs of hurting. And so it's more important for us to have those conversations, notice those pain languages, like I mentioned before, earlier rather than later, and do something about it, say something about it instead of just sitting back hoping it resolves by itself. And then perhaps then it evolves into those more severe case that it manifests as today.

And to also recognize that you don't have to have these conversations in the frame of mental illness, because that's where a lot of the stigma immediately comes in. But instead just asking a seemingly innocuous question like, "Oh to be honest, I've been feeling blah, blah, blah lately. How have you been feeling? Have you been feeling similarly? Do you think there's something we can do that can help?" Or whatever else. Having those conversations first.

Ken Duckworth (01:03:34):

There's a question about this idea that you raised, that having bipolar disorder is cool to some people. And we understand the world is changing, and it's obvious that the pandemic has been very hard on youth, youth of color, very clear. But this is a question I think that's not directly related to that. It's, what do you think is going on there? Because that's relatively new. I haven't heard a lot of that before, and I want to just learn from you. And I think the person asking that question was very curious about that as well.

Diana Chao ([01:04:04](#)):

Yeah. So this is something that... I think, especially with the pandemic, on social media there's so much talk about mental health, but the problem is everything just gets shoved under that one big umbrella of talking about mental health. And when there's now that education follow up with those discussions, what is up happening is that that increased volume of conversation. Reflects the same old knowledge base.

So that could look like stereotypes from movies or what people believe in their heads is, "a mental illness" from their daily conversations and things like that. So while exercises sometimes during a workshop is I'll have a list of the most common mental illnesses. And I'll read through that list twice. The first time I'll ask people to raise their hands if they believe that they have a pretty good understanding of what that mental illness. And then the second time I'll ask them to raise their hand only if they learned about that mental illness through a book, through a medical professional, through their own personal experience, things like that.

And every single time without fail, the second round the number of hands raised dropped dramatically, especially for the "more severe" whatever that means in this case, mental illnesses, or more stigmatized ones like schizophrenia and such. And so what that serves to show, I think is that we are having these conversations more, but hearing it more makes us think that we know it better, but that's not actually necessarily the case when we're not actually adding onto the knowledge. We're just repeating what we already know.

And one thing I can say about... And sorry, I'm answering this in a long roundabout way, but one thing you'll notice if you go to our Instagram, and maybe NAMI has seen this in their own Instagram too. Anytime you talk about mental health now on social media, immediately, all of our comments are from spam accounts. They're like, "We're a mental health activist clothing agency. You would be a fantastic ambassador for our apparel." And things like that. And I'm like, "What does that even mean?" It's become this thing people just jump to. So that's why I have these conversations, especially with young on people to recognize that these conversations need to be heard, perhaps in a more informed way.

Ken Duckworth ([01:06:28](#)):

Let's talk about the intergenerational conversation. Let's imagine that people who look like me with gray hair per square inch are less open to acceptance around mental health. I'm just going to use that as a proposal. And I think I mentioned to you, my dad had very bad bipolar disorder, and that was the reason I became a psychiatrist to try to figure out what this thing does, that we couldn't talk about. So in your experience, I'm interested and the question comes and that's why I picked it up, on how you see the generations in your culture in particular, but also in your travels around the world, how is the generational conversation going?

Diana Chao ([01:07:15](#)):

People are definitely more open to talking about emotions, about mental health. It's always a huge topic, especially among the younger generation. We see these fears and concerns echoed on social media. And so it's at the forefront for sure. I think especially when it comes to just the idea of talking about it, people are more open, but what I will say is that in terms of how to talk about it and methods of seeking help, people are still confused, and that has served as a barrier in many cases.

Ken Duckworth ([01:08:01](#)):

It won't surprise you, people want to contact you. Get to know Letters to Strangers. One person said, "Hey, wait a minute. I'm at Pomona College, are you still down the street?" So in terms of how might a person contact you for this amazing amount of work and personal journey that you're undergoing?

Diana Chao ([01:08:23](#)):

So you can find out more on letterstostrangers.org. If you want to contact me personally, let me see if I can go back to that slide real quick. Yes, here is my personal Instagram. My email is also on the L2S websites, just diana@letterstostrangers.org. I will say that I cannot guarantee a detailed personal response. I have limited capacity as a human being, but I will do my best.

Ken Duckworth ([01:08:47](#)):

Diana, you work full time as a climate change scientist, right? Letters to Strangers, you told me was the thing you did at night and weekends. That's good for your morale, because climate change is more dismal.

Diana Chao ([01:09:00](#)):

Well, they're both abysmal in many cases.

Ken Duckworth ([01:09:03](#)):

I say that because I just want to acknowledge Diana has created this nonprofit as a part-time love effort. And it's not actually your full-time job. So I just wanted to mention that you mentioned that you don't have infinite capacity. So Diana, I want to close today by just thanking you. Do you have any other last remarks? It was a beautiful conversation. I love listening to you and learning from you. Do you have anything else you want to say before we close?

Diana Chao ([01:09:35](#)):

I am just very grateful for this space and always a big fan of the NAMI community. I know that there's some Save the Dates that I've just switched to on the slides here. And so I'm sure you'll be able to... Using audience will be able to learn. An amazing amount of wonderful information from the following experts. But as for me, I think-

Ken Duckworth ([01:10:00](#)):

That's For you, yeah. We're going to get the boss to discuss the next upcoming talks. For you.

Diana Chao ([01:10:06](#)):

Yeah. Okay, cool. I wasn't sure if I should be doing. Okay.

Ken Duckworth ([01:10:06](#)):

No, you're doing great.

Diana Chao ([01:10:13](#)):

I think I am grateful, but I do want to say this, is now that I've been in this space for quite some time, I hear all the time from people saying like, "Oh, the young people are going to save this world. Youth are the change makers." Things like that. And I appreciate that sentiment of empowerment, but I also want to challenge all of you to work on it alongside the youth that are now shouldering this burden. I saw this meme that was talking about Greta Thunberg, the climate activist, and it was talking about how people were just applauding her and like, "Oh my God, you're doing so great."

And she's like, "Okay, so, will you join me in this effort." And they're like, "No, here's a title instead, or here's an award instead." And so that's what I want to emphasize, is that I'm on this journey with so many amazing team members, but also we can't do it alone. And especially when we think about the future of youth and just mental health at large, it really takes a whole village. And so all of us have a role to play. So I look forward to working on that together with everyone.

Ken Duckworth ([01:11:19](#)):

Beautifully stated, Diana. This talk will be emailed to you, the slides for your participation. I can't thank you enough, Diana, for all you doing. I wanted to hand it back over to NAMI CEO, **Dan Gillison**.

Dan Gillison ([01:11:34](#)):

Thank you, Ken. And I want to thank you for bringing Diana to us today. And Diana, the chat says it all. I was reading the chat and you have inspired so many, and you've helped so many, and your journey is powerful and it's critically important to young people and to all people like you said. And what we're trying to build or construct is a quilt, and with a common thread through it, and each patch on that quilt is a different community, a different demographic, and that quilt has to be all of us. So thank you for being a part of that quilt. And what you shared with us brought something to mind, which is a quote that many have heard me say. People don't care how much until they know how much you care. And for what you're doing as a scientist, and then what you are doing and what you've done on your journey to share with us and to share with the world is incredible. And we just thank you so very much for that. And your spoken word, it means more than you could ever know, and it demonstrates how much you care.

So now let me close with the dates on the next Ask the Experts. We do these on Thursdays. We want to thank everyone that joined us today, and hope you got quite a bit out of it. And we would challenge you to tell others to please join these, because they are for you and they are for all that want to know about the opportunities to make a difference in this space. The next one is on the 24th of March, Clozapine, Risk Evaluation Mitigation strategy with Dr. Rob Cotes. And then the next one will be on the 28th of April with Dr. Tom Insel, Healing Our Path from Mental Illness to Mental Health. Last but not least, we're not for profit and we really value your participation. And we would love for you to donate to NAMI. And here's the link nami.org/donate.

Most important is, remember, you are not alone. That's what we want you to remember. It takes all of us, we are in this together, we're all making a difference. To that point about not being alone, it takes a production team to bring these events to you. So I want to close by thanking our team that does the heavy lifting to bring these events to you. Jordan Miller, Dr. Terry Brister, Jesse Waffle, Leah Wentworth, and Christina Burt. As I think Diana says, it takes a village, well, it also takes a village to put these events together. So I want to thank the team for doing that. And to all of you all, we wish you a wonderful close to your week and just a sensational week. And be safe, and we'll see you soon. Diana, thank you. Thank you so very much. Bye everybody.

Diana Chao ([01:14:13](#)):

Thank you all again for having me.