

**NAMI Ask the Expert:**  
**Session 1: Building a Life with a Diagnosis**  
Featuring Nikki Rashes, Elisa Norman, and Andrea Landry  
February 9, 2023

---

**Ken Duckworth (00:00:01):**

Hello everybody, and thanks for joining today. Today, you're going to get to meet three amazing people from the NAMI book, and they are lived experience experts and if you've read the book and learned about them, but want to learn more or want to connect to them before you buy our book, this is a good chance to do that. So this is session one, as Jordan said, we're doing a second one in one month about the family experience. That's on March 9th. Today we're going to be talking about building a life with a diagnosis, which captures several of the chapters in the book. We have a chapter on the paradox of diagnosis, that it's good to know your diagnosis, but you're not your diagnosis. What are the themes of recovery? What help make people make a difference? And the power of peers and community given to others, learning from others. So I think you're going to love our three people today that we have to talk about their experience in the book.

All right, next slide.

All right. So if you need support while hearing a story today, occasionally our work can be provocative, just remember you are not alone and we have a NAMI help line with 150 staff that can be reached at the number above 1-800-950-NAMI. And that's Monday through Friday, 10:00 AM to 10:00 PM. That's not a suicide prevention lifeline, that's the national 988 number, but if you call this number, you will meet a lovely volunteer who has lived experience, who's going to try to support you and help direct you. We take close to 80,000 calls a year. We have chat functions and text functions now. So the Helpline's really quite a beautiful component of NAMI's work.

All right, so here's our little book. And I just want to say what a privilege it was for me to write our first book. I could not have done it without Jordan Miller, our co-host today. She was my co-pilot and kept me focused, which if you know me, is a challenge at times. And I also could have not have done it without the 130 amazing people who wanted to take what they'd experienced and share it to help others. We only have three of them today, but the thing about this book, which is unusual, I'm going to say one of a kind, is that real people use their names to make others feel less alone. Most doctor books finish with something like, "My patients are my greatest teachers." Anyone resembling anyone named in this book is purely fictitious and is entirely a coincidence. I've made people up, I've combined identities, I've changed their genders, and it's like, at some point, what about letting people speak about what they've learned? What about actually having real people get the platform, which is a core NAMI value?

So that's the joy of the book, it was an incredible privilege to work on this book. NAMI owns the copyright; all the royalties go to NAMI. There is another book coming in a little more than a year, there's a book for parents coming out, parents and caregivers. And so NAMI is getting into the book business, which is really kind of cool because the meta goal of this, I've had so many people tell me with sadness that they wish they had found NAMI sooner.

Well, NAMI's now in every Barnes and Noble. NAMI's going into every Target for Mental Health Month, there's 2,000 Targets across America. We've sold 30,000 of these books in four months and we just keep going. And I'm very proud of us and of NAMI for taking this chance to help other people.

**Ken Duckworth** ([00:03:57](#)):

All right. Let's go to the next slide.

All right, here's our three lived experience experts who you're going to learn from today. They're going to talk a little bit about what they shared in the book, but of course, when you're interviewing 130 people to convey the idea that you are not alone, people from 38 states, different kinds of identities, religion, perspectives, their stories are short in the book, and this session is designed for you to get to know them, ask them questions that you have about their journeys towards a vision of recovery. So even though they're in this order, in a meeting prior to this, we decided to switch up the order to make sure you were paying attention. So I just want to, we're going to start with Nikki Rashes.

And Nikki is a remarkable force at NAMI and did a beautiful presentation when I was on the road in Florida with her mom. And she's a leader at NAMI, her technical title is the Senior Manager Program and Digital Training Delivery at NAMI, but she's really made herself a life mission of being a volunteer, educator, peer support specialist, teacher, and has done brilliant work both at the NAMI metro area and in the NAMI national office. So I want to say what a pleasure it was to learn from Nikki, to do an interview with Nikki, and Nikki, I'm going to ask you to take it away, and then we'll come to our other two speakers.

I encourage you to write questions for each of them in the chat. You can ask me a question or Jordan a question. What was it like to write a book? Maybe you have an idea for a book. We're open to it all because we're kind of in the writing business. Nikki, I want to thank you for your incredible contribution to our first book. Nikki volunteered. I went to a staff meeting and I said, "Would anybody like to join our book project? You have to use your name." And Nikki stepped forward and she has a lot to teach. Thank you, Nikki.

**Nikki Rashes** ([00:06:13](#)):

Thank you, Ken. Welcome everyone. I'm glad everyone's here. As Ken said, my name is Nikki Rashes. I work for NAMI National, but I didn't get my start working for National. And looking at the title of today's Ask the Expert, I know many of us know what those dark days look like, but this is about building a life after a diagnosis. So I wanted to talk to you a little bit about how it went from being sick to being well and finding recovery. So for my story, the worst of it happened as I was finishing up high school. I had begun having a lot of depressive thoughts, suicidal thoughts. I had lost three people who were very close to me in a very short period of time, and I was headed downward.

And eventually, after about a year and a half of struggle, my mom convinced me to go see a psychiatrist. And that was the first very small step towards recovery for me. To give you a little background, because we are both mentioned in the book, my mom has been my champion throughout this lifelong journey. She was the one who first realized there was a problem.

She was there to support me throughout. And she is the reason I actually went to get carer treatment. I went to the psychiatrist purely to humor my mom. I thought she had lost her mind, not me, but I went to the doctor, they looked at our family history, looked at the symptoms I was having, diagnosed me with Bipolar Disorder. And to do that, there was a little confusion on my part because I had family members who have been diagnosed with mental health conditions but weren't really getting treatment. So I was looking at their lives, I was looking at what was in the media, and I was seeing this image of what mental illness was supposed to look like and I was like, "But wait, that's not me." So I couldn't really accept it.

**Nikki Rashes** ([00:08:38](#)):

My mom talked to me about my family history and really explained to me things that I hadn't understood that helped me to realize it wasn't just me losing it, that there was something real going on, it had a name, it had a function and it could be helped. So that was kind of step one for me. My next biggest step in my recovery would be finding NAMI. I graduated from college by the skin of my teeth as I struggled with Bipolar Disorder. And shortly after I came across NAMI, I decided I wanted to be an In Our Own Voice presenter. And I'll give you the backstory, it's kind of amusing.

I'd gone on a couple dates with an individual who was in medical school, medical school going to be a doctor, and when he heard that I had Bipolar Disorder, all of the sudden it was, "I don't think I can deal with this." And there was frustration, there was shame, there was all of that. And then it was like, "Wait a minute, you're going to be a doctor and you don't understand that I'm living well and that this isn't a problem." So I got frustrated. I decided I could single-handedly change the world and change the face of mental illness, so I was going to go tell my story.

Start Googling, I found NAMI's In Our Own Voice program and decided to get trained. I got involved with my local affiliate in the metro Detroit area. And as I was being trained, it was the most amazing experience for me. And this is where the chapter in the book, the Power of Peers, just that title means so much to me because it was the first time I was in a room with people who were living well in recovery with a mental health condition. And it was the first time I felt like I had found my family, people who understood me, people who we could joke about experiences we'd had that, kind of like our humor, that you only understand if you've been there. And that's what NAMI was to me.

NAMI became my family. Eventually, I had started out my career at a law firm as I was building my life back, I worked as a receptionist. 14 years later, I was managing the office and a legal assistant, but I also didn't believe I could be anything more. I hadn't quite gained that confidence and that belief that you could grow beyond a mental illness. So eventually I heard that a NAMI out in Chicago was hiring. I, all of a sudden, decided, why not take a leap? Interviewed just for the heck of it and wound up moving to Chicago two weeks later. So I worked with that NAMI. I discovered that my passion was in helping others. And through that affiliate and eventually moving to National, I have found my recovery in supporting others. I facilitate WRAP classes, I teach Mental Health First Aid, I'm a program leader in most of the NAMI programs, and I learn and I grow from my peers. Every time I tell my story, it helps me get a little stronger. And I like to think it helps someone else along the way.

So when I heard that Ken was writing this book for NAMI, my first thought was, I've got to get in there. I want to share something. I've got all this stuff on it and all these experiences that I just wanted to put out there thinking maybe it can help one person. So that's a little bit about who I am and why I'm here. At this point I am, like I said, living well. I am well past that 19 year old mark where I was diagnosed and still doing well in recovery, taking medication every day, but also using those coping skills and doing what needs to be done for myself to build that life. So, that's it for me.

**Ken Duckworth** ([00:13:01](#)):

That's a good introduction to Nikki and think about questions you might have because Nikki's understanding of her diagnosis and how she's transformed that to help others is a beautiful story in the book and we can ask her more about it.

**Ken Duckworth (00:13:01):**

I want to introduce our next panelist, lived experience expert. There was a staffer named Kenya Phillips who, when she heard about the book at the same all-staff meeting that Nikki volunteered for, she said, "Ken, I'm going to send out a note to my people." And I said, "That's better because I don't like to call people and ask them to be in the book. I don't want them to feel pressured." But if you have people who are wanting to talk about this and will use their name to make other people feel less ashamed and less alone, let's go.

So the first person I met in that journey was Elisa Norman. And one thing I want to tell you about Elisa is she's going to be on TV. I flew to Atlanta. Well, I met a woman who runs a PBS program called Your Fantastic Mind out of Emory University. And she said, "You have people from Georgia?" And I said, "I have people from everywhere. I mean the beauty of the book is it goes from Cape Cod to Honolulu, from Anchorage to Austin. I mean we cover America. Of course I have people from Georgia, I have fabulous people in Georgia." So she said, "Why don't you fly down and we'll interview three people from the book?"

So I want to let you know that Elisa, all her story will be featured on PBS in Georgia in the spring, and then all across America, along with two other people, Tara Carter and Kenya Phillips in the fall. So this is about their journey of recovery and experience what they've learned along the way.

So Elisa, I want to thank you. Elisa, I'll just tell you a little bit about Elisa. It was wonderful to meet her in person in Atlanta for that experience. And Elisa is an In Our Own Voice presenter. She does peer connections. She attended school at Tuskegee University in Business Administration, which I didn't know till I read your bio because that didn't come up because your story was so interesting, I think I might have overlooked that in my learning about you, Elisa. So Elisa, I want to thank you for your contribution to our project and I look forward to seeing you on the big screen, or the small screen depending on how big your TV is on PBS. We'll send out, our Marketing Communications team, we'll let everybody know about it, but it's a chance to meet three people in the book, kind of a variation on this. They just happen to be from Atlanta. So Elisa, I want to thank you for your participation in our project and for sharing what you've learned as a lived experience expert. So take it away, Elisa.

**Elisa Norman (00:15:55):**

Okay, well thank you Ken. And thank you to everyone that's listening. A little bit about my mental health journey. It began at the age of 25 when I had my first psychotic episode. I was newly married and just had my son, and I'm 46 now. And during that time, there were no commercials about mental health drugs or celebrities coming out, talking about having a mental health condition like this day and age. My husband at the time didn't know what to do because it was so new to him as well. And so the only thing, the only option that he had was to have me hospitalized.

So I was hospitalized because I was having grandiose ideas and hallucinations. I was evaluated and told that I had Bipolar with Mania and Schizoaffective Disorder. At this time, I was in denial about having a mental health condition because of the strong stigma associated with having a mental health diagnosis. I told myself I was fine and I didn't take the medication that was prescribed to me. As a result of these actions, I found myself in and out of the hospital. Sometimes I was involuntarily admitted on a 10-13, and that here is a code for law enforcement that someone is in a crisis and they're put on what is known as a 72-hour hold.

**Elisa Norman** ([00:17:31](#)):

After about five or six admissions, I came to accept my diagnosis and decided to take the medications and deal with my mental health condition head on by utilizing the coping skills I learned from the hospital. My mental health condition doesn't define me as a person, it's just something that I live with and I deal with on an everyday basis. What helps me now deal with my diagnosis is when I feel down and my mood changes, I might take a walk around my neighborhood or go to the gym to be around other people. And I also do a lot of journaling. I talk to my higher power through my journal and that really helps me.

And I have a great support system with my family and friends. But most of all, my peers that I met at NAMI. They really helped me because it's nothing like having to talk to someone that knows what you're going through because they also have a diagnosis, because most people that are not diagnosed, they just want you to get better quickly, and sometimes it doesn't work that way. You have your ups and your downs, your good days, your bad days. So it always helps to talk to someone that can understand what I'm going through.

And just dealing with the coping skills really helps me stay in recovery. And I plan to stay in recovery. I've been in recovery now for about five years without having any admissions to the hospital. So, I'm so thankful for that and I continue to fight every day to stay in recovery. I'm so grateful to Ken for writing this book and explaining other people's stories because we're not alone and it's good to know that you're not alone in this mental health fight because every day is a journey. And I tell people, I take it one day at a time. Some days I might take it one hour at a time and the really hard days, I might take it one minute at a time. So, that's my story in a nutshell.

**Ken Duckworth** ([00:19:44](#)):

Well, great. We're going to chat more in the Q&A conversation. I really encourage people, if you happen to have read Elisa's story or Nikki's story, if you want to ask more about what they shared in the book, they approved all their quotes. So I went to great trouble with Jordan, Jordan did all the work obviously, to send the quotes to people and say, "This is the thing that you taught us that we think could help another person. Is this okay?" Or you can just ask them questions, even if you haven't read the book, there's probably one or two of the 366 people on this call that have not yet read the book, one or two I'm thinking.

So through my connection with Kenya Phillips, she also connected me to Drea Landry and what a delight that was for me. In addition to the most interesting Zoom background I've seen in a long time, Drea has a Master's degree in Psychology as a certified peer specialist, is an advanced wellness recovery action plan trainer. You're going to learn more about our relationship to WRAP down the road. I want you to know that several people who teach WRAP are in the book, Mary Ellen Copeland who invented WRAP is in the book. Andrea, I just want to thank you again for your contribution, writ large, all that you've done, and also for your participation in this book. And thank you for your contribution today.

**Andrea Landry** ([00:21:11](#)):

Thank you. It is such a joy and an honor to be in the same vicinity, in the same room with all of you leaders and influencers. Wow, when I think about my journey and how I managed to get here, I am just so thankful for everything. I lived an entire life before finding out that I had mental health challenges. I raised two kids and just in going through a lot of the things that I had to go through in life, I did not realize just how unusual and how dysfunctional it was until after I was diagnosed. But things didn't really come to a head until, I want to say 2004, 2005, somewhere in there, my children had the audacity to grow up and leave home.

**Andrea Landry** ([00:22:11](#)):

I was one of those people who always believed, you have a family, you have children, you're supposed to take care of them, as my mama would say, "You made that bed, you lie on it." It never dawned on me that they would actually become adults and that they were going to go off and find their own way. And so when they left home, I literally lost my mind. I found myself catatonic on the floor in my bedroom, hadn't showered, hadn't eaten, hadn't moved in days. If my mom didn't have keys to my house, I'd be dead today because I just did not move. I just lost it. And after she dumped the bucket of water on me to make me get up and forced me to go take a shower, she took me to a psychiatrist to kind of help me get an idea.

We all knew that I was a survivor of incest, but we didn't know the depth of the survival that I had been in and what I had really gone through. And so when I was talking to this psychiatrist, he asked me this one really traumatic question, and it still irritates me to this day, which is, "What's the longest you've ever stayed awake?" And I said, "Seven days straight." And he literally pointed at me and said, "You have bipolar disorder. Take this pill. Don't get fat. See you next time you come back." There was no explanation where it came from. There was no explanation of what it was. There was no explanation of how to get rid of it, nothing. Just take this pill, don't get fat, see you next time.

I was immediately angry, violent. I was going to attack him. That's how angry I was. And my mom's like, "No, hang on a minute." She had a law enforcement background and she had been a corrections officer and she had worked with abnormal psychology here and there. And so she's like, "No, let's go check this out. Let's find out what's really going on." And it took a little over a year of medication trials and different forms of therapy to help me understand what Bipolar was. And then the diagnosis kind of exacerbated it because I went from having Bipolar Disorder to PTSD as well, which is post-traumatic stress disorder. So I had to figure out how to manage and how to live with both of these diagnoses, with not much education except for what I could find online.

And the new therapist that I found who worked tirelessly to try and help me get through some things, matter of fact, poor lady, I think I exhausted her because I'm so super sensitive to everything. One over the counter Tylenol knocks me out for a day and a half and she's like, "Drea, I can't give you any medication. I can't give you anything to help you get through this. What do we do?" And in my frustration, I was like, "Well, where in what book does it say you have this disorder, you have to take this pill, so this is how this works?" So we created alternative coping skills for me and then I became a bicoastal advocate and nomad.

And what I mean by that is this; I grew up in Los Angeles, California and up and down the state. And since I could not find the help that I needed in California, I literally looked up on the internet to see how I could find help and found a school in Baltimore. And that school in Baltimore helped me to understand that I am an individual outside of my diagnosis. So I am Andrea Landry and not Bipolar Disorder. I live with these disorders, but they're not me, they're not all encompassing.

And then I had the great joy of meeting, oh my God, don't forget the man's name. I saw my very first In Our Own Voice presentation, Royal Riddick, that's his name. I met Royal Riddick, God rest his soul. He was one of the presenters in the In Our Own Voice presentation. And he was sharing his story and he was my inspiration to get involved with NAMI and to become an In Our Own Voice presenter. And matter of fact, he was even my trainer and I've done several presentations with him. Love that man.

**Andrea Landry (00:26:53):**

Anyhoo, in doing those presentations, I learned that there were so many others like me who didn't understand what mental illness was, didn't understand the implications of how it can be passed down through DNA and through your bloodline and all of the background behind it. And therefore, I got introduced to Peer-to-Peer. And once I got into Peer-to-Peer and learning the Relapse Prevention Grid and oh my God, it's like I set my feet on the ground and instead of crawling and walking, I flew immediately. I dove in headfirst and started really getting involved with NAMI programs and became a program leader, moved back to California, and the state of California had given me charge of three counties to help others become trained in In Our Own Voice and Ending the Silence and Parents and Teachers as Allies and just a lot of the different NAMI programs to help educate others. That had become my mission.

I began writing books on how to learn coping skills and talking to loved ones and family members and your children about mental illness because I still had to explain to my kids, "Hey, this is why we used to go play in the park at one o'clock in the morning because mom's elevator didn't go all the way up." I know that was derogatory, I apologize, but I meant it to be a joke at the time. But I needed them to know that I was dealing with some challenges. And now that they're grown, they understand, okay, mom has these different challenges and this is how we go about doing it.

And I had mentioned earlier about my mom having law enforcement background, that's part of my portion in the book is the law enforcement part of it. It's funny, the only time, there's been twice that I've had to deal with law enforcement when it came to my diagnosis. In California, the code is 51-50. And this was way before I knew I had a diagnosis. I was married to husband number two who was very abusive. And in trying to get away from him, I found myself entangled with the police. My husband had called them on me after I had become intoxicated and they arrest, no, they didn't arrest me, they just took me to the hospital and they hog tied me, handcuffed my hands and feet together and told me that I was on drugs and I was this menace to society and what have you, but didn't bother to listen to the fact that I was trying to escape an abusive situation.

And then 20 years later I found myself almost in exactly the same spot. Only this time I wasn't intoxicated. And the police officers approached me, hand on their gun, and so one of the things that I mentioned in the book, as well as what I mentioned when I'm training through NAMI, in helping law enforcement officers and in helping 911 officers when they are talking to individuals who are going through mental health crisis is to listen to the person who is going through these crisis. Because even though there's a lot of rambling going on, even though there's a lot of confusion that may be happening, nine times out of 10 you're going to hear what the problem is as that person is speaking. So when you show empathy, when you are there with them and when you are talking with them, then you can help them get through without shooting first and asking questions never.

But I have to say that my road of recovery has been an interesting one. It is never ending and I am thankful, very thankful. I am thankful for NAMI. I am thankful for WRAP. And I am thankful to God because I tell you, he has saved me from so many things and looks out for me every single day and there's nothing that I could do ever without him. Thank you.

**Ken Duckworth (00:31:17):**

Thank you, Drea. Thank you. So I'll start with a couple of questions that I can answer. What is WRAP? That is the Wellness Recovery Action Plan. That is a proactive strategy idea that you put into practice things that can help you. Are there groups in Newport, Rhode Island? I want you to reach out to NAMI Rhode Island. Is the book available in paperback? It is not, but send me an email, [ken@nami.org](mailto:ken@nami.org).

**Ken Duckworth** ([00:31:54](#)):

This is for a person who wants to send one to someone in prison because they don't allow hardcover books. We had an advanced reader copy, which I knew nothing about writing a book before this, so this is all new to me, it comes in paperback. So I actually had been asked this question, I didn't have an answer, and it occurred to me that I was mailing to media people where paperbacks that are about 90% done, doesn't have the resources, it's not perfect, it's not indexed, but it has 90%. So send me an email, [ken@nami.org](mailto:ken@nami.org) and I'll get somebody to mail one to you.

So those are three questions that I can answer. I want to say there's a lot of love and appreciation for the three of you. Some of the questions, I'm going to go with a big theme and I'm going to ask it to all of you, was there an "Aha" moment where you either accepted what was going on? Several people asked questions, very good questions and common questions about kind of how they could support somebody to develop awareness. It's not an easy thing to accept. People were interested in this piece of the story of your journeys. And so if you would just share what that was for you. Nikki, why don't you start, because you were our first speaker, but I'm going to ask Elisa and Drea as well, and you're allowed to pass on any of these and we'll come back. There's other good questions. They're going to keep them coming.

**Nikki Rashes** ([00:33:18](#)):

No, I like this question. There were a few "Aha" moments for me. I think the first one was when my mom and I talked about stuff coming straight down one side of the family and it all being part of an actual medical illness. That was the first time that I realized it wasn't just something in my head that wasn't working right or wasn't feeling right, there was a reason behind my actions. After that, I did start, I did not start therapy yet, but I did start medication. And while on that medication, I was stopping and starting frequently doing the whole, like when you have a headache and you take the Tylenol, the headache goes away, you stop taking the Tylenol. That was my theory. And the thing that really helped me change that view was, my psychiatrist was out of town, another doctor answered a call for her because I had been crying for hours on end and my mom had called the doctor's office saying, "I don't know what to do with her."

The woman said, "Put Nikki on the phone." So my mom's holding the phone to my ear, trying to make me listen to this doctor and this doctor, who was a tiny little woman with a very sweet voice who had always been so kind when I'd met her at the office, and she let me have it. She goes like, "You know what? You are 22 years old. Is this how you want to live the rest of your life? Is this what you want to be doing 20 years from now, 30 years from now, 40 years from now? Do you still want to be the mess that you feel like you are right now?" And those words hit home for some reason, just hearing that, okay, there's a choice in the matter, you can get better or you can get worse. And it took that moment before the light bulb went on and I was like, "Ah, I can get better."

And then the last, I would say "Aha" moment was when I started therapy and realizing there was more than just medication. That, at that point I realized that medication could take me so far, but I could go beyond that with other treatments, with other coping skills. And I realized that it wasn't all about what the doctor said for me to do, it was about what I was going to do for myself to help me. And when I started doing all the things I needed to be doing is when I started getting closer to recovery. So those were the couple things that really stood out in my journey.

**Ken Duckworth** ([00:36:03](#)):

Thank you, Nikki. Elisa, this process of seeing it, accepting it, and then moving ahead with it, same idea, same question. What was your journey like in that regard, Elisa?

**Elisa Norman** ([00:36:20](#)):

Let me get off mute. Well, in my process, going in and out of the hospital, this one particular time I ended up, I found myself in jail and that was my "Aha" light bulb, "Hello, I don't ever want to be in this situation ever again. Let me get the help that I need and take the medication on a regular basis," because I wasn't taking the medication. And then also too, I have the schizoaffective disorder, so I hear voices and I was hearing God and coming to the realization that, you don't have to tell everything that you hear to individuals. And that was profound for me because I was seeming like, she needs to go to the hospital every time I would have an episode and tell everything that was going on. So my biggest thing was going to jail and sitting in that cell and coming to the realization that I need to deal with the mental health condition and it's not going to define who I am as a person, but it's just something that I have to deal with on a regular basis.

**Ken Duckworth** ([00:37:38](#)):

How long did that process take you, Elisa, would you say?

**Elisa Norman** ([00:37:43](#)):

Oh, it took me several years. I would say about maybe six or seven years before coming to the realization that, you know what? I need to deal with this head on because I was just in a denial state. A lot of people don't want to take the medic... When somebody tells you you have to take medication for the rest of your life, you don't want to really hear that. And it's a hard pill to swallow, but I had to come to the realization that you know what? If this means I stay in recovery and that I get better, then this is what I'm going to have to do.

**Ken Duckworth** ([00:38:27](#)):

Great. I'm going to come back to the question, do you have to take medications forever? I'm going to come back to that. Drea, would you take on the question that's asked, I'm going to say eight or 10 people asked this question in different forms, what was your process of acceptance and seeing it so that you could play with it around your children and acknowledge it as something that you were living with, modeling for them that as they were living with difficult things, you could live with difficult things? What was that process like for you? How long did it take? What made a difference?

**Andrea Landry** ([00:39:08](#)):

By the time I was diagnosed, my kids were grown. So I had that working on my side. It took me a little over a year to accept and I started looking backwards when some of my behaviors were really out of this world and what inspired that and everything else. And what really came to my aid was Kay Redfield Jamison, and I always say her name wrong and backwards and I'm trying to remember the name of the book and right now I can't.

**Ken Duckworth** ([00:39:45](#)):

An Unquiet Mind.

**Andrea Landry** ([00:39:46](#)):

That's it, An Unquiet Mind. And the one thing that really got me, that helped me come to my, "Aha, okay, I get it," was she was talking about becoming a doctor. She had gone overseas and she was in college and she was in the parking lot in her car doing donuts. That's what made me realize, "That makes sense. All of that stuff that I did made sense."

**Andrea Landry** ([00:40:15](#)):

And so then I was able to explain it to my boys, "Hey, this is why mom used to take you to the park on a school night at one o'clock in the morning. Yes, I worked two jobs, I didn't have an education, I wanted to spend time with you, but I was chemically off balance and so therefore I'm thinking this is okay, we're having quality time together, not realizing you're going to be tired for school the next day, how this is going to affect you and how unsafe you may feel even though we're having fun together."

So now as they're grown, my son, my oldest son is 37 and I truly believe that he lives with Bipolar Disorder. He exhibits a lot of the same behaviors that I recognize in myself. We talk about his manic moments and his depressive moments and his inability to hold onto money and some of the things that he does, and I share my coping skills with him. And the same thing with my youngest son. Matter of fact, my youngest son went and got his Master's degree in Psychology and now they understand, "Oh, this is why mom did what she did. This is why she does what she does now." And we all have conversation with it. My youngest son now works as a high school counselor in Riverside, California. And when he's having challenges with his students, he calls me and asks me, "Hey mom, what can I suggest to help them get through what they're getting through?" So they call me and ask me about my coping skills and how I manage to help them get through theirs.

**Ken Duckworth** ([00:41:50](#)):

Wonderful. All right. So I'm going to give you guys a break and I'm going to let you meditate on the next question, which is, what is your definition of recovery? And while you think about that, I'm going to answer questions that are more book related.

Is the book coming out in Spanish? The book has been resold in Mandarin Chinese, and as of today, is published throughout the United Kingdom. It has a different cover and it's not called You Are Not Alone with Scones, which was my proposed title, but it's just called You Are Not Alone, it has a different title, it says NAMI right on the cover, even though NAMI isn't in the United Kingdom. The publisher resold our book to Penguin Random House, so our word could get out in the United Kingdom. And the publisher sold the rights to a Chinese translation company. We don't yet have a Spanish translation publisher who wants the book.

I think if we sell 50,000 copies by the end of 2023, which is my personal goal, before the next book comes out, a Spanish publisher will say yes. When I did an event in Los Angeles, there was so much interest in a Spanish version. It was kind of overwhelming.

All right, so that's one question. Three or four of the questions here are related to the experts that I have that aren't lived experience experts, they're research experts. Another title for this book would've been The People's Guide to Mental Health that I wanted to get people, real people like Nikki, Elisa, and Drea to share what they had learned. I don't discount research and I like research and questions have come up that are germane to that.

I have a family member who does not appreciate that they're ill. How do I talk to them? Javier Amador answers that question in the back of the book and he describes his communication strategy called LEAP. You can read that and decide if you want to pursue it.

Somebody asks, do I really have to take these meds forever? Well, of course that's a very personal question and you can only answer that for yourself with your own doctor. But I asked the king of Bipolar Disorder, for example, the answer might be different for another condition, but it's a super common question. I asked the king of Bipolar Disorder from Mass General Hospital and he said, "Ken, this is the most common question I get." And what he outlines is a way to think about it, that the evidence suggests that most people need medications over time.

**Ken Duckworth** ([00:44:26](#)):

There are some people who don't need medicines all the time, but we don't know who they are. If you make a decision to lower your medicines, do so proactively with the doctor to creatively understand the impact on you and go very slowly so that you can identify symptoms.

So, he would say the individual has to be in a learning process, know the onset of your symptoms, but also as a healthcare system, if we were smarter, we would be able to help identify people who may not need to take their medicines forever. So the idea of that is, I'd never seen a book where the people who'd done the most research on a question answered that question, and I was very honored everyone said yes to us because everybody loves NAMI, right? And they all said yes. So whatever the question is that has come up, they did answer it.

All right, so now we're going to go back. Oh, there was another question. How do you help a person quiet their voices? So I asked Kate Hardy from Stanford University, what are the psychological tools that you can use to help a person who's hearing voices? So this is kind of in addition to meds, and she studied in England where they invented Cognitive Behavior Therapy for psychosis, CBT with a little P, so Cognitive Behavior Therapy was invented here at the University of Pennsylvania by Aaron Beck, the UK, Brits took it and applied it to psychosis, then they brought it back to America. This is a little like Elvis goes to the UK, the UK comes back with the British Invasion, a little bit of that. So we have CBT, they applied it to voices and delusions, they brought it back here. Kate Hardy answered that question, I think in a very thoughtful way, what is the cognitive strategies that you can use to help a person who's hearing voices? So I just want to make a pitch for the idea that some of these questions have been answered by researchers in the book.

So let's go back to the question. Let's talk a little bit about your definition of recovery.

**Nikki Rashes** ([00:46:42](#)):

So I saw this question come in and I was so excited to see it because it's just a great question and I think the answer can be really helpful to a lot of people. My definition of recovery is that there is no definition of recovery. I think it's a very personal, personally defined. And in my life, it's been living the life I want to live. Does that mean I have everything I want? No. Does it mean I get anything I desire? No. But it means I'm comfortable where I am. And Drea talked about her journey being long and complicated and getting her where she is. I feel the same way. I have stumbled, I have hit roadblocks. My path has been windy and curvy and hilly, but I feel like I am where I belong. I found my peace, I found where I want to be in life.

So to me, that's my definition of recovery. It also is not just in my mind for me to do alone. I feel like my recovery is also my support network. It's also my coping tools. It's also the medical professionals and social workers who are helping me. It's this big global product. I don't feel like it's something that I would've achieved without, and when I say family, I'm not saying family as in the people you're born to, but a family of people, which includes NAMI, includes my actual family, includes friends in my life. All of that has played a part in finding a recovery as I define it.

**Ken Duckworth** ([00:48:28](#)):

Thank you, Nikki. Elisa, what's your definition of recovery?

**Elisa Norman** ([00:48:38](#)):

I agree with Nikki, that definition of recovery. My definition of recovery would be, it looks different for everybody, but for me it would be being able to get up in the morning and do the everyday things, take a shower and take care of your hygiene and being able to function far as reading a book or going for a walk or going to work or going to help others. I really like the fact that I can help others with mental health conditions understand that you can live successfully in recovery, because helping others is like, it feels like it's my purpose.

And the journey that I was on with the mental health caused me to realize my purpose in this world and it is to help others. And so I enjoy doing that. I do a lot of volunteer work. Going out and telling my story in the NAMI In Our Own Voice presentations really helps me stay in recovery and helps me to remember where I was and where I am now. So that will be my definition I guess.

**Ken Duckworth** ([00:49:53](#)):

Thank you. These are both lovely. Drea, you're going to close it out. What is your definition of recovery?

**Andrea Landry** ([00:50:01](#)):

I agree with both Elisa and Nikki. It is so personal and so individual, but I share in so many things of what they have said. And it's funny, I just happen to have this book in front of me. My very first book was called What's in a Name? Because I had identified so much with my diagnosis that I lost myself within it. And in there I wrote what recovery meant to me. And it still means the same, which is why I pull it out. And it says, "Recovery means rising above my shortcomings while recognizing my vulnerability and coming out stronger on the other side to be my own personal role model to follow." And that rang so true to me as I learned the difference between mental health and mental illness.

Every living organism and person on this planet has mental health. It is part of the trinity that is us. But not everybody lives with mental illness. And notice I said lives with and not has. That has been a huge thing for me when it comes to my recovery, because just like the ladies said, the speaking that I do, the education that I do, helping people is the huge turning point in helping me recover, because it reminds me that I don't need to isolate anymore because I'm not alone. I don't need to hide. I don't need to be that monster in the closet because I'm not the monster in the closet. I am a human being, a person who lives amongst everybody else and thrives amongst everybody else. So therefore, my recovery means that I am the human being that I am.

**Ken Duckworth** ([00:51:46](#)):

How lovely. Couple other questions. Somebody asked me to remind you that we have a buy one, give one promotion for the book. So this is on [youarenotalonebook.org](#), which is our little website that the publisher put together. [youarenotalonebook.org](#), you upload a receipt and then you can give a book to anybody you want. Could be your local clubhouse, could be a cousin, could be anybody that you feel would benefit from it. This is because George and [inaudible 00:52:22] gave me a grant to do anything I wanted to. And I thought, and they're in the book of course, and I thought, "Oh, we should give this book away because the whole thing is about learning and growing through giving." That's the whole book in another way of thinking about it. And so it was super fun. So that's going to be running for another week or so.

**Ken Duckworth** ([00:52:43](#)):

So if you have a book and you want to give a book, and my email is ken@nami.org, it will not surprise you I will not get back to you today, I do my absolute best, I'm not important, but I do get a lot of emails and I do give out my email. So my name's Ken, I work for NAMI, ken@nami.org.

Question for Elisa and Drea. Let's talk about people of color and mental health. There's a chapter in the book on culture and how people experience that. But this is a question that came up and I wanted to ask if you wanted to take that on. Elisa, would you like to take that on? Do you think there are special challenges that people of color face?

**Elisa Norman** ([00:53:31](#)):

Yes, I think so because it's so taboo in our community. It's not like it is very prevalent. If you say you go to a therapist or you go to a psychologist, looking at you like something's wrong, you're looking really out of place, out of sorts of some sort because it's not the average, it's not the norm. A lot of times when you have a mental health situation, they would always, in the community say, "Well you need to go to church. You need to pray it away," or whatever. And I don't know what that's all about because sometimes you might need to get some help, professional help or seek professional help or get on a medication. That's what I have learned far as the community goes. Would you say, Drea?

**Andrea Landry** ([00:54:27](#)):

Oh, absolutely. And I get it double because a lot of people think I'm Hispanic or some other nationality other than a African American female, and even in the church community itself. And that's where I come up with what I said previously as far as the difference between mental health and mental illness.

And the other thing that I've come up with to combat the church aspect of it is Jeremiah 1:5, which specifically says, "I knew who you were when I formed you in the womb," meaning God knew, he knew. He already knew that I was going to have this condition. He already knew what he had planned for me and how he wanted me to work through it. And therefore this is my path. This is the path that has been assigned to me. Too much is given, much is required. So as far as in the African American community, yes, I've heard the whole, "You can pray this away. You need to pull yourself up. You know we have to work twice as hard to be half as good as anybody else."

But the thing is, it's just like AIDS or addiction, mental illness has no color, it has no gender, it has no social economic status. It affects everybody. Everybody. It doesn't matter what color, creed, financial whatever you are. In the African American community, we are considered lazy and not wanting to take care of ourselves and not wanting to do things for ourselves. So when we come out and state that we have these particular challenges, then it becomes the pull yourself up by your bootstraps and move forward. Well, we are moving forward, however, in this effort of moving forward and making ourselves stronger... Oh, I'm sorry, I have a concussion. Sorry about that. And in the effort to move forward, we have to take the time to make sure that we're okay, because if we're not okay, we can't pour out into anybody else. I hope that answered the question.

**Ken Duckworth** ([00:56:47](#)):

You guys are fantastic. Couple questions have come up. You all look so composed. Do you deal with anxieties? And a related question, a person says, "I've had multiple setbacks, rehospitalizations, I got divorced. My recovery was derailed." I want to talk about this as a journey, which is why the book has a path on the cover. It's not a straight line. I want to talk about that because I think some people are asking this question, wait a second, did these guys just figure it out and now they're perfect? So I'm going to ask each of you to take that on. Start with you, Nikki.

**Nikki Rashes** ([00:57:23](#)):

So I'm definitely not perfect. I'll give you that much, far from it. One thing that I learned with my first affiliate, NAMI Metro in Michigan, was the line that recovery is not linear. And that was something that was said a lot when working with families and is something that I took to heart because every day is not my best day. There are setbacks, there are, I've always called them speed bumps telling me to slow down and take care of myself.

So I've dealt with those through what coming from WRAP would be called my toolbox or my wellness tools. It's the things I keep near and dear to support myself and help myself. So that's my support network, that's those coping skills, those are all things that I know I need to bump up when I start feeling that relapse coming on. And I have definitely had relapses along the way. Now I call them blips because they aren't as big as a relapse was back in the day. You, or I have learned to see the signs coming. I have learned to know those challenges and feel it in my body and know it in my mind and know when to reach out for help. And that has allowed me to catch myself before I slip down that slippery slope.

**Ken Duckworth** ([00:59:01](#)):

So this is important, I think. So you have had setbacks and you've learned, so over the years you might learn a strategy, identifying a symptom. So what I heard in the book is many people said their goal was not to never have setbacks or hit speed bumps, but rather to identify things earlier to activate their coping strategies, their supports quicker, right?

**Nikki Rashes** ([00:59:27](#)):

Absolutely-

**Ken Duckworth** ([00:59:28](#)):

That's one of the things that I heard from people.

**Nikki Rashes** ([00:59:32](#)):

Yeah. And my support network has been fantastic. My husband, my mom. My mom can call me and I'll just say, "Hi, how are you?" And she's like, "Oh, there's a problem." She just hears it in my voice and she is someone who I am okay with and have had the discussions with that she can say, "Hey, have you talked to your doctor lately?" And I'm not going to get mad because I know she's seeing something that I wasn't seeing. And the same with my husband.

**Ken Duckworth** ([01:00:02](#)):

Critical, the ability to hear feedback without going into defensiveness, right? This is not easy.

**Nikki Rashes** ([01:00:11](#)):

That takes some time.

**Ken Duckworth** ([01:00:11](#)):

This is not easy. This is an art. Anyway, Elisa, what is your answer to this idea? You look so together, have you had anxiety? Have you had setbacks? Have you had relapses?

**Elisa Norman** ([01:00:23](#)):

Yes. As a matter of fact, I had a little anxiety coming on this webinar. But yeah, I have. The last time I was hospitalized, I was taking the medication, but I still had a setback. And from that point on, I've learned that, you know what? I sleep with a Fitbit on my wrist to track my sleeping. So if I notice I only got two hours of sleep and I got a lot of energy, wait a minute, something's not quite right there because that's a clear indicator from me, if I'm not sleeping at least six to eight hours sleep, then something might be a little off and I might need to go and talk to my physician and let them know maybe we need to bump it up or bump up the medication or change medications.

So, although sometimes just looking at a person, you think, "Oh well, they don't have anything going on, they're fine," but you never know. They have mechanisms or things in place that they check off, like a little list, they check off to make sure that if something is on that list that is going to set a trigger or that's going to hit a red flag. Because with my family, my sisters, they call me every day just to check on my mood because if my mood is a little down, then it's like, "Uh-oh, maybe something's wrong with Lisa." They might ask, "Did you take your medication today?" Or I might have forgotten or what have you. And I try not to get defensive, but sometimes it gets on my nerves, but I try not to let it bother me to the effect because I know they love me and they're only seeing what's best, want the best for me, and that will be my take on that question.

**Ken Duckworth** ([01:02:16](#)):

Drea?

**Andrea Landry** ([01:02:18](#)):

Oh. Wow. So first off, none of us look like what we've been through, not you, not me, not anybody here. Trust me. If I look like what I went through, I'd look like Don King right now. That was thing number one. Thing number two, I remember I used to work at this place in Baltimore. It was called the STEP Program. It was Shapiro Training Employment Program. And I remember being extremely depressed. I was just wallowing, but I had to show up in front of this particular client with a smile on my face and help this young man. And I felt like such a fraud because he's thinking, just like all of you think that we have it all together, that I got it all together, when in my mind, my thoughts are racing. I feel all this doom and gloom, all I want to do is hide in my pillow fort with my extra thick Tigger blanket and just cry my eyes out. But I'm sitting in front of this young man trying to help him get through what he's going through at the time.

The best way I can describe how I do things is I share. Part of Peer-to-Peer and Relapse Prevention Grid is to map out what it is you're going through, map out what you look like when you're not feeling well, and what are some of your plans to help you get out of it? Same thing with the WRAP, you're doing the same things. Okay? So do I relapse? Oh yeah, often and the fact that I was literally just in a major accident this past October, I have a concussion like you wouldn't believe, my head is spinning right now.

**Andrea Landry** ([01:04:08](#)):

So Elisa was talking about having anxiety, I was having anxiety before coming on here because I knew if I talked too much I'd have a migraine, which is exactly what I have right now. So you're seeing me go through it right now.

Now, there are times when I'm going through it and I'm a complete mess and yes, my hair sticks up like Don King and the whole nine, but just like you do in everyday life, when you have to go to work, when you have to cook dinner for your kids, when you have to get up and take a shower or take care of you, you take things one bit at a time. Elisa said it earlier, she said, "Sometimes I have to take it one minute at a time, one hour at a time, one day at a time." Sometimes I even go down to one millisecond and then I congratulate myself and I thank myself for getting through it because lot of times we're just living, we're just surviving and we don't realize how much we've accomplished until somebody else points it out to us.

So as we're going through all of those things, congratulate, "Hey Drea, you did a pretty good job. You talked all this time through a migraine, even though you want to throw up, you're doing good. Hey Drea, you were able to influence others to help take care of themselves and learn different coping skills to get to where they need to. You're doing good." All of you all, you came on here to listen to us, to be here to help take care of you. You're doing good. I hope that answers.

**Ken Duckworth** ([01:05:46](#)):

That's great. Drea, I'm sorry about your headache. So what we're going to do now for the last couple questions, I'm going to make it volunteer only. I can't call on an eloquent, fantastic person that has a migraine as a result of this stress. So you can pass, I just want you to make it clear, I'm not going to call on anybody.

A couple questions about the family experience of you sharing your story. And it's interesting, I am a NAMI psychiatrist and that's appropriate, there's no other job I ever wanted an American mental health. My dad was very loving, had a very bad Bipolar Disorder, heard voices, was psychotic, would communicate with the microwave, complete lack of awareness of illness, anosognosia, and then he'd get it back after months in the state hospital. I think he wished I was a surgeon until the day he died. I think the idea that I had pursued this to make sense of this so that I could talk about it and join with other people was never a source of pride for him, but he knew I loved him.

So I'm just answering this for my own story and I say that because I'm very unusual in medicine in that I share my own actual story. This is why I became a psychiatrist. If this hadn't happened in my life, my dad was so loving, so fun, so charismatic, and so sick and nobody could talk about it. This is how you take a guy who should have been a history teacher and you make him into a psychiatrist. But happily I found NAMI.

So I'm going to say, I want to make it clear, I'm part of the book too, it's not my memoir, but I'm part of this journey. My story is the story of many people who are mental health practitioners and I've seen relatively little of that. So I'm going to ask the question without calling on anybody, how did your family's experience you becoming a lived experienced teacher? And was that complicated? Because that question's come up a couple times.

**Andrea Landry** ([01:07:40](#)):

I want to go first if that's okay with you ladies.

**Ken Duckworth** ([01:07:44](#)):

Yes.

**Andrea Landry** ([01:07:45](#)):

My family was excited. Like I said, my mom was with me when I got diagnosed, so she was happy at the fact that I was trying to find out what was going on with me and how to help other people. I have always been the kind of kid or the kind of person that helped everybody else before I helped myself. So they were really excited about the fact that I went out and tried and my children became overjoyed. At first, they were a little annoyed because like I said, I think my oldest son has Bipolar and he's like, "Mom, just because you got it, don't mean I got it. Leave me alone. Stop judging me. Stop trying to diagnose me. I ain't got that." And then after a while he began to accept and began to come to me and talk to me. And same thing with my grandchildren, they're like, "Hey Grandma, we see you, we see your videos. We see the things that you do to help other people, thank you." And then they try to do as well. So they've been very supportive.

**Ken Duckworth** ([01:08:44](#)):

Anybody else?

**Nikki Rashes** ([01:08:50](#)):

I'll take this one. So I have been, and I recognize how lucky I have been to have a very supportive family, but what I faced was actually on the opposite side that I didn't give my family enough credit because I didn't think that they would be supportive, that they would understand all of this. And there were members of my family who had some trouble with it, figuring things out, understanding the stigma, all of that. But when I first found my NAMI affiliate, getting involved with In Our Own Voice, they were holding a NAMI Walk and I said, "Sure, I'll sign up, why not?" And before I knew it, I had been talking about, "Yeah, well I signed up for this thing." I had 13 people on a team who were people I cared about, whether family I was born to or family I had chosen, but they all decided to join into what was my team to show their support for me. And so giving them that opportunity to show their support made a difference too. Just not, I guess I was just afraid of how they'd react and it was very different.

**Ken Duckworth** ([01:10:04](#)):

It's interesting, it runs the spectrum, doesn't it? That's great. Elisa, do you have a comment on this area?

**Elisa Norman** ([01:10:11](#)):

Yes, I am just fortunate that my family was very supportive. My mom being a psychiatric nurse, she really was very supportive in me joining NAMI and being able to get the support from peers and individuals that have been diagnosed like myself and I'm just so thankful for that.

**Ken Duckworth** ([01:10:38](#)):

Okay. Well before we close, I just want to say, can you imagine what a privilege it was to learn from these three people and another 127 people? Jordan and I sat through 150 hours of what I consider the best education I ever could have received on what makes a difference for people, what makes a difference for families. I can't really say how beautiful it was to see this book, which I had wanted for NAMI for about 15 years, come to life. It couldn't have happened without Drea, without Elisa, without Nikki, without Jordan Miller, without Teri Brister who connected me to many people, and many other people in our community. It truly took a village, I want to emphasize this, to create our first book.

**Ken Duckworth** ([01:11:20](#)):

It was a USA Today bestseller. It's going to be in every Target. There's no reason people don't have to know about NAMI. You can learn about NAMI right by looking at our book. It can be checked out at your library. I have a dinky little house on Cape Cod and at my little library on Cape Cod, without fixing it, I went to see if our little book was in there and three people had signed up for the book for me and I kind of filled up with tears and I thought, this is it. The dream has been realized. I don't know anybody at that library. It wasn't like my friend signing up for the book, it was random people I never met and I thought, we are helping people together.

So I just want to say thank you to everyone. If you signed up for this webinar, you will get a certificate of attendance. You don't have to do anything. Jordan and her team, all the wonderful people behind us, Jessica, Chelsea, Teri, all of them helping us with this entire production today, but with the book writ large. I just want to thank you. We're going to be talking to families. Family communication is one of my favorite chapters because my family never really figured out how to communicate, but I had met thousands of people at NAMI who did, and I thought there should be a chapter that taught people how to work communication. So you're going to learn from more wonderful people in the book on Thursday, March 9th.

Let's see, one more slide. So this is an informational webinar. We can't really give you medical advice. We're pretty good, but we can't give you true advice. If you like these kind of series, please consider donating to us, or you could just buy our book because it's our book and nobody benefits from the sales of the book, NAMI gets the royalties. I'm going to give everybody one last chance to say one last thing. I'm going to start with Nikki.

**Nikki Rashes** ([01:13:23](#)):

For once, I was hoping I could go last. One last thing. I would just say take that title of the book to heart. You are not alone. There are so many of us experiencing the same things and we can build that community together even if you don't have people close to you who you can share with. We're all here. We've all been there.

**Ken Duckworth** ([01:13:47](#)):

Elisa, do you have any final comments today?

**Elisa Norman** ([01:13:51](#)):

Yes. Like Nikki, the book title says it all. You're not alone. I would advise, if you are not a NAMI member, to join NAMI and to get the support that you need. Sometimes your family members might not be supportive, but NAMI has a slew of individuals that will be there for you and support you.

**Andrea Landry** ([01:14:16](#)):

Absolutely. I'm going to piggyback on what the two ladies said about not being alone and also, if you cannot find your local NAMI affiliate, look on nami.org. You will find affiliate listed there or you can talk to someone at NAMI National just to help give you some foundation, some background, someone to talk to when you don't have anyone to talk to, ways to get to connection groups, whether they be in person or online. There is always a plethora of resources. It has been a true joy to be able to share and to help and to inspire all of you who are here. Thank you.

**Ken Duckworth** ([01:14:59](#)):

Thank you, Drea, and I hope you feel better. Somebody asked a question about the buy one, give one. It is youarenotalonebook.org, youarenotalonebook.org, that's the website. If you go on there, you upload a receipt and you say, "I want to send this to my clubhouse. I want to send this to my cousin. I want to send this to my local inpatient facility." So that's the last question I had that was very practical.

I want to thank you all for attending. Feel like the NAMI community is an amazing community full of experts. I happened to find 130 amazing people. There's a thousand experts on this call, well 350 today, but at the NAMI Convention, there'll be 2,000 experts. And what you realize is you too are an expert. And this is something the field has managed to completely overlook and neglect. By living with something, you have learned something. By loving someone with a condition, you've learned something. That's our book. That's what NAMI brings to the table and it was a great privilege for me to be the lead of our project that I have so wanted for us.

Jordan, are there any more slides? Again, I ask Jordan for every directional thing. Can we land the plane, my co-pilot? Is there another slide?

**Jordan Miller** ([01:16:21](#)):

There are no more slides.

**Ken Duckworth** ([01:16:23](#)):

Jordan, can you go on camera?

**Jordan Miller** ([01:16:26](#)):

Hello.

**Ken Duckworth** ([01:16:26](#)):

I just want to shout out Jordan, who was just this superstar of the book. I want to shout out her boss, Teri Brister, who said, "Maybe I could send you a Fulbright scholar who loves writing and editing." I'm like, "Yeah, I'll take that." Without Jordan Miller, the book doesn't exist at this speed and quality. It would exist, but it wouldn't have been done as fast or this beautifully and I just want you all to know that. Thanks everybody. Have an absolutely wonderful day. Thanks for participating. I hope to see you on March 9th where we'll learn about how families communicate and what you'll learn is a lot of them have really figured some important things out. Thanks everybody and have a great day.