NAMI Ask the Expert: Helping Each Other in Times of Crisis, May 7, 2020

Presented by
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Teri Brister:

All right. I think we're going to go ahead and get started. We are so glad that all of you are with us this afternoon. This is Terry Barrister with NAMI, and welcome to this week's NAMI Ask the Expert webinar, helping each other in times of crisis. And you'll hear from our presenters, crisis includes a lot of different things. So, we're glad that you could join us and we're so excited to be doing these calls for you every other week. Recognize many of your names and know that several of you have been with us on other calls. So, welcome. We're glad you're here. Let me get the room shifted over for us.

So, we want to let you know that we're going to be muting all your phones as we get started. And again, we've got looks like almost 300 people on the call so far, and we know people will continue to call in, but to make it easier for everyone to hear, we're going to ask you to keep your phone muted. And we'll only have the presenters who are un-muted. That way everybody will be able to hear. The call is being recorded. You'll receive a link to the recording, as well as the handouts that are made available. And you'll see those handouts right now in the pod underneath the slide deck. You've got Naomi's COVID-19 guide. You've also got the guia, which is the Spanish version of that guide, as well as the slides for today's presentation. So, you can download those during the presentation today, and you'll also receive them in an email with a link to the recording after the webinar is over with.

I want to remind you that we have a chat pod to the left, that many of you are using already, letting us know where you're from and who you are. And we appreciate you doing that. There's a pod at the bottom that just says Q and A. We want to encourage you as you're hearing from our presenters today to type questions for them into that Q and A pod. When you type the question in and click enter, you won't be able to see it anymore, but we see it on our side. And Chris will be working with Dr. Duckworth to capture those questions, and once every presenter is done, then Ken will be moderating. He'll be submitting your questions to the presenters and you'll get to interact with them at the end. We're interested in hearing from you. We want to know what you think about this webinar, what other topics you'd like to hear about. So, at the end of the question and answer period, you'll have an opportunity to tell us what other topics you'd like to hear about. So, with that, I would like to invite NAMI CEO Dan Gillison in to welcome all of you here this afternoon. Dan.

Dan Gillison (00:02:56):

Yeah. Good afternoon to each one of you. Thank you very much, Terry. And we are very excited, as Terry indicated, for the Ask the Expert on today. So, as we look at the title, helping each other in time of crisis, this is that time, and you have some outstanding speakers. And I think that the best thing that I can do is just say that we also have provided some outstanding resources and information for you that Terry has mentioned for you to be able to download. So, the next thing I want to do is to move this to our facilitator, and that is our chief medical officer, Dr. Ken Duckworth. And we absolutely appreciate your presentation of the day. So, with that, Ken.

Ken Duckworth (00:03:49):

Well thanks, and hello everybody. And I'm delighted to be your host for this. So, you may know that the NAMI Ask the Expert webinar's been running for quite a while, over a decade, and we've had some of the best thinkers in American mental health and international mental health give us talks. Since the COVID pandemic has happened, our staff, and I do want to thank all of them, has been operating at a very quick pace, and we have been doing one every other week, managing stress and coping, how to talk to your kids about COVID-19, this very important conversation on peers and peer support. In a couple of weeks, look for a conversation on technology and how some of these many apps and digital phenomena might be helpful to some people as they manage things.

So, we have four speakers. This is a great panel, and I'm going to briefly introduce them. Then they're going to say a little bit more about themselves, and they're going to hand the baton to each other. So, their conversation will go 10 to 12 minutes each, plus or minus, and then we'll have plenty of time for questions. Really encourage you to ask questions in the question function, and I'll do my best to organize and get to every concept that comes through.

So, our first speaker is Patrick Henry, who has experience with a psychiatric diagnosis as a parent of a child with a lived experience. He also led in the creation and release of Mental Health America's national certified [inaudible 00:05:39] specialist credential, which was the first national advanced mental health certification in the nation. He serves as the vice president of peer advocacy at our sister organization, Mental Health America. Our second speaker will be Dawn Brown, who's well known to everybody in the NAMI office. Dawn has been a leader at NAMI for eight years and helps to staff, train, coach the NAMI helpline, which has become an indispensable asset to people during this particular crisis. You'll be learning a lot about how Dawn has managed to increase capacity as the demand has gone up so high.

Tricia Chung is the manager for NAMI support groups. Trisha is a wonderful resource inside of NAMI, and she has done so many tasks in the world, including Teach for America, teaching English and Spanish, and she has an international background in terms of her training. And I think some of her fans from Hawaii are in the chat function. Jeremiah Rainville is our final speaker, and he is up here living with a mental health condition and is the chair of the NAMI peer leadership council. And he's been doing a lot

of work in Rhode Island on peer recovery support and in developing volunteers and staff members for NAMI Rhode Island.

So that's a brief introduction of our four wonderful speakers. I feel very blessed to have all four of them today because each of them covers different aspects of this work. So, Patrick, you're going to lead it off. I encourage each of the speakers to say a little bit more about themselves than my brief simple introduction, and then develop your ideas and hand the baton. And I'll return in 45 minutes to help with questions, which we actively encourage. Thank you all. And thank you, Patrick.

Patrick Henry (00:08:51):

Okay, thanks. So, I'm going to talk a little bit of, it's kind of an overview of peer support and it'll be very brief because we have a very rich history in peer support. Today, peer support is a really popular subject and it's actually become even more important since the COVID crisis has started. We're going to touch on that a little bit. But we talk about peer support a lot, and we all have a general idea of what it is. Most provider agencies are using it to some degree or another. In 2003, Shery Mead, who was the founder of the intentional peer support training, defined peer support as, "The process of giving and receiving encouragement and assistance to achieve long term recovery. Peers offer emotional support, share knowledge, teach skills, provide practical assistance and connect people with resources, opportunities, communities of support and other groups."

And I think Shery was right on because even now what we're facing and all of the different ways that we're having to adapt our techniques, the basics of peer support, and where intentional peer support really takes us to the very core of it, is that ability to offer emotional support that's based on the fact that we share a type of lived experience, of living with a psychiatric diagnosis and all that that brings with it.

When we're trying to provide support to people, there's a lot of different ways we do that. And it may be as a navigator, it may be as somebody running a support group, it may be many, many different things, but the essence of peer support is that ability to connect with people in a trusting relationship. And we call this mutuality. It's that when I'm the peer supporter and someone else is the person I'm providing support to, we actually come together as equals as much as possible. Not entirely possible because one of us is generally being paid to do it, but we try to set that aside because in a true peer support relationship, the supporter gains as much as the person receiving support and, in some cases, even more.

So, let's talk briefly about the history. Peer supports existed for centuries. There are stories about the Roman soldiers supporting each other after battles, which was probably what we would now call PTSD. It's been called shell shock. It's been called all kinds of things throughout history. In the 1700s, there was a hospital in France where the director or governor of the hospital elected to hire some of the people who had been released from his hospital to come back in and work. And he described them as some of the most caring and giving individuals he had ever worked with. The modern peer support movement began to come about in the late 1970s. And this was a time of deinstitutionalization, when states started realizing that their psychiatric hospitals were overflowing with people and that the quality of services were really lacking.

If we go back a few more decades from that, we hit the peak of inpatient services around 1955. In 1955, we had over 550,000 people in state psychiatric hospitals in asylum. We now have somewhere around 50,000. Some people say there's not enough, some people say there's too much, but it's less than 1/10th of what it was in 1955. So, we had during deinstitutionalization thousands, tens of thousands, even hundreds of thousands of people started coming back into the community. And unfortunately, the money that was saved by releasing them from the hospitals did not follow them into the community. And therefore, there were no really good services. We also had the problem that many of the people being released referred to themselves as ex-patients and survivors. And this was because many of them had experienced horrible treatment while they were in the psychiatric hospital system, and when they came out, they wanted nothing to do with the system anymore.

When they referred to themselves as survivors, they did not mean survivors of their diagnosis. What they were intending to talk about was being survivors of the mental health system. So, these individuals started coming out and it started really on the west coast to organize in Oregon. In early, or late 1970s, a group called Insane Liberation Front started. And those were the kinds of terms that people who were angry and wanted to break away from the system used to define themselves. They wanted to take back that control of a word like insane, and just put it out there to say, "We are who we are and we're going to fight for our rights."

So, some wanted nothing to do with the systems. Others wanted to build a better system there. And this was the beginning of the consumer movement. Awareness of violations of civil rights and social justice accelerated the change. So even though these people decided to work within the system, they were still carrying with them this some awareness of what had gone wrong within our system. Consumers, people who now began to refer to themselves as consumers or consumers of mental health services, began to work within the system towards a recovery-oriented system. And in the beginning, we didn't even use the word recovery. Recovery didn't become popular in the mental health world until the late 1990s. We talked about it, but we didn't actually use the word. So, consumers, our peers, as we refer to ourselves today, began to work in community and to form peer run organizations. And sometimes these organizations would work side by side with community mental health.

As people began to provide more and more services, and I started working in peer support, I'd say in about 1991. And we didn't have certification back then and we didn't refer to ourselves as peer specialists. Some people call themselves peer counselors, others call themselves navigators. We called ourselves whatever was appropriate to the community we were working in. But we started working and we began to build systems that allowed us to provide even better services to people. We learned how to become really good, effective listeners. We learned how to help people set goals and work towards the achievement of those goals. We learned to help people solve problems. We learned how to help people navigate what is a very complex system of care.

In 2001, the first peer specialist certification started in Georgia. In 2014, so you skip ahead 13 years, there were now approximately 12,000 certified peer specialists in America, and this was done through a survey in 2014. Two years later, there were over 24,000. It had more than double. Today we estimate that the amount is somewhere

over 35,000. And these are people who have certification. California has not even developed a certification yet, and they estimate that they have over 6,000 peers providing support services. Peer support is really currently available someplace in the country in just about every aspect of behavioral health care.

Unfortunately, it's not all available in one place, but some of the roles that peers now play is we provide outpatient peer support sometimes in peer run organizations, sometimes through community mental health, sometimes through freestanding hospitals and crisis units. We work on mobile crisis teams and in crisis services. We work in crisis intervention. Some of us work in emergency departments and crisis units where we may only actually experience the initial introduction to the person for a matter of hours in mobile crisis or in emergency departments in a matter of a few days in crisis services.

In 1994 in New York, a system was developed called Bridger services. This is where originally peer specialists would go into state hospitals a couple of months before somebody was about to be discharged, and they would begin to build a relationship with them. And then when they were discharged and had communicated together and planned and figured out what their needs were going to be upon discharge, the peer specialist actually followed them into the community. We now use that, as I said, in all of these other types of services. So sometimes we have to form these trusting relationships very quickly. Peer support has been used in the assertive community treatment team model since its beginning. It's used in substance use and addictions. It's used in the justice system, in jails and prisons and in the community, and in reentry programs for people coming out of jails and prisons and back into the community.

We have respite houses that are both peer run, and some are peer staffed and run by community health organizations.

If somebody could meet their phone, it would be a little helpful. We have people working in homeless outreach. The VA pioneered some of this work about a decade or so ago, where they created the certified homeless outreach specialist program. We have peers working in youth peer services, maternal peer support, whole health peer support. We have peers that have moved on to become trainers, supervisors, and even program managers and administrators.

So how has the isolation of this crisis that we're all experiencing together changed peer support? It's become difficult for all of us to have those face-to-face relationships that we were so used to. And that's the way that people are better able to relate when we can see each other. Now in some communities, rural communities and frontier communities, states like Montana, where I did a lot of work about 10 years ago, where it's hundreds of miles from one community mental health center to another. So, you can't have face-to-face services on a regular basis. So, we've begun to develop other ways to do it. In the beginning, we started using social media, people connecting through texting. And then we began to create online support groups. And now we've got video conferencing, we've got multiple apps available to peers where they can connect with interest groups, groups that specialize in something of interest to them. It could be a support group. It could be an activity group.

The thing is though, we have to figure out, no matter what we do, how we can provide people with the sense of safety, respect, value, and to build the trust and transparency in a largely virtual world, and to maintain those essential feelings in our own lives. So as

peer support workers, we face the same challenges as the people we're trying to provide support for. We're often isolated really.

So, as I said, as we've begun to have to isolate, it not only affects the people we're trying to provide the support for, it really affects us too. And one of the things that we've realized as peer-

It really affects us too and one of the things that we've realized, as peer support has grown and begun to be available throughout services, is that peer support staff needs support themselves. Frequently, the best way to do that in an agency, if it's a peer run organization, or a non-peer run organization. Is for the peer staff to get together on a regular basis, and distress, and debrief each other, to trade ideas. To be able to figure out how to overcome problems that we may have encountered during the day or during the week. So, we've got to do those things for ourselves, personal self-care right now is extremely important for everyone. The pressure is the same for all of us and again, the peer support staff receives as much support. By connecting with the people that they want to provide services to as the person does from them. So, the question we're left with is where do we go from here? Some of the people are going to talk about that in a minute. But, has the crisis begins to wind down whenever that is, we're going to face a sustained need for really substantial emotional, physical, and mental health healing, including for healthcare workers. If we look at people who are in frontline services, if we look at peer staff who are still meeting with people in group homes or working in inpatient settings. Most people have been under really incalculable stress for a long time now. Peer support is the most flexible of all the workforces in behavioral health and it's also the workforce that can most quickly expand to meet the challenge. So, as we begin to build up services to meet this increasing demand, all the people who've come through this crisis. Who've experienced anxiety, who frequently experience depression, people who are facing grief because of loss of loved ones. People who have lived through the fear of catching the virus themselves, or a family member catching it. People who have lost their jobs or become fearful about the economic situation.

All of these people are going to need support as we move forward and during that time, peer support will continue to evolve, and to play a critical role in our recovery as a nation, and the recovery of each of us as people. So, now I'm going to hand it over to Trisha and she can take it from here.

Trisha Chaung (00:24:49):

Thank you, Patrick. I'm Trisha Chaung. I work with NAMI the National Alliance of Mental Illness as the program manager for our support groups. When Dr. Duckworth introduced me, he might've my fan from Hawaii. That's because before coming to NAMI's headquarters at the national office, I worked with one of our state organizations, NAMI Hawaii. So, I'm very heartened always to see my people I remember from NAMI Hawaii, and just happy that everyone is able to join. So, I'm elated to have NAMI support groups, be a part of this webinar, as they're another form of peer support that people can access. All our support groups are peer run, meaning that they're facilitated not by mental health providers, but by individuals with similar lived experiences to the participants. Oh, thanks for bringing my room back. All right, there we go. My presentation is purposed to provide you with an overview of our support groups, it's

structure, philosophy, value and how you can access these online. We have two types of NAMI support groups, NAMI Connection Recovery and NAMI Family Support Group.

The structure of both these support groups are the same, there are two facilitators, both of whom have been trained by NAMI, for each support group. The NAMI support group is not a therapy group and strives to be inclusive of all identities and experiences. I will be talking more about our philosophy later in this presentation, but before doing that, I'd like to share a few facts about each support group. Let's start with NAMI Connection Recovery, which is our support group for individuals with mental health conditions. I've put some facts about NAMI Connection Recovery on this slide. This data is from 2018. So, I'm predicting that we have more than 6,000 trained volunteers and more than 800,000 attendees by now. It's important to note that a formal mental health diagnosis, is not required to facilitate or attend NAMI Connection Recovery support groups. Our facilitators use the skills they learn in their training, responding appropriately to emotional cues. Facilitating groups with them when appropriate or turning to helpful principles when an issue is not immediately solvable.

This provides a quality experience for the attendees. NAMI Family Support Group uses the same support group model as NAMI Connection Recovery. In fact, that was launched about eight years earlier, the data on this slide is also from 2018. So, I imagine things have expanded since then. NAMI Family Support Group is for individuals who have loved ones who are experiencing or have experienced mental health symptoms and challenges. Like NAMI Connection Recovery, a formal mental health diagnosis is not required for people to participate. The same facilitation skills and principles of support that apply for NAMI Connection Recovery, apply for NAMI Family Support Group. So, both support groups emphasize the power of peer support, that of being in a room with others, with shared lived experience. This brings me to what I think are the core philosophies of our support groups. So here on this slide, we see some of our core philosophical tenants with the NAMI support groups. I'm going to go over each bullet point and expand a bit. Because, I think it's the philosophy underlying our groups that make it such a powerful experience.

So, NAMI support groups, provide a safe place for participants to share resources and experiences. They follow a structured model that allows all participants to feel heard. The NAMI support group model provides facilitators with a structure to consistently, and fairly respond to emotional cues, and common areas of pain, and struggle. So, this is different from traditional care and share models, which are largely unstructured. We train our NAMI support group facilitators to create a safe and inclusive space by refraining, from acting in a professional role in giving advice. Using facilitation skills to get to the emotional context of what's being said, rather than getting stuck in polarizing topics. Such as politics or religion and responding effectively, and appropriately to emergencies that happen during the group. NAMI support groups also, establish a sense of community, encourage empathy among participants. Promote productive discussion, so participants leave feeling better than when they came, other people will find strength in sharing experiences. The last four bullets on this slide get to the heart of what our support groups are about.

In NAMI support groups, we use our lived experiences as an asset, we share our experiences to help others and ourselves feel less alone. To help others along the path

we might've traveled before and to foster empathy, and to learn about experiences that, while they may not be our own, they're close to home. So, through this peer support where you want to empower people, by letting them know that they are the expert of their own experiences. That recovery for themselves and for their families, can start with the sense of empowerment and advocacy. Sorry, pardon me, I don't know what was happening with my slide, but here's the next slide. This is the NAMI support groups and the value of it, and I wanted to share these two quotes from attendees of our support groups. You can read these on the slide, that are test to the value of our philosophy and structure. When I read these reviews from attendees, I'm heartened to hear multiple things, that the group gave individuals tools to reach a level of self-acceptance, and the power to advocate for themselves, and others.

That the group provided a sense of community and that being in the group allowed people to speak a truth that they were unable to speak in the larger world. Let me shift some of the slides, because I know that some of you may be seeing a different one. There we go, I think we are in the value one. So, to me, peer support is so staggeringly important in this context, because it moves people from being alone to being accepted, from being silenced to being heard. When we're with people who understand and empathize with our lived experiences, that's empowering and validating. Those emotions can lead to and sustain a greater trajectory towards recovery and a fulfilled life. So, I'm going to give a pause, because I can see from the chat that we're having some technical difficulties. I see the value slide, but I see that some people are seeing the philosophy slide. So, while the behind the scenes team, figures that out, I'll read these quotes for you. So, that you know exactly what the slide says, I'm sorry for the technical difficulties.

But the two quotes that are on the value slide are, "NAMI Connection, has enabled me to take a good look at my illness and see that I am not alone. The program has given me additional tools to not only accept my illness, but to help others along the way." So, that is a testimonial from an attendee in the NAMI Connection, support groups. Someone from the NAMI Family Support Group said, "Before coming to the support group, we had never spoken about mental illness to neighbors, friends, and often not even our relatives." So, now I'm just going to double check, just to make sure that we're technically sound for my next speakers, because I don't want to trip them up. Can you please type yes in the main shot, if you can see how to access NAMI support groups, if that's the slide you see with the picture of the many happy people on it.

Thank you for bearing with us, hopefully the slides will catch up in time. So, we should be on the how to access NAMI support groups slide. So, how do you access these support groups? NAMI support groups usually meet in person, but we wanted to make sure that during this time of physical distancing, people could still access them. So, our state organizations and affiliates have worked tirelessly to bring NAMI support groups online in a safe and quality way. If you're interested in attending or recommending our support groups to someone, please visit the website of your local NAMI affiliate, to see what they're currently offering. You can find your local affiliate by visiting that link on the slide. It says www.nami.org/local or call our helpline at 800 950 NAMI. So that's [inaudible 00:33:24] and this is a good segue to the next presenter. I want to thank you for listening to me and learning about NAMI support groups. Before I hand it off to my colleague, Dawn Brown, who's going to speak about the NAMI Helpline.

Teri Brister (00:33:49):

This is Teri again, just as a reminder for our presenters, if you're not presenting, if you'll please not do the slides back and forth, that might be helpful. Those of you who were on the phone as participants, we appreciate you, we've got multiple presenters over here and we're all excited about the presentation. So, thank you for your patience with us and Trisha. Thank you for your patience too. Dawn, we look forward to hearing from you now.

Dawn Brown (00:34:19):

Okay, super. My name is Dawn Brown and I'm the Director of Community Engagement and the NAMI Helpline. I'm going to ask my colleagues on the other side to go ahead and advance the slide for me. Great, thank you. Today, I'm happy to have an opportunity to share about the NAMI Helpline. Now the NAMI Helpline, is a peer support services offered by NAMI, its work is at the heart of the organization's mission. Which is to improve the lives of people impacted by mental illness. Now to do this, the helpline recruits and trains people, with mental health conditions and family members, and caregivers. Because, we know that there is immeasurable value in lived experience. Calling the NAMI Helpline offers people the opportunity to connect with someone that's been well trained. On all things related to mental illness, treatment, recovery strategies, and common issues in hospitals. But the real value comes from talking with someone who's gone through the same experiences and struggles. Learning from another person about what's helped and what's hurt, that's the big plus. How they've achieved recovery or supported the recovery of their loved one?

I'd like to say, that if help line was a Big Mac, peer support would be our secret sauce. We're open 10:00 to 06:00 Eastern time, Monday to Friday, and the helpline responds through calls and emails. To offer support 24 seven, the helpline's webpage offers directories of peer informed referral resources and a knowledge center with over 100 ques. Next slide please. Great. So, one great way for me to show you a little bit more detail about the helpline is to share last year's annual report. It gives you good information about what we do, how we do it and what our impact is. At the top, you'll see the number of people we've helped either with info from our webpage or by phone, email letters, social media. The condition and concerns section reflect the issues that people present when they contact the help line, these are just the top 10. In the middle, you'll see the different types of people reaching out for help. In the connections to help section, you'll see the top resources and information we provide.

At the bottom, you'll see the peer workforce that makes it all happen. Over the course of last year, we had 100 volunteers providing 10,000 hours of service supported by four staff members. By the way, helpline staff also have lived experience, as family members or they themselves have a mental health condition. Next slide please. So, while we know that peer support is very important, I just want to emphasize that it's very important when crisis hits. Let's talk about why, because you don't know what you don't know. There is no do it yourself, crisis planner. A crisis by its nature, doesn't allow time to research and prepare, connecting with a peer can help guide to resources, and supportive services. Tell you what helps and where to go, reduce confusion and frustration at a very critical time. Because we're in this together, you're not alone, a

crisis is scary. There's a lack of control and plenty of unknowns, a peer can walk alongside you through those dark days, and often you hope that there is light at the end of the tunnel.

You can talk with them about anything because they understand, and they don't judge. Recovery is rarely achieved alone; peer support is an important element in many people's recovery plan. Because, tried and trusted approaches, and resources can help you avoid pitfalls, and speed resolution. Now, you wouldn't ask a dentist to help you build a house, right? Going to a peer for information and resources means that, their experience and insights will help you. You can learn from their struggles and setbacks; you can benefit from hard learned wisdom which can speed recovery. I have certainly benefited from all of these during mental health crises that I've experienced in my life. While it's easy to see the benefit of peers during a personal or family crisis. Okay, what about bigger ones? Earlier this year, we had an opportunity to find out when COVID-19 arrived. Next slide please. Starting in February, as the Corona virus began to affect Seattle, the NAMI Helpline began to prepare for the possibility that it would spread and have a very significant impact on the people we serve.

And it did, since March the NAMI Helpline has seen a 40% increase in people reaching out for help. Initially, the majority talked about the overwhelming anxiety as they fear for their mental and physical health. The helpline also saw a sharp increase in the number of people needing help during the act of panic attacks. Some of the issues that rose were, "How can I get testing? Does my mental illness make me more likely to catch COVID-19? I'm scared to go outside." Later, we began to see an increase in depression, as social distancing isolation began to extend into weeks. Some people lost their jobs and couldn't recover to pay next month bills. We were able to help with information and answers to their questions. "How can I pay my bills if I can't go to work? It's been weeks since I talked to another person. I miss my family; how can I safely stay connected?" Serious concerns about treatment or lack of access also, "How will I meet with my mental health professional? Will there be a shortage of medication? Will I be able to attend my support group?"

Almost everybody needed support, encouragement and reassurance, and of course that's the peer support sweet spot. Next slide please. Now, how do peer insight and knowledge help us quickly prepare? To help people deal with COVID-19? Well, because we share the same concerns, we have the same needs and we live the same reality. I knew how my son with schizophrenia's social services would be impacted. I anticipated the stress from isolation and uncertainty it might cause him to have a setback. I knew I had to jump in, now others at the helpline discuss finding resources for online therapy and peer support groups. It was our combined knowledge and motivation that started our work on the NAMI COVID-19 resource and information guide. Which you can download at the end of this webinar, it's been viewed over 150,000 times. We also went to work finding technology that would enable the help line staff and over 40 volunteers to work remotely. Systems that let each person receive calls from the helplines 800 number, and remote connections to our data tools, and job aids.

Then we gave a shout out to our former volunteers and asked if they could help out, right? And work from their homes and you know what we weren't surprised. Many of them said, "Yes." They wanted to help and were able to enlarge our volunteer workforce

to meet the need. To date, we've helped over 6,000 people with information, resources and peer support. Making these strange times more manageable and a little more livable. Next slide. These are the resources I mentioned, you can download them at the end of our webinar. I'd like to thank you for letting me share about my favorite topic, the NAMI Helpline, and how the power of peers can make all the difference in the time of personal, and global crisis. Now, I'm going to turn it over to Jeremiah. Thank you very much. Next slide.

Jeremiah Rainville (00:43:23):

All right. So, my name's Jeremiah and I am the Chair of the Peer Leadership Council and the Peer Program Manager of NAMI Rhode Island. I worked at NAMI Rhode Island, the past eight and a half years. In 2012, I was one of the first in Rhode Island to do the Yale pilot model, to become a certified peer specialist and wellness coach. Then in 2014, 15, was on a team of stakeholders to implement the peer recovery specialist model for the state.

To implement the peer recovery specialist model for the state. I think peer support is very effective. I really like what Patrick's said to do, to have effective listening. What I try to do is respond rather than react to people in crisis. So, with this crisis, this is COVID19, I've been working from home since the beginning of March. Since that began, we've been using a lot of Facebook to get support to people. I've been hosting Zoom meetings to do connection groups and tech support. I think with the Peer Leadership Council Mission, to be a voice for NAMI and the Board, I think we are doing the best we can right now.

A lot of people are working from home. I think the assistance that the peers have to move forward, even with this stay at home order, is amazing. I think peer support saved me in a way, because nine, ten years ago, I wasn't doing well, and that's when I came to NAMI and other organizations. If it wasn't for organizations like NAMI, I probably would not be here, because I was in crisis all the time. And now in turn, there is a crisis and we're helping hundreds of people a month in Rhode Island and probably thousands of people across the nation.

I think the support groups are vital to helping people respond to this crisis. I work with a lot of volunteers, and if I wasn't hosting these meetings, then the support wouldn't be given in Rhode Island. There are also other great organizations in Rhode Island, like Oasis Wellness Recovery Center that provide a lot of support in providing Zoom groups. With this crisis, also AA and NA are providing groups and Online Informed Services. I think it's all great what we're doing in times of crisis. We could just not be acting, but we are acting. I just give kudos to everyone out there that's reaching people even when they're at home. I thank you, the presenters before me. You seem to be doing excellent work also, and I just want to keep moving it forward.

NAMI is awesome. I don't know what else to say, but it means a lot. I hope I spoke well. I am a supervisor of peers in my state and I am Peer Program Manager, and there's a lot on my shoulders also. I too get anxiety and panic and depression, but if it wasn't for peers, I probably would be just falling into symptoms and everything. So, having these groups, like the Zoom groups every day, is really worth it, because you're connected with somebody every day. I live at home with two other people that live with mental

health and their mother, and that's hard in itself. But actually doing these Zoom groups, they've been actually listening in and trying to get some support from the Zoom meetings that I host, so that's also a positive.

Ken Duckworth (00:48:50):

Jeremiah, this is Ken Duckworth, I want to say thank you.

Jeremiah Rainville (00:49:00):

You're welcome.

Ken Duckworth (00:49:04):

This is Ken Duckworth again. I'm going to turn to questions. We have about five questions, which get to the question of, what are the current requirements to become a peer specialist? How can I become a peer specialist? Is peer specialists state by state? Are there national certifications? So, let's take a moment on that one, because so many people had questions relating to a career path in peer support.

Patrick, do you want to take that one? Anyone else?

Patrick Hendry (00:50:05):

As it exists now, I think it's 46, it may now be 47 this year, states have a state certification and each state that does have a certification, generally requires that individuals being paid with either state dollars or state Medicaid dollars, have that type of certification. Now the state with the largest population and the largest number of peers working in support roles is California, where they don't have a certification yet. They basically create certified-like positions on a county by county, or sometimes even municipality by municipality, basis. The Mental Health America National Certified Peer Specialist is an advanced level national certification. It's not recognized as the basic level that people would have to have in order to work within their state. But what it does show is that people come in with a very high amount of experience. We require a minimum of 3,000 hours and then also a very high degree of knowledge that goes much deeper into a lot of the key peer skillsets that are taught in trainings.

NAADAC, I believe, has a national addictions and recovery peer specialist program, but not really covering mental health as a primary field. They work with people with substance use and addictions problems and maybe a co-occurring disorder of a mental health diagnosis.

In order to get certified in almost every state, the states will have decided which trainings they'll accept, and that can really vary tremendously. There are over 40 training agencies in the United States right now. Some of them are very national in their scope and some of them are regional or even local. But you often have a choice and frequently meet people working in peer support who have gone through more than one training, even though they weren't required to. And one of the ones that I see a lot of people adding on is that one I initially talked about, Intentional Peer Support, and that's because it's a little different than the other types of peer training that exist.

Intentional Peer Support deals more with the relationship and it deals more with working with people who've experienced trauma. So those are very important aspects that we can all benefit from additional training in. I think that's what I can add to this part of the conversation. I'm sure somebody else can add some more.

Ken Duckworth (00:52:44):

Anybody want to else want to answer that question? What are the certification criteria? How do I become a peer recovery coach? Anybody want to take that, because I have a couple of follow-ups? Let me just give the rest of the panel an opportunity to take that up. Okay. Hearing no comments. I'm going to add another question. Do you have to have a lived experience to be a peer recovery counselor or coach? What if I'm a family member, is that okay as a lived experience?

Patrick Hendry (00:53:26):

I can comment on that if it's okay, and then I'm sure somebody else might want to.

A number of states actually have a family peer specialist certification or designation. Federation of Families has a national caregiver family certification program that they do. In order to be a primary peer specialist where you are the individual with the lived experience of a mental health diagnosis, yes, you have to be a peer. How that is defined is generally left up to the individual. No one asks you to see your diagnosis. Nobody asks you to prove that you've had hospitalizations. If somebody wants to come to me and tell me that they have a diagnosis and they've got lived experience, receiving services in the system, I'm going to believe them. It's not something that people make up very frequently.

So yes, generally speaking you need to be a peer, however that is defined. So, it could be a caregiver, or family peer, it can be a primary mental health peer, it can be someone with addictions and substance use disorders. Then there are other more well-defined specialties, like maternity health or maternal health peer specialist certifications, forensic peer specialists, and on and on.

Ken Duckworth (00:54:58):

Okay. Excellent. Thank you. Anybody else want to add to that?

Okay. Let's talk about NAMI support groups. Some NAMI support groups have been canceled, which is causing additional stress. Are there alternatives? What support groups will be online, and a related question, are there support groups for people who are in the teen years? That's three questions. I'd probably start with Trisha, but those are three questions related to NAMI support groups in the context of this crisis.

Trisha Chaung (00:55:42):

Hi Ken, thanks for going through those questions. I'll try my best to answer them comprehensively. Let me know if I've missed one.

So, in terms of NAMI support groups for youth, people under 18, our support groups are currently not designed for individuals under 18 because of differing rules, depending on the state and locality you're in, on what is required to work with minors. There are

different laws for working with vulnerable populations, and we don't have a support group model that will take that into consideration. Our NAMI support group model is a peer led one, which would mean that if we offered support groups for minors, then a minor, someone under 18, would have to lead that. And that's just not how our model is designed. So currently there are no NAMI support groups online for teenagers or for people under 18. That being said, there are NAMI affiliates that have done youth support groups of a different nature that is led by a social worker or a clinician. Whether they have been taking them online, I'd have to check into that. But I welcome contacting us afterwards and I can get that data for you.

As far as support groups that are currently closing down in-person gatherings. That's an unfortunate side effect of the physical distancing that's happening right now, and a lot of our NAMI affiliates and state organizations are trying to combat that by taking it online. So online, meaning using online platforms such as Zoom, I notice a lot of people were mentioning that in chat, we want to make sure people are doing that with security and privacy in mind. I noticed some people mentioned that as well, which I was really heartened by. But what if people don't have internet access, computer access or phone access? This is where there's a real difficulty in, how do we get to them? At this moment, we haven't come up with an idea of how to get support groups to people that don't have online access or phone access. But that is something that I'm currently pondering, so I really appreciate the individual who asked that question.

Right now, the NAMI support groups are taking it online, which means that people will have to be able to utilize an online platform, a video conferencing software like Zoom or like Adobe Connect. Currently that is best practice. So, we are thinking of accessibility issues.

Ken, was there another, I'm sorry, was there another question that I missed about that in NAMI support groups?

Ken Duckworth (00:58:17):

I think you covered it. It's just really important to understand what's online, what's our capacity. People rely on the support from peers.

A couple of questions for Dawn. Is it really true that you only have four paid staff and you do all the rest with volunteers? The unstated question is are you a miracle worker? That's the unstated question.

Dawn Brown (00:58:45):

Yes, that's right.

Well, yes, we currently have four, but that's the only recent. We had been doing it with three staff people. And that just speaks to the excellence of the volunteers we have onboard. They really do all the heavy lifting. We're just there to support them, as well as training them up and make sure they're motivated to keep going, because some days get rough. But yeah, that's what we do. But thank you.

Ken Duckworth (00:59:13):

Okay, great.

Another question from a police officer who clearly a kindred spirit in our crisis intervention training world is. I interact with a lot of people with mental health challenges, how do I connect them to peer support?

Dawn Brown (00:59:44):

Okay. So, if we have people contacting the helpline, asking about connecting us with a peer support specialist, very often we will do a little research and connect them with their community mental health services. Very often county services will have peer support specialists that they can connect with people who have that need. And that's usually our go to resource. Anyone else?

Ken Duckworth (01:00:12):

Excellent. Anybody else want to answer the question about how a police officer would connect a person to peer support to facilitate better outcomes for them?

Patrick Hendry (01:00:25):

I can add one thing to it. A number of peer run organizations, particularly the ones that run recovery centers or drop-in centers, try to build relationships with local law enforcement, because we interact so frequently with law enforcement when we experience crisis. I'm familiar with centers where law enforcement officers are invited to drop by at any time to sit down, have a cup of coffee or a soda, get to know the people who are there and really become, kind of on a first name basis. This is particularly effective in smaller communities where a person may find themselves in crisis and may even be able to request an individual, particularly if it's a CIT trained law enforcement officer. Or a law enforcement officer might show up to help somebody, realize that somebody they know, and then the relationship deescalates and becomes a much more productive and empathetic type of encounter for the individual who's experiencing the crisis.

Teri Brister (01:01:40):

Ken, another option is local NAMI organizations. As most you on the call know, we've got about 650 affiliates across the country, many of the affiliates offer something like NAMI in the lobby, where there's a NAMI presence in an emergency department or have collaborative agreements with the emergency departments so that they can connect people. So, if law enforcement wants to connect to emergency rooms, sometimes there's a connection there to NAMI or other organizations as well.

Ken Duckworth (01:02:20):

Okay. Thank you.

A question about the LGBTQ community, does NAMI have any peer support that involves that component.

Trisha Chaung (01:02:36):

I can take this one, Ken, this is Trisha.

Right. That is a fantastic question. I do know that there are certain affiliates, and Carrie mentioned we have 650 affiliates across the country, that currently hold, what I call, specialty support groups. So, our support groups are open to anyone that identifies as being a person with a mental health condition or having a loved one with a mental health condition. Throughout the nation, people have tailored these support groups to specific community needs. So, for example, different cultural identifiers. So, a support group for Christians only, a support group for Latinx people only, a support group for Asian Americans only. These I call specialty support groups because they use the model. We've just kind of specialized the audience. So, there are affiliates that offer support groups that follow the NAMI model for specifically an LGBTQ audience. This is not something that is its own standalone program, but that's something that first comes to mind when you asked your question.

Ken Duckworth (01:03:47):

Thank you.

There's a couple of questions relating to capacity. One individual says, "I send out an email to a thousand people and we have a lightly attended group." There's an individual from Detroit, he said, "Our groups are overwhelmed with need." How can we share these resources with each other during the pandemic so that there's more balance in the support online groups?

Trisha Chaung (01:04:18):

That's a good question. This is Trisha again. The way I'm interpreting this question, and forgive me if I'm interpreting it wrong, is that support groups are currently in high demand and the facilitators are getting a bit beleaguered by this high demand, and we want to make sure that we support each other. How would I put this? So, each affiliate is serving its own community, but when we take things online, boundaries sort of blend, right? State organizations at their own discretion can decide, can affiliates help each other out. I'm going to pick my own home, NAMI Hawaii. So, we're a bunch of islands. But let's say NAMI Oahu, which is our most populous Island, is like, "We really need some support," and NAMI Kauai, which is another one of our islands as well, "Some of your individuals can come over to our support groups."

Because we're online, those boundaries don't matter. I don't need to take an airplane to the other island to attend that support group. Also, for the NAMI support groups, and I'm very sorry if this wasn't your question, but for the NAMI support groups, we also have worked to take some of the trainings online, so that we can now during this time of physical distancing train new facilitators online without having them meet in person. Hopefully, this bolsters the rosters of newly trained facilitators. So, facilitators can take breaks, they don't burn out. We also have a NAMI support group mentorship process, so that individuals who have not had the opportunity to be trained, but really want to be trained, can serve as a mentee under an experienced facilitator. So, there are ways that we can really-

So, there are ways that we can... Really, I'm always very concerned about facilitator recruitment, retainment, valuing them, and not having them burn out. There are ways we can bolster the ranks there and we can share resources. So hopefully that answers that question.

Ken Duckworth (01:06:20):

Question, will I get an attendance certificate? This helps me with my continuing education. The answer is yes, it will come in an email to you. That's a question for our CEO, Dan Gillison, a question about FaithNet and where it is available.

Dan Gillison (01:06:41):

So FaithNet work group and FaithNet is something that we see is being done in communities across the US informally. However, what we're seeing now is a need to formalize that again, and we do have some areas where it is being delivered. And what we want to do is to actually bring this back online as a program that we are delivering, as we're seeing with COVID, a lot of the faith communities, aren't providing all types of support to members of the community and many of our affiliates use their faith communities for their in-person programming. So, we see a great opportunity and a need. More important than an opportunity, we see it as a huge need. So, we're looking at re-engaging with FaithNet across the country.

Ken Duckworth (01:07:41):

Thank you, Dan. Will NAMI keep some support groups online even after a vaccine is found? I prefer online formats to in person.

Trisha Chaung (01:07:55):

That's a beautiful question. I think that the NAMI support groups were never intended to go online as they were, but with the COVID-19 pandemic really we wanted to make sure that people had access to this. So, we practiced a lot of flexibility in adapting the NAMI support group model to online platforms. I feel, as the program manager for the support groups, that once we've opened the door, we should only close it if we know exactly why we're closing it. I foresee that support groups will continue to be offered online. I foresee that this will still be a high need.

And again, coming from NAMI Hawaii, that's my home state, the different islands, online would help certain areas that have geographical difficulties and other difficulties. So, I look forward to supporting our Alliance where they need it. And if the field says, the field being our state organizations and affiliates, say that we need online support groups, people are calling for this, this is a good form of support, then my responsibility to the Alliance is to provide them with guidelines, which my team and I are currently doing, to do so in a way that is quality, that is safe, that is secure, because online is the brand new world for a lot of people and we want to make sure that we prevent things like online trolls, Zoom bombing, making sure that these feel as safe, if not safer, than how support groups were offered originally. So, that was a great question. I'm glad you asked it and it's something that's always on my mind.

Ken Duckworth (01:09:32):

Another question. I'm in recovery for borderline personality disorder, and I want to be a peer. How should I know how to balance my own experience of recovery and when do I know that I'm ready to be a peer?

Patrick Hendry (01:09:57):

I'll take a very brief stab at that one, Ken, if it's okay. Making that decision is hard for everyone. Borderline personality disorder, bipolar disorder, major depression, whatever your diagnosis, it's very difficult for the individual to say, I'm ready to go out and give of my own self, give my empathy, my ability to relate to an individual.

If you've grown into a place where you feel like your own diagnosis, whatever it is, your own situation in terms of your mental health, is no longer causing you major problems with your life, then you are truly moving into recovery. And when you stop really doubting every move that you make and stop, as I always described it, I would walk around looking over my own shoulder and doubting every statement that came out of my mouth to try to decide, is that real, or is this happening again?

If you start to feel comfortable and secure, and you're getting the kinds of reactions from people that make you feel like they value your opinion, then I think you're ready to start at least contemplating peer support. And you may look into some trainings and you may look into some webinars that might be offered to give you a glimpse of what it's like.

Teri Brister (01:11:27):

And Ken, if I could add, just to add on to that, Patrick, because I think you're absolutely spot on, and to go back to your answer earlier, when somebody asked about do you have to have lived experience, do you have to have a mental illness to be a peer, you did a really good job of defining that a peer is whatever the group happens to be. If I'm a family member of someone who's living with a mental illness, then my peer is going to be another family member.

One of the questions that we ask routinely at NAMI when we have people approach us, and there's a ton of conversation going on in the chat box about people wanting to be involved, wanting to volunteer, knowing how to become an advocate. One of the big questions that we ask is getting at exactly what you just said, Patrick, not only do you meet the "criteria" but are you at a place in your life where you're ready?

I tell people all the time in our basics program, which is for family members of children and adolescents, and you have to be a family member of a child, a parent, or another primary caregiver, to teach that course or to run the support groups, but that doesn't mean you're ready to be a teacher. You've got to be at a point in your life where you're able to talk about the things you've been through, where you're at in your recovery or in your loved one's recovery, so that it can be helpful for others, but also being able to recognize how to continue to take care of yourself while you're helping take care of others.

So, you made a really good point, Patrick, it's really all about timing. And someone's asking, can I define caregiver. With the basics program, we talk about family caregivers, not professional caregivers. So, when I was using that term Alejandro, if that's what

you're referring to, the basics program is primarily for parents and other family caregivers.

But when we say family at NAMI, we're speaking pretty generally because the person that is most important in my support world might be my next-door neighbor. It may be a roommate. We really look at the people who care about us and who help us take care of ourselves. So, thanks for letting me add that in, Ken.

Ken Duckworth (01:13:48):

Couple more questions on the certification process. Is there a national certification, is one question. I just want to make sure we... I'm going back to this because this seems to be the most important area. The idea of I want to do this. Is there a national certification?

Patrick Hendry (01:14:09):

There is not a national mental health peer support certification other than the advanced level one that I was talking about before. There is a national substance use and addictions peer support certification, and they do touch on mental health as a co-occurring disorder, but if we're talking primarily about mental health, no, there isn't. A few states have agreements between each other that they will offer reciprocity. In other words, if you're certified in one state, there are a few states that might recognize that. Generally speaking, though, each state requires you to get the certification that they've developed in order to be paid through either state dollars or state Medicaid dollars, which is the vast majority of the way peer support is paid for.

Ken Duckworth (01:15:07):

Got it. So, it's state by state. This is really clear.

The answer, there's no national certification, this is state by state. So, contact your state NAMI, they will know the process or your office of mental health. Where else should they go?

Teri Brister (01:15:27):

This is Teri. I was just going to suggest the Office of Mental Health. That's typically who oversees the credentialing in each state, but certainly the NAMI State Organization could connect them.

Ken Duckworth (01:15:39):

Couple of questions about living with bipolar disorder, and one of the questions was, I had a pretty bad episode after I was given an antidepressant inappropriately. Can I still be a peer specialist if I have a more serious condition? I think I know the answer, but I'm very interested in what you say.

Patrick Hendry (01:16:00):

Again. I'll try, man. But I don't want to monopolize it. Yes, you can if you have a serious diagnosis. I have a long history of mental health problems. I have a major diagnosis and

I have come through into what I consider to be my own recovery and I've begun to work in this field. I started doing peer support work a long time ago, and I will tell you that doing peer support work has helped my mental health tremendously. And it's not just the fact that I'm taking on responsibility or anything like that, there is something about giving. There is something about helping.

In fact, most of what we do is based on something referred to as the helper principle, that again is when you help somebody else you in turn are also helped. So yes, you can have a major diagnosis. Yes, you can have had a very serious history of treatment. But when you are ready and you feel that your life is in a place where you can take on that responsibility, yes, people with a major diagnosis can be peer support specialists.

Ken Duckworth (01:17:10):

Excellent.

Trisha Chaung (01:17:15):

And I was just going to add really quickly that every NAMI program that we offer, the programs for individuals, the programs for family members, the program leaders, as many of you in the chat box are saying over here in your conversation, tell us they get more out of teaching or running a support group, that they get more out of it then they feel like they're giving to others. So, Patrick, I think you summed that up really well.

Ken Duckworth (01:17:43):

Couple of questions from providers, social worker, a psychiatric nurse, how can they help promote this movement?

Trisha Chaung (01:18:04):

And Ken, [crosstalk 01:18:04] that's probably a question more for you or Dan or I, Dawn, unless you want to pop in.

Dawn Brown (01:18:12):

No, I was just going to suggest that that having a NAMI helpline phone number available to people you're working with or come in contact with, would be a great way to give them an open doorway into the NAMI organization, and once they contact us, we can give them that peer support as well as direct them to other areas of the organization where they can plug in to a support group or an education program.

Ken Duckworth (01:18:44):

Well, we've covered a lot of Territory. Several people have asked about contacting you. Would you be comfortable giving your email addresses so people who want specific questions can contact you? I'm ken@ nami.org. It's like a vanity license plate, shows I've been around for a while. I'm the Chief Medical Officer of NAMI. Feel free to email me. Other people?

Teri Brister (01:19:15):

Ken, we had actually, I think Elizabeth had responded to that in the chat pod that I think we listed Dawn's email address is info@nami.org. Trisha's is namieducation@nami.org. And if you're interested in being in contact with Patrick, if you can just email asktheexpert@nami.org. And Elizabeth, if you can type those back in the chat pod again, that would be great. We can get you guys connected. [crosstalk 01:19:40].

Ken Duckworth (01:19:44):

Thank you. Well, we still have more than 300 people on the call, so I want to salute your persistence and resilience. I'm going to hand this back over to our CEO, Dan Gillison, to close today's important call.

Dan Gillison (01:19:56):

Thank you very much, Ken. I want to thank our presenters. Patrick, just starting with you, and as you shared, when you help someone else, you're actually helping yourself, and it's such an enriching experience. And what you shared in your overview is fantastic. And thank you very much for that.

And Dawn, many people on the call were asking you, where's your cape? So, kudos to you for all that you do with the resources that you have and how you continue to motivate all of those volunteers. And Tricia, [foreign language 00:14:34]. That's just the best thing that I can say to you in terms of what you shared.

And Jeremiah, what you shared with us was just incredible. I tell you that as I'm learning more, as we are open and we share and are open to sharing with our communities about our vulnerabilities, it helps others. So, thank you for doing that. It's so wonderful to hear what you do and the difference that you're making. And that is to all of you.

I want to close by also sharing... You asked about FaithNet and we're right now talking about how first responders being medical professionals. And as we navigate this incredible pandemic, COVID-19, one of the things that we have always known is that in the faith based community we have first responders because normally that's where families and individuals will go when they're trying to understand something that they don't know.

So, the faith community is an incredibly important community to mental health, mental wellbeing, and for people to get trusted counsel. So, we look forward to hearing your feedback. An earlier question about the faith-based community in terms of is it being delivered. Yes, it is being delivered. We know about nine communities in which it's being delivered right now. And we know that that's not enough, but those communities... And by the way, my email address is going to be available to all of you through this, so we want your feedback regarding the faith community. We want to know about best practices if you're delivering it.

And I want to directly answer the question, that where is it being delivered, in according to the data we have, NAMI Nevada, Alabama, New York state, Waukesha, Wisconsin, Santa Clara County, Marion County, Florida, NAMI San Antonio, Howard County, Maryland, and greater Wheeling, West Virginia. So, what I want to say to you is that it's great that we have those touch points. We want more. And then from those areas, if I'm

representing your information correct and you're on the phone, I'd like to know about what you're doing, how you're doing it, frequency that you're doing it, because we're looking to actually look back on commissioning a work group to reengage with FaithNet, because we know coming out of COVID, there's going to be a huge need.

So, we want to thank all of you for what you do, how you give back, and making the difference that you do. And this title says it all, helping each other in times of crisis. And in closing, the best thing that I can do is also do what Ken did at the beginning, which is to thank the staff, because you don't see all the work that goes into these and the staff has done a tremendous job. Elizabeth Stafford, Chris Allen, Gerndt, Teri Brister, Dr. Ken Duckworth. To all of you all, we thank you, we recognize you, and we appreciate all you do on behalf of all of us.

And we really do appreciate every one of you that joined us for the call. Please share ask the expert with anyone you know in the community, because we'd like to have them join us, because we also know that there's a lot that you all get just in the chat, in the communities of practice of you all talking to each other. So please talk to your colleagues and peers and have them join the ask the expert.

We wish you the very best for the mothers on this call. We want to say to you happy Mother's Day. And to all of us who have the benefit of saying that to our mothers, let's all remember Mother's Day on this Sunday. We wish you all the best, and we hope you close out the week very healthy. Bye now.