

**NAMI Ask the Expert:  
Suicide Prevention Series, Session 2:  
*Making Meaning of Suicide Loss***

Featuring Karyl Chastain Beal, Joseph D. Feaster, Jr., and Pooja Mehta  
September 15, 2022, 4:30-6:00 p.m. ET

**Jordan Miller ([00:00:10](#)):**

Good afternoon, everyone, and welcome to session two of the NAMI Ask the Expert Suicide Prevention Series, Making Meaning of Loss. A couple housekeeping items before we begin. All callers are muted. Only presenters can turn their microphone on and off. You can enable closed captions by clicking the CC button and choosing View subtitle. Chat is disabled to reduce distraction due to the large number of attendees. So, please use the Q&A button to submit any questions you have for our presenters. If you would like to ask a question anonymously, you can check the Send anonymously button before pressing Send. This call is being recorded and will be posted on [nami.org/asktheexpert](http://nami.org/asktheexpert) in the days following the webinar. Those who registered in advance will receive a followup email containing the link to view the recording, a PDF of the presentation slides, a certificate of participation, and any additional resources shared. With that, thank you again for joining us and I'll hand it over to our CEO, Dan Gillison. Dan?

**Dan Gillison ([00:01:10](#)):**

Jordan, thank you so very much and good afternoon and to all of the participants. Good midday to those of you that are there on the West Coast. We're so happy to have you with us. On behalf of our board president, Joyce Campbell, our board, our staff, our field leaders, and volunteers, we appreciate all that you do and we appreciate you taking time to be with us. This is part two in our Suicide Prevention Series in our Ask the Expert and Making Meaning of Suicide Loss. On today, I wanted to just start out by recognizing our chief medical officer, Dr. Ken Duckworth, who will introduce our speakers on today, and I just want to thank Ken and our speakers for their time in coming and being with us on today. So, to that and to us getting going, I hand it off to Ken. Ken?

**Dr. Ken Duckworth ([00:02:10](#)):**

Thank you, Dan. I'm just going to start by reminding you that you are not alone. The NAMI helpline is one of many resources that I want people to know about. Can we go to the next slide, Jordan? There are other resources. This may be a provocative conversation for some people. Maybe you just step away, but you should also know that there's a new suicide prevention lifeline, 988, a crisis text line as well. Next slide, please. I met some remarkable people for NAMI's first book and at the NAMI conventions, people have come up to me and said, "How do I make meaning after a loss by suicide?" When we decided to develop a three part Suicide Prevention Month series, September being suicide prevention month, I suggested to Dan that this topic is one we take up because we took it up in the book. NAMI has not done a lot of work in this area. So, please be gentle with us as we learn.

**Dr. Ken Duckworth ([00:03:19](#)):**

But I wanted to just say how grateful I am to have learned from these four individuals, what they've made meaning of in their own lives, and how they have coped. They represent to me the true meaning of you are not alone. Millions of people face this particular tragedy in America, loving someone who dies by suicide, and learning from people who've been there is how we're going to approach today's session. So, we have four people. I know this looks like it could be a catalog of attractive people who are well dressed, but I'm going to start with the first speaker on the left, Joseph Feaster. Joseph is an attorney and a friend of mine from Boston. He's a leading advocate and has been on the board of the Massachusetts Association for Mental Health for many years, and has also worked with NAMI Massachusetts and NAMI Boston. Joe, I'm going to ask you to start. We'll be hearing from each person for five or so minutes. Then I want you to feel free to ask questions, which will come through our team to me, and then I'll ask them of our group and they can share with you what they have learned. So, Joseph, please take it away and thank you.

**Joseph Feaster ([00:04:38](#)):**

Well, thank you very much, Dr. Duckworth. Certainly, this is a group that none of us on this call wanted to be a member of, but we are, and as a result of that, we want to be able to share our experiences so it may be helpful to others who may have experienced a relative, a friend, an associate who died by suicide. As Dr. Duckworth said, I want to first thank you, Dr. Duckworth, for gracing me and having me included in your book. I want to thank President Gillison for his work with NAMI, and certainly Jordan Miller for what she has done in terms of bringing this panel together, and my fellow panelists. Let me begin just by saying I joined this [inaudible 00:05:30] club 12 years ago on August 3rd, 2010 is when my son Joseph III, the one that's in the picture here with the cap and gown on, he's graduating from UMass Boston and previously attended the University of Pittsburgh.

As a young person, he was in sports in school, a good student through high school, and this period of time here was when he graduated from UMass was about a year later is when he was at Northeastern University in a graduate program for entrepreneurial technology. That's the year in which he committed suicide. But the reality is what we want to talk about today is not what happened to the person who did commit suicide. It's how we cope as the persons who have survived it and what we are doing. For me, my son's passing has put me in a place where I consider this my ministry. So, I am involved in a number of organizations, the Mass Association of Mental Health. I've been with NAMI. I'm on the advisory council for Samaritans. In fact, I'm raising money for the Samaritans walk that's coming up in a few weeks.

So, what I've done is devoted myself to what I call education and advocacy. The other thing that I wanted to do I wanted to bring to the table is that sometime, the issue of mental health and suicide is not well discussed or well developed within the communities of color, particularly the Black community. So, I've positioned myself to be a voice for that. So, I speak at churches, I'm Chairman of the Board of the Urban League of Eastern Massachusetts, and we have as well brought mental health as one of our issues. I sit on, was appointed by the mayor of Boston to sit on the board of the Black Men and Boys Commission, and I'm bringing mental health and suicide into that conversation. So, all in all, what I've decided to do is that I am going to be the tip of the arrow in talking about this particular issue.

**Joseph Feaster ([00:07:38](#)):**

I want to be able to share with folks that first and foremost, as a caregiver, as Dr. Duckworth says, and he says it in the book, don't feel that you are alone. I want you to understand, at least from my perspective, you're not at fault. There's not anything that you can do. Mental illness is a illness and is not something that you necessarily can prevent or to be responsible for. So, that's what I want to do, and I'll pass it back to you, Dr. Duckworth, and I'll be looking forward to the question-and-answer session in order to provide some other insights.

**Dr. Ken Duckworth ([00:08:14](#)):**

Thank you, Joe, Joseph, and we're going to hear from all four of our panelists, then we'll take your questions. So, as you listen to each speaker, I encourage you to send in a question that you have, either for that person or more broadly. Our next speaker is Karyl Chastain Beal. I met Karyl while interviewing another woman for our book where people share their experience, and they said, "Have you talked to Karyl?" I said no, and she said, "Basically, Karyl is a legend here in Tennessee. You must speak to her." So, I simply sent her an email and I said, "Would you be willing to talk about what you've been through?" So, Karyl, I want to thank you for joining us today.

**Karyl Chastain Beal ([00:08:59](#)):**

Thank you, Dr. Duckworth. I appreciate that, and thank you to NAMI also for allowing us the opportunity to have this program today. Shortly after lunch, about 24 years ago, my daughter Arlyn told me that she was going to visit friends as she walked out the back door. Arlyn was 18 years old. She was an undergraduate from her high school and she was getting ready to go to college in a couple weeks. So, Arlyn left. Couple hours later, a sheriff's deputy knocked at the door. When I went to the door, he came in, he sat down, and he looked at me and he simply said, "Your daughter is dead." Just like that. I was shocked, and of course, my world ended that day. After I got over the shock, I knew that I needed to understand what had happened. I also instinctively knew that I needed to connect with other people who had lost someone to suicide, particularly to other parents at that time.

I hope that today, by sharing some of the things that I have done to cope, that it will help you, those of you who are walking this road, to know that you will eventually find peace, to know that you can get there. You just have to make sure you do it your way. The first thing I did after Arlyn died was to establish the internet Parents of Suicides email support group. This was at a time when groups were basically in their infancy. Grieving parents from all over the country and all over the world found POS and joined up. So, we talked together every day through email. We discussed, we shared our memories and our experiences, the good, the bad, and the ugly. Sometimes, there was a lot of ugly. We also knew that we wanted to let the world know that our sons and daughters had lived and that their lives had mattered.

**Karyl Chastain Beal** ([00:11:28](#)):

So, at some point, we decided we wanted to create memorial quilts. We started the first memorial quilt by everybody making their own quilt square. They sent them to me. I sent them to somebody that knew how to make a quilt, because I certainly didn't, and our first memorial quilt was created. The quilt was one way to let the world know that they had mattered. Once we got our first quilt done, others, of course, wanted their sons and daughters on the quilt, and other loved ones. So, I continued coordinating quilts. Well, in 2005, we moved to Tennessee. Not long after I got to Tennessee, I should say I found Tennessee Suicide Prevention Network, but they magically found me almost overnight and immediately enlisted me to coordinate quilts for TSPN. So, I did that and I have done so every year since then.

These quilts that you should be able to see in the picture there are displayed all over the state of Georgia. I mean, I'm sorry, all over the state of Tennessee at educational and awareness events. They put a face to suicide. They let people know that suicide is about real people. It is not about statistics. When people understand that, it helps them be more supportive sometimes of the issue of suicide prevention. The concept of displaying the photos on the quilt, however, basically evolved into a desire to create a more permanent suicide memorial. So, at some point, my husband and son built a wall on our property in Tennessee and we started putting up memorial tiles for people that had lost their loved ones to suicide. That developed into the International Suicide Memorial Wall.

At this time, the wall is now in Nashville at the office of TSPN, and there are about, I think, it's around 850 memorial tiles on it from people all over the world. Think we've got all over the United States and about 16 other countries represented on the quilt. To conclude, I'd like to remind you that you're on your journey. If you need to make a quilt, put a tile on the wall, do it. If it helps you to participate in walks, plant a garden, donate to suicide prevention, write, express yourself, artistically, do whatever works for you. What's important is that you do it your way. Finally, especially if you're new to this journey, remember to breathe. That may sound trite, but I assure you it isn't. When grief is heavy, when our hearts are broken, just existing, they sometimes take all of the energy we have, and we need to breathe.

**Dr. Ken Duckworth** ([00:14:59](#)):

Thank you, Karyl, for all you're doing and for those remarks. I met Kristen Roper through one of her relatives at a job I had before I've been part-time for NAMI, and she said, "You need to meet my sister-in-law. She wants to talk about what she's been through, and she has become an advocate to make sure that other people don't have to go through this." So, I am honored to introduce Kristen Roper, who also is going to share her experience.

**Joseph Feaster** ([00:15:36](#)):

You're on mute, Kristen.

**Kristen Roper** ([00:15:37](#)):

Can you hear me now?

**Dr. Ken Duckworth** ([00:15:41](#)):

Yes. You're all set. Good job.

**Kristen Roper** ([00:15:43](#)):

Okay, great. Sorry about that. My name is Kristen Roper and I live right outside of Boston. I'm very, very honored to be here today. I'm very honored to have this opportunity to speak about this issue and to give it a voice along with these other amazing people here today. You're all an inspiration to me. I'm a little nervous about this, but I feel empowered and called to talk about this issue openly and honestly. I'm here because I lost my beautiful son, Matthew, two and a half years ago to suicide three weeks after his 17th birthday. Matthew was an amazing young man, handsome as can be. He was a scholar, an athlete, a musician. He was an amateur magician. He had a great sense of humor. He was a joy to be with and he truly loved life until he began to get sick with depression, and we didn't know that Matthew had depression until he was hospitalized in September of 2019.

It seemed to kind of come out of nowhere a little bit with him, but he really struggled and he really, really fought his illness. Matthew's a really bright young guy. He had wanted to go to MIT for robotics. He wanted to go to Harvard for business. But through his experience battling this illness of depression and through his experiences in various mental health facilities, he realized that he really could connect with people and help people, and after his passing, I had gotten many calls from people whose children were in facilities with Matthew or young people themselves who told me about how Matthew had helped them get through some of their darkest times, and he truly was a light for others.

As he got sicker and sicker, he said, "Mom, I really think I can make a difference, and I think I might want to be a pediatric nurse practitioner," or excuse me, "a psychiatric nurse practitioner or a psychologist." Matthew passed in February of 2020 and we were devastated, obviously. We had a team from the Samaritans come and speak with our family about losing someone to suicide and grief and how do you try to make sense and how do I get up tomorrow, basically at that point, and they talked to us about grief and how everybody grieves so differently, and as a family, we need to give each other the space and permission to grieve in the way that felt right for us, and then said, "But please just don't isolate." Then about two and a half weeks later, we were all in isolation from COVID and I thought, "Oh, you got to be kidding me." It was really difficult. So, like the rest of the world, we struggled through those days of lockdown and isolation.

In the fall, we heard about the Samaritans 5K walk that Joseph had referenced earlier, and I thought, you know what? I can't just sit my house. I need to do something. Matthew wanted to help people. Maybe we can do this walk together. So, we started with our family and then some extended family and friends and Matthew's teammates and classmates jumped on board. We ended up making T-shirts together and really coming together in Matthew's name. It was a wonderful experience and it felt empowering that we could do something and we gave each other an opportunity to speak if we wanted to about Matthew and speak about how we felt. After the walk, I thought, I don't want to stop with just a walk. I don't want to stop here. Matthew would've done great things and I'll never be able to fill his shoes, but I can do something, and I do feel, I guess, similarly to others on the panel this evening that this is a little bit of a calling or a vocation that I've been given an opportunity here to do something positive.

**Kristen Roper** ([00:20:19](#)):

So, I decided to start a nonprofit called Matthew's Crew. Matthew in high school was on the crew team. So, that kind of resonated with a lot of the young people that he knew. We started this soon after that walk in 2020, and I think one of the challenges, other than the fact that I'm a teacher and I knew nothing about starting a nonprofit or how to run a small business, was where do we begin? What do we do? How do we put a voice to this really difficult thing and talk about it openly and honestly? So many experiences that Matthew had were less than positive with the care he did and did not receive. So, trying to find what's the right place for us in this world of mental health advocacy?

So, we decided, at least for now, as we're still pretty new, is to start at the beginning with prevention. So, we work right now to connect mental health education, and awareness programs to schools to help faculty, staff, and students talk about these issues in an open, honest, real way because the statistics are a little bit staggering. But like Harold said, these statistics are people. They're names. They're sons, daughters, siblings, friends, loved ones. They're not just numbers. So, we felt this was really important to do, and I think I feel very blessed that my faith is so important to me. I have a very strong faith and I do feel like this is part of my vocation, that God has put this in my heart to do this work with. Without this, I'm not sure what I would be doing. But I feel like this gives me real purpose. It gives me comfort. It gives me connection to my Matthew, and I feel like through Matthew's name, if I can help one other person or one other family, then there's something good that can come from this.

**Dr. Ken Duckworth** ([00:22:37](#)):

Kristen, you have helped many people. I'm sorry for your loss and thank you for sharing everything about what you're doing to honor Matthew's life.

**Kristen Roper** ([00:22:45](#)):

Thank you for this opportunity.

**Dr. Ken Duckworth** ([00:22:47](#)):

Our last panelist is Pooja Mehta. Pooja is the youngest board member of the National Alliance on Mental Illness. She has a master's in public health and is doing an internship in Congress right now. Pooja discusses her own experience, which comes from a somewhat different perspective. I want to thank you, Pooja, for joining us. Pooja, are you on mute?

**Jordan Miller** ([00:23:38](#)):

It looks like we've lost Pooja on the call. If you want to start with Q&A, perhaps we could loop back to her in a minute.

**Dr. Ken Duckworth** ([00:23:45](#)):

Let me start with a few questions. One question that came through, "I have a friend who's lost someone in their family. What did you find to be the most supportive things for you?" Oh. I see. We have Pooja back. So, that's a question you can think about. All right? What was the most supportive thing that people were able to offer you after you suffered this terrible tragedy? And there's Pooja. Welcome back.



**Pooja Mehta** ([00:24:15](#)):

Hi, everyone. I'm so sorry.

**Dr. Ken Duckworth** ([00:24:18](#)):

I briefly introduced you and I want to thank you for joining this important panel.

**Pooja Mehta** ([00:24:25](#)):

Of course. Thank you all so much for attending, for listening, and thank you to my fellow panelists for sharing your story. I am here today, I have worked with NAMI in a variety of capacities and I'm currently on the board of directors. But I'm here today as a fellow suicide loss survivor. I lost my brother in March of 2020 and, Kristen, similar to you, going through that loss when the best thing that you can do to process grief is to be with people and have a sense of community during a time where you very much had to avoid that was really something, and my heart goes out to everybody who can resonate with that feeling.

Talking about suicide and suicide loss and suicide prevention, so I have been involved in the mental health advocacy space for nine years at this point and I lost my brother when I was doing my master's, doing a master's in public health with a focus on health policy with the intent of doing mental health system reform. As part of that, I started a club on campus about studying mental health from a public health perspective. At the beginning of March, we hosted a mental health first aid training, which I attended. I got the certification. Part of the training, if you're not familiar with it, is recognizing the signs and symptoms that can precede a suicide, and four weeks later, my brother was dead.

It's really changed the way that I think about suicide prevention because he had none of the signs. He had no mental health history. The last text message that he sent was to a friend that he went to school with asking how he wanted to divide up the homework problems, and that was 20 minutes before I found him. So, definitely not the head space of someone who is planning to not wake up the next day. After the fact, we were very close. I had his passwords to his phone, all of his social media, everything, simply could not find any indication that he was struggling with mental illness, that he was struggling with his circumstances, that he was struggling with anything. I know there are a lot of people who are a lot smarter than me and a lot more heavily researched than I am when it comes to suicide prevention. But for me, the only thing that I can imagine as an effective method of suicide prevention is just community, remembering that you have value, that there are people who love you, and that there are people who will hurt if you're not here.

That's something that has really helped me after losing my brother and the grief and all of the pain that came with that. There were several times where I wished that I wasn't alive. I experienced what I now know is secondary suicidal ideation where I'm not necessarily planning on taking my own life, but if I didn't wake up the next morning, would that really be the worst thing? It was community that helped me through that. It was remembering that there are people who love me, that there are people who care about me, that there are people who will miss me if I wasn't here. There are people who will hurt the way that I was hurting if I chose to go with my brother.

**Pooja Mehta** ([00:28:21](#)):

That's really what my meaning from this loss has been, helping people realize that there are people in the world who love them, there are people in the world who care about them, and that there is a community out there for you. I've taken to sharing my story about dealing with grief and what that looks like now to almost two and a half years later on social media platforms. One of my favorite things to do is talk about the realities of it. Talk about the days that are hard. Talk about the interactions that are hard. Talk about the frustrations of people who will look at me and be like, "It's two and a half years. Shouldn't you be over this by now?" when the reality is part of your heart is gone, and you're always going to know that.

Recently, I was able to get involved with an organization called Camp Kita, which is a camp, a program specifically for children who have been affected by suicide loss, and that has put this loss into meaning in a whole other way for me. The motto of the organization is, "Healing the biggest wounds on the smallest hearts," and really, you go to this camp and you see all these kids that are experiencing this loss and all of the isolation and stigma that comes with it. You see kids who are coming to us and they might not have ever met someone else their age who has experienced this kind of loss. They might have never been in a room where they weren't the person whose dad killed himself or whatever, and they're able to form this community with each other, they're able to form these bonds with each other, and they're able to lean on each other and really get that feeling of when someone says, "I know how you feel," they really do, and when someone says, "I'm here for you," they really are.

I don't want to speak for the rest of the panelists, but for me, the "I'm here for you" or the "I know how you feel" is often very shallow because you can't unless you've been through this yourself. I think just sharing my experiences with grief has prompted other people to talk about theirs, prompted other people to think about the role that grief has in society, the role that loss has in society. In my opinion, it's one of the most universal experiences. Grief is a part of love and death is a part of life.

So, if you have loved anyone ever, unfortunately you will experience loss and subsequent grief at some point. It makes me wonder why this can be such an isolating experience, why we are so just adamant as a society to not talk about this, to just put on a happy face and keep going. I'm very, very grateful for these spaces where I can talk about my journey and I can talk about my brother and I can say his name. His name is Raj and he's the best brother I could have had and I miss him every day, and I'm just really grateful to be able to help other people in his memory, even though I would do anything for it to not be that way.

**Dr. Ken Duckworth** ([00:32:02](#)):

Pooja, I want to say how sorry I am and for your loss of Raj. Each of these speakers, I just feel so much, and I want you to know the comments are filled with appreciation from people for sharing these very difficult experiences. I just want you to know that people are staying on and asking questions, and there's a lot of, "Thank you for talking about this. I have had some experience in this area." So, let me start with the first question. What were the biggest support things that happened to you? What could a person say to you or be with you after a loss? That's a toss up for anyone who wants take that.



**Pooja Mehta** ([00:32:49](#)):

I will happily chime in here. I would say the first thing, for me, one thing that I have realized, I didn't even start feeling the feelings around my brother's loss until about three or four months after he died. Up until then, it was just shock and going through the motions. All of my mental energy was focused on going through the motions of simply existing that it took that long to even get to the point where I could deal with the feelings of losing him. At that point, it's been three or four months. People have moved on and they have kind of forgotten, honestly, that Raj died, and the people who checked in on me at that point are the ones who were like, "Oh, my God. You are my everything right now." For me, that's something that I have tried to reflect when I know someone is going through a loss.

I send the initial text message or email or phone call or whatever, just being like, "Hey, I'm so sorry." But I make a note to follow up two months later and kind of like, "Hey, I'm still so sorry. How can I help you right now" That "How can I help you", a lot of people sent flowers. A lot of people sent cards. A lot of people sent donations in Raj's name, and all of those were incredible and very, very cherished. But the moments that have really stood out for me are the people who said, "Anything you need," and meant it.

One of my best friends, Raj was a very big tech guy. He loved all the Apple everything. He would watch the releases and I have not bought a phone for my entire life because Raj would always be the one to tell me, "Hey, you're going to get this phone and we're going to get it under this plan with this discount and blah, blah, blah." He had the whole thing figured out. My phone got water damaged in summer of 2021, and for the first time in my life, I had to figure out what phone I was going to get, and it was really, really difficult.

One of my best friends, I just was like, "Hey, I need help with this," and she did it. She researched everything. She told me, "Here are your options. What do you want to do?" She helped me buy it. She helped me go pick it up. She helped me set it up. She did everything. That level of, "Hey, I'm there to help you," and it was such a weird thing to ask. Can you help me buy a phone? But those are the things, those weird little things that remind you of that person. Those are the hard things to get through, and the people who are ready to look over the ridiculousness of it and actually just stand by you for whatever you need, that stays with you.

**Dr. Ken Duckworth** ([00:35:44](#)):

Oh, thank you, Pooja. Anybody else want to answer the same question? What was the most supportive? How did you understand the experience of being supported? What helped?

**Kristen Roper** ([00:36:02](#)):

Can you hear me now?

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

Yes. We can hear you now.

**Kristen Roper** ([00:36:08](#)):

Similarly to Pooja, even though my Matthew had been sick for a brief period of time that we knew of beforehand, his passing was a shock for us as well because his last text to his best friend was getting out of his last hospitalization. He said, "I can't wait to get back to my life," and he was raring to go. So, again, the shock was devastating. One of the things as a teacher and as a mom, it's my job to take care of the family. It's my job to feed the family. It's my job to take care of the house, and I found myself trying to breathe, just simply trying to breathe, and sometimes that took a deliberate effort to keep breathing.

Some of the things, and it seemed really little at the time, I like to help people. I'm not one who likes to accept help. When I had someone come to my home, it was one of my other children's piano teacher actually, who said, "I want to set up a meal train for you," and I said, "That's ridiculous. I can do this. It's my job to feed my family. I'm the mother I'll take care of the family." Then I had to humble myself and realize I'm not capable of meal planning and shopping because to go to the grocery store and the first thing I see when I go to the grocery store is the bin of apples, that was Matthew's favorite thing, and it was a big joke that we couldn't walk by the apple bin without getting multiple bags of apples because Matthew would eat multiples every day, I couldn't walk through the door of a grocery store without falling apart because I couldn't walk past the apples.

So, to have someone send food to my family to feed my children and then say, "And how about you and I go for a walk?" was amazing because again, at that point, we were isolated as well. So, that connection was amazing, and now again, two and a half years later, even now, because I still cry every single day, for someone to call me up and say, "Hey, do you want to go for a walk?" and then let me talk about Matthew, it's the greatest gift. So, that's what I found.

**Dr. Ken Duckworth** ([00:38:45](#)):

Thank you, Kristen. Karyl or Joseph, do you want to add anything?

**Karyl Chastain Beal** ([00:38:59](#)):

Can you hear me? Okay. I'll add one that's a little bit different because it's a case where someone did something I didn't like and it turned out to be the best thing they could have done to help me. At the time Arlyn died, she took her life two weeks before school started, or before pre-planning, and I was teaching fifth grade. But of course, I knew I could handle the classroom. So, I went back and did all my pre-planning work, got the bulletin boards, the lesson plans, everything ready. Then the day before the open house, the principal, an assistant called me in and told me they did not want me to show up the next day or the first day of school, and I was horrified. I was insulted because I had been there. I had done my job and I thought, the nerve of them to try to tell me I can't come back. Finally, the assistant principal said, "Karyl, we'll tell you the truth. The pain and sadness in your eyes and on your face is so horrible that none of us can bear to even look at you."

**Karyl Chastain Beal** ([00:40:25](#)):

I was stunned because I thought I was doing well. So, I said, "Well, okay. I'll stay out for a week if you can assure me a qualified teacher will take my class," and they said, "Yes." When I got home, I ended up staying out two months because as soon as I got home and could let go, I realized this is what I needed. For me, not having the daily responsibility of interacting with people, especially children all day long, was very important. It gave me two months to get my feet on the ground at least a little bit to try to come to some understanding to begin the grieving process. So, in general, I'd say, don't do what other people tell you. You do what's right for you. But that was a case where I did not know what was right for me, and I don't know how often that happens, but I guess it's important for us to realize sometimes, even though not always, but sometimes maybe other people might know what is best.

**Joseph Feaster** ([00:41:48](#)):

Dr. Duckworth. I just wanted to just add a little bit to the conversation in this respect because I think folks address this issue very, very differently, and as many of us have said, that everyone should find their watermark for how they will respond to their grief. Now, for me, it was faith and family, which enabled me in order to address the grief that I was feeling. It's now been 12 years, and like Pooja said, there's some times I can speak about my son, Joseph, and I can have a conversation like we're having now, and other times I'll speak about him and tears are coming down and my voice is cracking.

So, it really, really depends. But I think that for me, I was outward looking in the sense that, as I said at the outset, mine was to take my grief and the loss of Joseph and turn it into trying to help others' caregivers, and that has how I've been able to cope with it. So, it wasn't a matter that whether someone said the right thing to me. I think I was surrounded by the village, if you will, family and church and my community, in order to be able to address the type of grief that I was having. For me, the grief comes and goes. But primarily, it's a matter of trying to look outward and try to help others.

**Dr. Ken Duckworth** ([00:43:15](#)):

This question is about how you think it's going in your community. You're each different members of different communities, and Joseph, you led with your experience of trying to open up the conversation in the Black community. But I also just want to acknowledge that you're all from communities, and how do you think it's going talking about mental health, mental illness, and the outcome of suicide? So, Joseph, I could start with you because you kind of led with that in your remarks.

**Joseph Feaster** ([00:43:47](#)):

Yeah, and there were a few questions in there, which I saw because Jordan's taught me well. I know how to look at the Q&A and look at some of the questions.

**Dr. Ken Duckworth** ([00:43:56](#)):

Always ahead of the game, Joe. [inaudible 00:43:57]. Yeah.

**Joseph Feaster** ([00:43:57](#)):

So, I saw that that question was asked and I said I would try to answer it in public. It was my recognition for quite some time. I was involved with the health center movement since 1988 and my introduction into speaking on behavioral health didn't start just with my son's death by suicide. It started prior to that because it was a recognition that there are certain cultures, particularly within the Black community and the Latino community, that in terms of, it's a matter of, if you suffer with mental illness, suck it up, that in terms of, what's wrong with you? I can recall that I used to have sessions at my church at Morning Star Baptist church in Mattapan, and I can still ... this one speaker, this woman that said, "Well, I thought my son was just being lazy. He was going to school and he would stay home and he was sleeping, etc." Well, they didn't understand the issues of depression.

So, what I started to do is I said my advocacy was to begin the conversation. To answer the question, I think what has been most telling, and if you think a changing event within the Black community, has been what has happened around some of the issues of some of the mass shootings where there has been some equation to mental health. What I have taken that to do in terms of my trying to educate folks is, one, to dispel the idea that mental health equals violence, but to understand that mental health does exist, and least the society has started to begin the conversation of speaking about the issue of mental health. So, we still aren't there. If you look at the differences between physical health and behavioral health, it's still the dog and the tail in the sense of how they do it.

You look at it in the medical establishment. For one to be a psychiatrist is not one wants to become a surgeon at the medical school. So, all of these things are changing. So, in the community, what I'm doing is I am just going out. I'm having different sessions. I participate in times of outreach. We're doing it at the Mass Association of Mental Health, as you know, Dr. Duckworth. We've done in terms with NAMI. Every opportunity that I can. The only thing I haven't done is gotten on a soapbox and stood on the street corner in order to talk about it. But in every other instance, I'm doing this. So, the message is getting there. People are understanding that they need to address this issue of mental health. We know that during this pandemic, it's been exacerbated, particularly amongst our young people and in the schools. So, the conversation is there. Now, we need to get the people, the government, the community to begin to address the issue in a more serious way, and I intend to be part of that conversation.

**Dr. Ken Duckworth** ([00:46:55](#)):

Thank you, Joseph, for all you're doing. Other people want to comment on this question about the culture or community that you live in? What do you observe? What do you experience? Is it changing? Is it getting better?

**Pooja Mehta** ([00:47:13](#)):

Yeah. So, kind of jumping off of what Joseph shared, so I started my mental health advocacy journey as a patient of the system. I personally live with multiple mental illnesses. I remember I got my diagnosis in 2010 and the world was very different, especially when it came to conversations around mental health and mental illness. The only people who were really talking openly about what they were dealing with were celebrities who were already so socially insulated from any kind of backlash that it was just kind of like you have to be of a certain echelon, a certain status to be able to even talk about this. Otherwise, you're just going to lose everything that you ever had, and I very much subscribed to that.

**Pooja Mehta** ([00:48:08](#)):

In the south Asian community, it's a very similar mindset where you're struggling with your mental health, well, everyone's struggling. So, deal with it. It was very not really a thing. I've been thinking about this a lot, especially Dr. Duckworth and the contents of the book, the fact that I'm sharing my story, the fact that I'm speaking openly about this, the fact that I'm on a call with, what, 250 people wearing an outfit that I bought in India, 15 year old Pooja could never. She could never have fathomed that this is where we would be, and I'm so proud of all the progress we've made, especially within my community. The fact that when my brother died, it wasn't even a question of telling people how he died or why he died. Again, there's a lot of progress to be made. But I'm really proud of how far we've come. Often, people say don't look back, but I like to look back to see how far we've come and keep the motivation to keep moving forward.

**Dr. Ken Duckworth** ([00:49:23](#)):

Thank you, Pooja. Kristen or Karyl, do you want to add to this? [inaudible 00:49:29].

**Kristen Roper** ([00:49:30](#)):

I think one of the things that has been really brought home to me when Matthew passed, when he had first gotten sick, he said, "Mom, what do I tell people? Should I tell them I'm in the hospital with mono? What do I say?" I just said, "Matthew, your friends are your friends. They love you. They'll support you." It took him a little while, a couple of months, but he became very open about his illness, and it was hard because I felt strongly that's how we should be because there's nothing wrong with this. If you have cancer, you would tell people, "Please pray for me. I have cancer. I have depression. I'm in the hospital. Please help me." Like Joseph said, they shouldn't be a disconnect between our mental health and our physical health. It's our health, and people were very, very supportive of him.

When he passed, we decided to continue to be very open about how Matthew died, and in doing so, I have been so surprised by the number of people that have come to me personally to share their stories. I was just telling someone recently, I live on a very little street and eight families on my street at different times have come to me and said, "I never told anybody, but I lost my brother. I lost my son. I lost my dad," and it's been incredible to me how many people in my own little neighborhood have experienced this. Just last week, I had a neighbor, I was walking my dog, and shared with me her own mental health issues and concerns and serious situations. I think in being open with one another, it gives you an opportunity to support one another and not feel alone because we all experience different things and have different challenges in our life, and I think it's really important to have these conversations because of that.

**Dr. Ken Duckworth** ([00:51:33](#)):

Thank you, Kristen. I know this is a lot, so I'm going to give everybody a break to pause. I'm going to answer a few doctor-ish questions just to give you all a break, because it's a lot emotionally, but I do want thank you all. It's quite moving and I think you're very important. Person mentions that they have a son with schizophrenia and they're concerned about their suicidality risk. So, clozapine is an antipsychotic. It's the only FDA approved medication that has been shown to reduce the outcome of suicide in people with schizophrenia and schizoaffective disorder. I participated in that research trial and that is a fact. So, clozapine is not easy to take. It requires blood draws. It's psychiatric chemotherapy, in a way. But I did want to mention that.

**Dr. Ken Duckworth (00:52:28):**

Somebody mentioned bipolar disorder in a family member and their risk. Lithium has been shown to reduce risk. We don't know why, just as we don't know why with clozapine. Clozapine, lithium, and a dialectical behavior therapy, which is a coping based strategy to help people with dysregulation like in borderline personality disorder, are probably the three gold standard strategies to take a look at in terms of prevention. Another question while I'm giving you guys a halftime break, is there a genetic component? The answer I honestly think is we don't know. Suicide is expressed very differently in different cultures. So, that could imply that it's cultural. Eastern Europe has very high numbers. The Caribbean has very low numbers. In different communities, it's different. Certainly, there's a critical, environmental, and cultural dimension.

Should I feel guilty for giving my kids these genes? I would not worry about that. All of our genetic stories are complicated and difficult. What you can do is provide as much open, supportive conversation you can around all things, including mental health. All right. That's my brief commercial break. Karyl. I have a question for you, and I want to emphasize all these panelists have agreed to give their email address. So, when Jordan sends out the conversation, in that, she'll include your email address for some specific questions. But Karyl, one of the questions is somebody wanted to submit a tile to the quilt. Is this a national thing? Is this Tennessee only? My family member mattered. How do I become part of this?

**Karyl Chastain Beal (00:54:18):**

It's called the International Suicide Memorial Wall for reason it is international. We have tiles from all over the US and at least 16 other countries so far. Not to give a commercial, but we decided to make it very, very easy for people. There is a \$5 charge to basically pay for the tile to go on the wall. But if somebody really wants one and can't get the \$5, we've got money to cover that no problem. The quickest way to do it, there is a link on the TSPN site, but they basically have to send it to me because I go through the process with them. If they can get my email address, I think you said you're going to give it to them, and just email and say, "I'd like the directions for the tile," I'll send it to them. All we need is the name of the person, the birth and death dates, the home location of the person, and a good picture.

I can crop the picture if it needs to be cropped because people sometimes try to send in picture with a pet or a child. Has to be just the person, and they're allowed to order a duplicate if they want to, some people want to duplicate, and then we put it on. I'll also add, and I didn't really have time to say it earlier, every year at least once since the wall began, we have what we call the reading of the names. It's sort of like the 9/11 people copied us. I know that's being silly. They didn't. But it's basically the same thing that is done, reading the names of the 9/11 victims every year. We read the names on the wall every single year. We had to go to virtual when the pandemic began and we're doing it virtually this year, maybe back in person next year. But anyway, if anybody emails me, I can send them the directions and then easily work it out to get the memorial tile on the wall for them.

**Dr. Ken Duckworth (00:56:43):**

Thank you, Karyl. I'm going to say one word, which came up in a few questions. Guilt. Did you have it? How did you deal with it? I think this is a common human experience. So, you don't have to take this question on if you don't want to, but it came up in the questions.



**Joseph Feaster** ([00:57:02](#)):

Dr. Duckworth. I will jump on that. I will say emphatically, maybe it's my upbringing, but my attitude is I want to say to every caregiver, you ought not to feel guilt. There is nothing that you could have done to prevent the person from committing, or as folks that don't use committing, but death by suicide.

**Dr. Ken Duckworth** ([00:57:26](#)):

Died by suicide is the modern term.

**Joseph Feaster** ([00:57:28](#)):

Yes. That's right.

**Dr. Ken Duckworth** ([00:57:28](#)):

Right. Go ahead.

**Joseph Feaster** ([00:57:30](#)):

Yes. So, my sense is, and I do not. I feel there is nothing that I could have done for my Joseph in his 27 years on this earth that would have possibly changed this result. Now, granted, I'm doing things now in order to address and to help others, but every person, and because I am outspoken, and that's the other thing I want to say, there are some people, and I think that Kristen referred to this, there were some times when people didn't want to talk about it, and I was looking at some of the chat. Some people are not willing to talk about the fact that they're either one suffering from mental illness or have someone who's suffering from mental illness or someone who has died by suicide.

So, there's a sense of shame. There's a sense of guilt, etc. What I'm saying to folks is, and I'll say it very emphatically here, and I think my daughter is on as well, I have no guilt about my son having died by suicide. Certainly, like Pooja said, I'd love to have him here. He would be 39 at the present time. I would love to have him here. But the reality is that no, it wasn't anything that I could have prevented, and that's what guilt stand for is if you feel that there's something that you failed to do or could have done, and I'm saying that's not possible.

**Dr. Ken Duckworth** ([00:59:02](#)):

Joseph, if I want to add that for the book, one of your quotes is, "My son died of a medical condition."

**Joseph Feaster** ([00:59:08](#)):

Yeah. That's correct.

**Dr. Ken Duckworth** ([00:59:09](#)):

That is what you said, and that really stuck with me.

**Joseph Feaster** ([00:59:14](#)):

Yes. People need to recognize that the brain is an organ. Would someone have the same type of guilt feeling if someone who they love passed away from cancer or heart disease or kidney disease? No. They would never say, "Oh, I'm responsible for them having it." So, I think we need to get to the place, and this may be helpful for people in their grieving. I'm only offering this as an alternative or another way to look at it. [inaudible 00:59:47]. They don't have to do it Joe Feaster's way. That's what helps me. My personality is my personality. But I think that if you get away from the guilt, you're going to be better able to function to address this issue and to go on with your life.

**Dr. Ken Duckworth** ([01:00:04](#)):

Thank you, Joseph. Anybody else want to comment on the one word, guilt?

**Kristen Roper** ([01:00:12](#)):

I can just say I agree with you a hundred percent. That being said, I've had to work really hard to get to that place that I'm working towards not experiencing feelings of guilt, and I don't know if it's mom thing. I'm not sure what it is. But I really struggled with that for a very long time. One of the things that I held onto when Matthew passed, one of the other moms, I had asked her to help me inform his teammates and she wrote the most beautiful thing, letter to the boys on his team. One of the things she wrote was, "Matthew struggled with a serious illness. He fought. Everything Matthew did. He never quit. He never gave up. But just in sports and just with cancer and other illnesses, sometimes the illness wins." I really have to remind myself of that often, that Matthew did fight and I helped him with that fight. But in this case, the illness won, and that helps me with those feelings of I did all I could do. Matthew did all he could do. Sometimes, the illness wins.

**Dr. Ken Duckworth** ([01:01:31](#)):

Thank you, Kristen. Karyl?

**Karyl Chastain Beal** ([01:01:38](#)):

I agree with Kristen and Joseph about the need to not feel guilty. But after Arlyn died, I can say I was swallowed up in guilt. I perceived that everything I'd ever done was wrong. I perceived that I kept making mistakes or that Arlyn interpreted them because it was my fault, and it did take time. But gradually, I began to realize it really wasn't my fault. I let go of the guilt for this little thing and then another little thing, and eventually I was able to let go of the guilt and to forgive myself simply for not being perfect. So, I think for some of us, it may be natural to perceive the situation as being our fault. But that doesn't mean it's true, and if we can just work towards self forgiveness sooner or later, I think those of us that feel that way can let go of it and feel better.

**Dr. Ken Duckworth** ([01:02:48](#)):

Thank you, Karyl. But it sounds to me like it was step by step for you.

**Karyl Chastain Beal** ([01:02:52](#)):

For me, it was. Yes.

**Dr. Ken Duckworth** ([01:02:54](#)):

For this thing, for this thing.

**Karyl Chastain Beal** ([01:02:56](#)):

Yes.

**Dr. Ken Duckworth** ([01:02:57](#)):

Right. A process of many years, it sounds like.

**Karyl Chastain Beal** ([01:03:02](#)):

Yeah. Mm-hmm.

**Pooja Mehta** ([01:03:02](#)):

Yeah. I also struggled with a lot of guilt after Raj died, especially in the context of what I was doing with my life, with my career. I'm sitting here getting a degree with the intention of helping create systems to save people from death by suicide, and I can't even help my own brother? What's the point? What am I doing? I struggled with that a lot about how could I not have even intervened with my brother? How could I not have helped him? He died in our home. How did I not see this happening? How did I not stop this? But my therapist actually said something really, really powerful during the following September, because during Suicide Prevention Month, I was seeing so many things, especially on so social media, about how suicide is preventable. For me, the unasked continuation of that question was, so why didn't you prevent it?

But my therapist told me, she was like, "It's not that you didn't save your brother. Your brother didn't give you an opportunity to save him," and I think that is something that has really helped me, that, exactly to what everyone else said, there was nothing I could have done. There simply wasn't. I don't know. I really don't like the idea of this was part of God's plan or this was fate or whatever. That really just doesn't sit well with me. But there is a semblance of control that you have to let go of after experiencing a loss like this, and I think part of the reason we're all here is channeling that energy into, okay, here are the things that we've accepted to some degree that we can't change. What are the things we can? Then we're dedicating our lives and our energy towards doing that.

**Dr. Ken Duckworth** ([01:05:21](#)):

Thank you. Pooja. I want to ask each of you if there's a book, an organization, a resource that has helped you. I know some of you are involved with organizations that aren't NAMI. Feel free to talk about that. Were there organizations, books, resources that made a difference for you, or is it primarily your community?

**Karyl Chastain Beal** ([01:05:54](#)):

I guess I'll go first. A lot of books and organizations have made a difference to me. I've been involved with many through the years, but one book I want to mention that later on in life, when I read it, I thought this is such a wonderful book to help people understand suicide, and it is the book written by Dylan Klebold's mom, Sue Klebold. I think the name of it is ... Gosh. I can't remember. But if you go to Amazon and write in Sue Klebold, it will come up, and because even though Dylan killed all the people at Columbine High, his death was a suicide and she wrote about her journey coming to understand it. So, I thought that was an excellent book. Now, I did also read, of course, Night Falls Fast by Dr. Kay Jamison Redfield and others. But I did want to mention those two specifically.

**Dr. Ken Duckworth** ([01:07:10](#)):

Thank you, Karyl. Anybody else want to add?

**Joseph Feaster** ([01:07:13](#)):

Yeah. I'd just like to comment on two aspects. One Dr. Duckworth, I just want to draw the parallel because in a sense, I'm trying to speak to our audience here because I'm looking at [inaudible 01:07:27] looking at the chat as well. So, I can't help myself. Maybe that's the lawyer in me.

**Dr. Ken Duckworth** ([01:07:31](#)):

That's the lawyer.

**Joseph Feaster** ([01:07:34](#)):

Yeah. But, and want to be helpful, and again, it's the matter of the advocacy that I'm talking about because I want folks to understand, I don't care where you are as a caregiver. The feelings are the same. No matter what the issue is, the issue of caring for someone is the same. So, whether they suffer from a mental illness, whether they suffer from a physical illness, that's it, in my view. As far as for me, 12 years ago, I was introduced to the Mass Association of Mental Health. In fact, at Joseph's funeral, I gave the eulogy, if you can imagine being able to do that. But I did.

I was introduced to the Mass Association of Mental Health and the monetary gifts that were given at that time, because I asked for things to be donated, went to the Mass Association of Mental Health. Bernie Carey was the head at that time, and I know you know he was on the board with us at MAMH. So, it has been my doing that type of advocacy outreach to speak to caregivers that has given me the strength in order to go forward. So, the involvement with MAMH, NAMI, and with Samaritans, and I think I told Kristen the last time I was trying to ... Our NAMI's walk is coming up on the 24th, a week from Saturday, and I'm trying to catch up with Kristen and her group in terms of to be number one. So, I am a bit competitive. But in terms, I'm doing pretty good. I haven't checked on Kristen's doing yet, but I'm doing pretty good at the present time. But nonetheless, that has given me the gravitas in order to be able to do it. That has kept me going. That has helped me through this club that I'm in at the present time.

**Dr. Ken Duckworth** ([01:09:35](#)):

Thank you, Joseph. Anyone else?

**Kristen Roper** ([01:09:39](#)):

Couple of things. Samaritans were very, very helpful for myself and for my family because they were able to send a team out, a couple of folks who had experienced suicide, and our heads were spinning. So, for me to have people right off the bat who had experienced this, and I don't know if this is the right way to say it, but come out the other side, because I just thought at that moment, how am I going to get up tomorrow? I wasn't sure. So, that was very helpful.

Then I hope this is okay to speak of, but I mentioned that I'm person of faith and many are, and people practice their own faith in their own way. For me, scripture was incredibly, incredibly powerfully helpful and to turn to the Bible and read it in a way that I had never read before and see through all time, through all history, suffering is a part of human experience and it's not that we can avoid it in any way. As Pooja said, we will all experience loss and suffering. But to see that God is with you us through it all and he will continue to be with us through it all, for me, that's a lesson to be there for others, take that golden rule. Can I do that for somebody else? Can I be there for somebody else? So, for me, scripture was incredibly powerfully helpful.

**Dr. Ken Duckworth** ([01:11:17](#)):

Thank you, Kristen. Pooja, do you want to add anything to this?

**Pooja Mehta** ([01:11:22](#)):

Yeah. For me, the most helpful organizations have been the ones that have provided spaces where my grief is not just tolerated, but welcome. My loss is not just tolerated, but welcome. I'm encouraged to share what I'm feeling. I'm encouraged to talk about my brother. People want me to talk about this thing that, in 90% of my life, I have to keep down, no matter how much I want to share it with the people I'm with. Specifically in my life, those two organizations are the Triangle Survivors of Suicide, which is a support group that meets every single week, and I just am so grateful that they provide that space, especially so regularly, for us to be in, and then also, again, Camp Kita because I think I talked about how powerful it was for the kids to be able to experience that community, experience that kind of comradery. But I got to experience that as well.

Almost all of the staff that I was working with have also experienced their own loss, and more than that, I think that was the first time since I lost my brother that I had permission to feel joy and happiness without that associated guilt or almost like it ... Normally in my life, when I feel joy, it feels like a little bit of a betrayal to my brother's memory, and the camp was one of the first times that I felt like I was given permission to experience joy full stop, and it was incredible. Again, I wish those organizations didn't have to exist. I wish this conversation didn't have to exist. I wish this wasn't the reality of the world, but it is, and I am just so thankful for all the people and structures that help us through it.

**Dr. Ken Duckworth** ([01:13:29](#)):

Thank you. I want to mention in NAMI's book where you all share your stories, in the back I collected about 20 resources and books that people described were helpful to them. I want to close with a comment. Just want to say I can see the love in your faces and your voices for the people you lost, and you are keeping them alive by helping us. I want to thank you all for this conversation. This is recorded. Someone asked that question. The recording will be available on nami.org. Each of them has graciously offered to give their email addresses. I'm sorry I didn't get to all the questions. The more specific questions might be better taken up with a therapist, psychiatrist, a professional who knows the person. Some of your questions are extremely specific. I try to stay with broad themes, learning from four amazing people who show courage, and just share the love for the people they've lost in the hopes that it will help you. So, I want to thank you and hand this back to Dan Gillison, the Chief Executive Officer of NAMI.

**Dan Gillison** ([01:14:42](#)):

Ken, thank you very much for hosting this, and what you're seeing on the screen now, first of all, to all our participants. Thank you for being with us. To our panelists, let me just speak to this very quickly. Joseph, Kristen, Pooja, and Karyl, thank you so very much for sharing your story and sharing your loved ones with us. My desire is that we can have these conversations so that people do have permission to feel joy, Pooja. I lost my contemporary and then lost my aunt and uncle because they didn't have NAMI. They didn't have permission to have this community to talk with, and my uncle eventually lost his life to substance abuse because he lost his daughter to suicide, my contemporary, and he didn't have a vehicle. So, thank you for being open, being honest, and being authentic and keeping your loved ones' lives front and center. Appreciate it so very much.

What you see here on the screen is NAMI's book, the definitive book from NAMI on navigating mental health, with advice from experts and wisdom from real people and families. The biggest thing is this is a vision of Dr. Ken Duckworth that he's had for NAMI for 10 years, and it is to bring this body of work to the table with over a hundred interviews, first person interviews, of individuals with lived experience where they are sharing their experience. So, this is a book to help those that are looking for a guide to navigate mental health, and we're so pleased to have this book launching on Tuesday. For you all, each of you as panelists to be in that book, thank you so very much. You Are Not Alone is the title of the book, The NAMI Guide to Navigating Mental Health, and we're so excited to be bringing this to the NAMI community and to the mental health community in total.

I mention to something else is that we will have another session. It'll be session three. It will be on the 22nd of this month from 4:00 to 5:30, Creative Approaches to Suicide Prevention. This is going to be a really good one, as this one was as well, in terms of some of the creative approaches to suicide prevention. So, we really look forward to your participation in that as well. So, as we look to close this, we want to say, remember, you are not alone, and that's so critically important to continue to move forward with. Again, I wish I could have told my aunt and uncle they were not alone in their journey. So, we are trying to make sure we say to as many people as possible, you're not alone, wherever you are in this life experience.



**Dan Gillison** ([01:17:53](#)):

NAMI Ask the Expert is an informational webinar series, and it's not intended to provide medical advice on any specific topic or for any specific individual. This series is made possible through generous support of people like yourself, and if you are enjoying the programming that we do called Ask the Expert, please consider donating at [nami.org/donate](http://nami.org/donate). Your dollars, make a difference and they help us do what we do, and from our support groups to the Ask the Experts and to these wonderful voices, it really does help us. If you need help, remember the helpline 1-800-950-6264, or text Helpline 62640. The last thing I will leave you with is that, first of all, our production team. For us to do this work, it takes a team. It takes a group of just passionate individuals behind the screen before we open the curtains that do the work. So, Jordan Miller, Jesse Walthall, Hagen Stauffer, Zahira Correa, and Letica Enos.

Thank you all very much because we can't do this without you, and everyone sees the curtains when they open, but they don't see all the work that goes behind it. So, thank you to the production team. I will close this by saying NAMI has five values. Those values are inclusion, empowerment, compassion, fairness, and the last one is hope. What we're talking about right here is about giving people hope. So, thank you to every one of you all for what you do to give each individual hope, and we so appreciate you and we hope that you close your Thursday in just fantastic style and that you have a wonderful weekend. The last thing I'll say about that is that NAMI has started a podcast. That podcast's title is Hope Starts With Us, and we hope that you will reach out and listen to that podcast sometime because it's information there and individuals with lived experience sharing their stories to help all of us navigate this thing we call life. Be well, thank you for being with us, and we wish you the very best. Bye now.