

# DISCUSSION GUIDE

for the documentary

## *Into the Light*

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## CONTENTS

### [H1] **Why I Made This Film**

### [H1] **Suggestions for How to Use *Into the Light* and This Discussion Guide: Hear a Story, Tell a Story, Change the Story**

#### [H2] An Important Alert

### [H1] **Discussion Questions**

### [H1] **The View of Mental Health in the United States**

### [H1] **What We Know About Mental Health in the United States**

### [H1] **Specific Disorders Addressed in This Film**

#### [H2] Schizophrenia

#### [H2] Depression

#### [H2] Anxiety Disorder

#### [H2] Mental Health Conditions Specific to the Military and Veteran Population

##### [H3] *Post-Traumatic Stress Disorder*

##### [H3] *Traumatic Brain Injury*

##### [H3] *Military Sexual Trauma*

### [H1] **The Five Signs of Emotional Suffering: A Public Health Approach**

#### [H2] The Five Signs of Emotional Suffering

#### [H2] If you Recognize that Someone in your Life is Suffering, Now What?

##### [H3] *How to Talk to Someone Who is Suffering Emotionally*

##### [H3] *There is Help and Hope Available*

### [H1] **Barriers to Care**

### [H1] **The Need for Culture Change**

### [H1] **Facilitating Culture Change**

#### [H2] The Power of Storytelling

#### [H2] Culture Change in Your Community

#### [H2] Research as a Driver of Culture Change

### [H1] **Other Populations with Unique Mental Health Challenges**

### [H1] **Resources**

## [H1] WHY I MADE THIS FILM

By Charles C. Stuart, filmmaker

The roots of the film *Into the Light* grew out of my first documentary in 1973. The Vietnam War was raging, and I was stuck in the United States working at WGBH, the PBS station in Boston. I decided to interview veterans when they returned home about their experiences. I found veterans who had taken pictures while they were there, and I asked them to tell any story they wanted to tell in an unfiltered manner. I called the film *Vietnam Diary*, and it was broadcast on PBS.

Forty years later, I made a film about veterans with post-traumatic stress returning from Iraq and Afghanistan called *A Matter of Duty*. As I did research for the film, I was startled and upset to discover that 20 plus veterans commit suicide every day, some of whom are Vietnam veterans. It is the long term suffering of many of those who have served their country that drives me to continue my work with all veterans.

My research for *A Matter of Duty* also led me to Dr. Barbara Van Dahlen. I interviewed her for that film in order to give viewers some background on post-traumatic stress disorder (PTSD). I was impressed by Give An Hour, the non-profit Barbara set up in 2005, and also by the work she was doing with the White House and the Department of Defense. I offered to work pro bono with any veteran who might need my assistance as a filmmaker, and Barbara introduced me to Marine Sgt. Brendan O'Toole who was running across the country to raise money and public awareness about PTSD. Brendan's friend Joey Dwyer and his brother Timmy were shooting video of Brendan's entire run, and I offered to help.

I made a point of getting to know Barbara better, and as I did she shared her personal story with me. This was in 2013, and Barbara was just coming to the realization that she needed to tell her own story of her family's struggle with mental illness. She told me that her mother suffered from schizophrenia and that she had not seen her mother in more than 40 years. Then she told me that she was thinking of looking for her mother. That was the key to me as a documentary filmmaker: that her story, combined with Brendan's, would make for a compelling documentary.

The making of this film is a story about trust—the trust we put in each other to tell our most personal stories, and the trust Brendan and Barbara put in me to tell their stories. It was not easy for them to share their pain, and it's especially courageous to do it in front of a camera for a documentary. The purpose of this film is to share that kind of trust so that you might begin to feel comfortable telling your story. I would ask that as you *hear the story* contained in this film, you *tell a story* yourself so that together, you, Brendan, Barbara, and I can *change the story* about mental suffering in this country.

## **[H1] SUGGESTIONS FOR HOW TO USE *INTO THE LIGHT* AND THIS DISCUSSION GUIDE: HEAR A STORY, TELL A STORY, CHANGE THE STORY**

The goal of *Into the Light* is to raise awareness about the mental health challenges that affect all of us, whether directly or indirectly. By raising awareness and inspiring others to share their stories, we will help change the culture of mental health in America and reduce unnecessary suffering.

Hearing the stories of people we feel a connection with—people we relate to, people we admire, people who touch us emotionally—can inspire and move us to action. In this film, you will follow the stories of two individuals: Brendan O’Toole, a Marine running across America to raise awareness about the mental health issues affecting service members, and Dr. Barbara Van Dahlen, the Founder of the national nonprofit organization Give an Hour, as she searches for the mother she has not seen in more than 40 years. The film is intended to serve as a conversation starter that can inspire us to be more open in discussing something that affects us all: our mental health.

In order for this film to be an effective tool, it must be shared broadly and used to spark conversations. This guide will assist with those discussions by providing useful information and thought-provoking questions that can be shared after the film is viewed. This film can be shown in large or small groups to raise awareness, encourage conversation, and facilitate advocacy. Families can gather to watch and discuss the film, perhaps as a way to address painful mental health issues that exist within the family. Community groups—civic groups, faith-based groups, youth groups—might hold a potluck dinner and screen the film with a facilitated discussion afterwards. Companies might show this film to employees as part of a “wellness” program, followed by a discussion of how to access mental-health related resources within the company. High schools, colleges, and universities can use the film to engage and inform students and educators. Discussion groups can be facilitated by teachers, faculty, or students who have experience with mental conditions—referred to as a “lived experience”—to encourage greater recognition of mental health issues, and to point students and educators to mental health resources on campus. Advocacy groups can use this film as an opportunity to galvanize support within their communities for legislative or policy efforts focused on improving access to care.

Remember: For all of these opportunities, if someone from the group hosting the event is willing to share his or her personal story, the experience will be even more powerful and helpful for everyone. Our hope is that these discussions will encourage viewers to share their own stories about the challenges they or their loved ones have faced, and the approaches they have found that have helped them heal or cope effectively.

## **[H2] An Important Alert**

*Into the Light* introduces us to several people who share very powerful personal stories. For some audience members, these stories may trigger strong personal reactions and/or memories that are painful and potentially disturbing. It is very common for people who have experienced trauma, loss, or other mental health crises to react strongly to content that reminds them of their own circumstances.

Specifically, some people in the film discuss the loss of a loved one by suicide; others discuss the post-traumatic stress they experienced as a result of their military service. Individuals watching the film who have lost someone to suicide or who have struggled emotionally themselves may experience sudden strong reactions during or following the screening.

It might be helpful to alert audiences to this possibility before screening the film, and also to point out that these reactions can actually be used in a positive way to help the individual better recognize and understand unaddressed or unresolved feelings he or she may have.

## [H1] DISCUSSION QUESTIONS

Below are some sample questions that you can use to stimulate discussion following your screening of *Into the Light*:

1. Brendan decided to run across the United States to raise awareness about mental health issues that affect those who serve. How do you think Brendan's journey helped his own emotional well-being? Do you think he knew what he needed to do for his own mental health?
2. Do you know people who have served, or who have family members who were in the military? What have you observed about the stress and challenge of serving, especially during times of conflict?
3. Barbara decided to look for her mother after more than 40 years. If you were in her position, would it have been difficult for you to begin this search? Why? What do you think allowed her to look for her mother?
4. The Mahr family lost their daughter to suicide. What do you think of their decision to speak out about her death and her battle with depression? How do you think their efforts will affect others in their community?
5. The young women from GRL spoke about what they saw and didn't see in their friend Simone before she took her life. Teens and young people often share things with each other that they don't reveal to members of their family. What can we do to ensure that young people understand what to do when they see their friends suffering emotionally? What role might social media play to help reduce suicide among teens and young adults?

6. Don Weber, Chairman of Logistics Health, Inc., spoke passionately about the need to change the culture within corporate America. How difficult will this task be, and what are some challenges specific to the business community and work environment?
7. Brendan interviewed a fellow Marine, Matt Bein, who said, “You hear stories about going to head shrinkers...but you know the crazy thing is, that stuff works. It can change your life.” Discuss your own perceptions of seeking help with a therapist.
8. Another person in the film said, “My father went to a therapist and after a few sessions, he said, ‘I don’t feel any different,’ and I said, ‘Dad, it doesn’t work that way.’” Discuss how you think therapy works.
9. Discuss Barbara’s last comment in the film: “I don’t think we can tell our stories if we don’t trust someone.”
10. If you work in a business, what changes to your business environment do you think would help change the culture?
11. Have you ever initiated a conversation with a family member or friend about his or her emotional suffering?
12. Are there any changes you could initiate that would make it easier for you and your family to discuss issues relating to emotional suffering?
13. Is it easy for you to access support for emotional suffering?
14. How can you care for yourself while supporting someone else who is experiencing emotional suffering?

## **[H1] THE VIEW OF MENTAL HEALTH IN THE UNITED STATES**

There was a time in the United States, not very long ago, when cancer was spoken of in hushed terms and people feared that they could catch cancer by being too close to someone who had it. Similarly, in the 1980s and early 1990s, people were terrified of contracting HIV/AIDS by kissing or holding hands with a gay person. Thankfully, additional information and advances in effective treatment have changed the way we think about both of these conditions. Indeed, many cancer survivors and their loved ones wear pink to show their determination and resilience, and those affected by HIV/AIDS can look forward to living full lives thanks to effective treatments now available.

Sadly, we have not yet witnessed the same cultural shift with respect to mental health. Most people who suffer from a mental health condition feel shame or guilt or weakness—or a combination of all three. Some fear being rejected by loved ones or ostracized. There are no parades for survivors of mental illness. Many of our most vulnerable citizens who are suffering from severe mental illness fall through these cracks in society and end up homeless or incarcerated.

Unlike our physical health—which many of us care for by getting regular checkups, watching our diets, staying active, and seeing our health care providers—we tend to ignore signs of emotional pain in ourselves or in people we love. We often believe that we should “suck it up” and shrug off depression, anxiety, or psychosis—something we would never expect of others or ourselves if the challenge were heart disease or arthritis.

## [H1] WHAT WE KNOW ABOUT MENTAL HEALTH IN THE UNITED STATES

Mental disorders are the leading cause of disability in the United States, and many people have more than one mental health condition at a given time. In fact, nearly half (45%) of those with any mental health conditions meet criteria for two or more disorders.

In 2006, \$57.5 billion dollars were spent on mental health care in the United States, equivalent to the amount spent on cancer care. Much of the economic burden of mental illness is not the cost of care, however, but the loss of income due to unemployment, expenses for social support, and a range of indirect costs related to chronic disability that begin early in life.

Despite the impression of many people that mental disorders are rare, they are in fact quite common in the United States. For example, the National Institute of Mental Health (NIMH) reported in 2015 that approximately 43 million adults in the United States had a diagnosable mental, behavioral, or emotional disorder in the past year. That number represents 18% of all U.S. adults.

These disorders are even more common among children. In 2015, fully 1 in 5, or 20%, of children 13–18 years old currently or previously had a debilitating mental health disorder. In comparison, less than 1% of children under 18 years old have diabetes.

Unfortunately, only about half of those affected with mental health disorders ever receive treatment. Nonetheless, most people who experience mental health challenges carry on with their lives as parents, coworkers, neighbors, and friends, and function as productive members of society.

## [H1] SPECIFIC DISORDERS ADDRESSED IN THIS FILM

Sadly, there are significant numbers of people who suffer severely from mental health conditions and are *not* able to lead productive lives, such as those diagnosed with schizophrenia, or those with depression so severe it can lead to suicide. *Into the Light* addresses both of these conditions. If you or someone you know is struggling with a mental health condition and you want additional information about how to find help, please see the Resources section in this guide.

## [H2] Schizophrenia

Schizophrenia is a severe and persistent mental health disorder that affects a person's thinking, feelings, and behavior. A very disabling condition, schizophrenia may at times cause people to seem like they have lost touch with reality. Some of the symptoms include hallucinations, delusions, disruption of normal emotions, and unusual ways of thinking. Schizophrenia is less common than other serious mental conditions, affecting only about 1% of the population.

## [H2] **Depression**

Major depression, on the other hand, is one of the most common mental disorders in the United States. In 2015, an estimated 16 million adults had a least one major depressive episode in the past year, representing almost 7% of all U.S. adults. This kind of depression is sometimes referred to as unipolar depression. (Bipolar depression, on the other hand, which about 2.5% of the U.S. adult population experiences, involves periods of depression and periods of mania and is characterized by dramatic shifts in mood, activity, and energy levels that are more severe than the normal ups and downs experienced by everyone.) Some of the symptoms of unipolar depression include persistent sadness, feelings of hopelessness, worthlessness, and guilt, decreased energy or fatigue, loss of interest in pleasurable activities, appetite changes, and sleep disturbance.

Another severe symptom of major depression may be suicidal thinking or even suicide attempts. Most people who take their own lives are suffering from depression, or another mental health condition such as post-traumatic stress disorder or bipolar disorder. In 2015, over 44,000 persons in the United States took their own lives, making suicide the tenth leading cause of death. More people die from suicide than from car accidents, and there are more than twice as many suicides in the United States yearly than homicides. Suicide is the second most frequent cause of death for young people 15–34 years old.

## [H2] **Anxiety Disorder**

Anxiety is a normal reaction to stress, but it can become excessive and difficult to control. The term “anxiety disorder” refers to a group of conditions that are characterized by an excessive degree of anxiety severe enough to negatively affect a person's day-to-day life. There are a number of anxiety disorders, including post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and a wide range of specific phobias. Taken together as a group, anxiety disorders are the most common mental disorders, collectively affecting 18% of U.S. adults.

As we have seen, just as there is a wide range of medical disorders that may affect our physical well-being, such as cardiac problems, cancer, and autoimmune disorders, there are numerous conditions that can affect our mental well-being. Next we will discuss the mental health challenges facing members of the military, veterans, and their loved ones.

## [H2] **Mental Health Conditions Specific to the Military and Veteran Population**

For as long as humans have engaged in war, the negative psychological consequences of combat have affected warriors and their families. It has been only since the Vietnam War, however, that we have had the language to explain what we now refer to as the “invisible injuries” of war.

Those who serve, and their families, often experience significant stress even during times of peace. It comes with the uniform. Regular and repeated deployments result in prolonged separation from loved ones, and physical training can be grueling as well as dangerous. In addition, those who serve during times of conflict often face unimaginable danger and potentially devastating stress for prolonged periods of time. They may witness acts of brutality and loss of life. They may see friends injured or killed. They may face frequent attacks on their own lives. They may witness the deaths of innocent civilians, including children. They may also be required to take the lives of others—combatants and sometimes civilians who are unintentionally caught up in a raid or firefight. It is no wonder that those who experience the horrors of war sometimes come home with serious mental health consequences. And it is no wonder that if these invisible psychological injuries are not addressed, family members of those who serve suffer as well.

It is important to note that each individual who serves brings into his or her service a unique genetic and family history that can determine his or her ability to successfully cope with and recover from emotional strain and psychological injuries.

[H3] ***Post-Traumatic Stress Disorder.*** Post-traumatic stress disorder (PTSD) is a type of anxiety disorder that may develop after exposure to a terrifying ordeal or event that may have involved grave physical harm, such as a violent assault, natural disaster, serious accident, or military combat. People with PTSD have recurring frightening thoughts and memories of their ordeal, may feel numb and detached from others, suffer from severe sleep problems, and may be hyper-vigilant and easily startled. Post-traumatic stress disorder is fairly common within the overall U.S. population, with about 3.5% of all U.S. adults suffering from PTSD. The public is much more aware of PTSD these days as a result of the increased focus on PTSD as a potential consequence of military combat in the Iraq and Afghanistan wars. Studies vary, but it is believed that upwards of 20% of those who experience combat will develop post-traumatic stress during their lifetime as a result. PTSD has been deemed one of the two signature “invisible wounds” of those wars; the other is traumatic brain injury (TBI). Though not dealt with directly in the film, two other mental health conditions specific to those who serve are TBI and military sexual trauma (MST).

[H3] ***Traumatic Brain Injury.*** Traumatic brain injury usually results from a violent blow or jolt to the head or body causing sudden damage to the brain. The frequent use of roadside bombs and improvised explosive devices by enemy combatants in the Middle East have resulted in blast injury TBIs becoming one of the signature injuries of those wars. The effects of TBI can include impaired memory, thinking, vision, or hearing, and emotional problems such as depression and personality changes. Not all blows to the head cause TBI, and the severity of a TBI can range from mild to severe. Most TBIs are mild, and are typically referred to as concussions. On the other hand, TBI is a major cause of death and disability in the United States, making up about 30% of all injury-based deaths.

[H3] ***Military Sexual Trauma.*** Military sexual trauma is a relatively new term to denote a specific type of sexual trauma experienced within the military environment. The term describes psychological trauma resulting from physical assault of a sexual nature, sexual battery, or sexual harassment that occurred while the victim was serving on active duty or inactive duty training. Sexual violence can have psychological, emotional, and physical effects on the victim, including depression, flashbacks, dissociation, and PTSD. Although statistics have only recently been gathered systematically, MST is a serious issue for the military. It is estimated that about 77% of cases are never reported. Nevertheless, recent data on veterans from the U.S. Department of Veterans' Affairs indicates that about 1 in 4 female veterans and 1 in 100 male veterans report that they experienced MST.

### [H1] **THE FIVE SIGNS OF EMOTIONAL SUFFERING: A PUBLIC HEALTH APPROACH**

Most of us know the signs of a potential heart attack—chest pain, shortness of breath, pain in the left arm. And if we see these signs in ourselves or someone we know, we take action and seek medical attention immediately. Until recently, there was no equivalent set of signs to alert us that someone is in emotional pain and in need of immediate attention.

In 2015, Give an Hour launched a public health initiative called the Campaign to Change Direction ([www.changedirection.org](http://www.changedirection.org)). The goal of this collective impact effort is to change the culture of mental health in America so that those in need receive the care and support they deserve. A key element of the Campaign to Change Direction is to educate people about the Five Signs of Emotional Suffering that indicate that someone we know is suffering emotionally and needs our help.

The Five Signs are not diagnoses, labels, or judgments, but behaviors we can all observe. The Five Signs apply to a variety of conditions—some that may require minimal outside intervention, and others that, like the signs of an impending heart attack, reflect a brewing emergency. If we see the Five Signs in someone we care about, we must reach out, connect, show compassion, and offer to help.

Recognizing the Five Signs doesn't mean that you are responsible for solving or resolving the suffering you may be observing. Rather, knowing the Five Signs gives you the opportunity to help someone in need. It may mean that you have the opportunity to save someone's life.

## [H2] The Five Signs of Emotional Suffering

1. Personality Change: You may notice sudden or gradual changes in the way someone typically behaves. The suffering person may behave in ways that don't seem to fit his values, or he may just seem different.
2. Agitation: You may notice the person has more frequent problems controlling her temper and seems irritable or unable to calm down. People who are severely agitated may be unable to sleep or may explode in anger at a minor problem.
3. Withdrawal: Someone who used to be socially engaged may pull away from family and friends and stop taking part in activities he used to find enjoyable. In more severe cases the person may start failing to make it to work or to school. Not to be confused with the behavior of someone who is more introverted, this sign is marked by a change in the person's typical sociability, as when someone pulls away from the social support he would otherwise have been likely to take advantage of.
4. Lack of self-care: You may notice a change in the person's level of personal care or an act of poor judgment. For instance, someone may let personal hygiene deteriorate, or she may start abusing alcohol or illicit substances or engaging in other self-destructive behavior that may alienate loved ones.
5. Hopelessness: You may notice someone who used to be optimistic and now can't find anything to be hopeful about. That person may be suffering from extreme or prolonged grief, or feelings of worthlessness or guilt. People in this situation may say that the world would be better off without them, suggesting suicidal thinking.

## [H2] If You Recognize that Someone in Your Life is Suffering, Now What?

You connect, you reach out, you inspire hope, and you offer help. Show compassion, caring, and a willingness to find a solution when the person may not have the will or drive to do it alone. It may take more than one offer, and you may need to reach out to others who share your concern about the person who is suffering. If everyone is more open and honest about emotional health and well-being, we can help prevent pain and suffering, and those in need will get the help they deserve.

[H3] ***How to Talk to Someone Who is Suffering Emotionally.*** Just as we may struggle to know what to say to someone who has lost a loved one, we often struggle to know what to say to someone who is clearly suffering emotionally. In both cases, being compassionate, honest, and direct is best.

If you see someone you care about exhibiting the signs of emotional suffering, reach out and offer to help. Saying something as simple as, “I care about you and I have noticed that you seem very sad much of the time lately,” or “You are my brother/sister/mother/friend and I care about you; I am not sure what is causing you pain but I want to be of help,” can be very helpful and reassuring. If you are comfortable doing so, try sharing your own past struggles and what was helpful to you during those times. Offer to help identify resources in your community, your school, or your company.

It may not be easy to help someone who is in emotional pain. Sometimes we don't want to talk about our distress, and sometimes we may not even realize that we are exhibiting any outward expression of our pain. Sometimes we may push back or lash out at people who want to help us. All of these are normal human reactions to feeling distraught, agitated, sad, or hopeless.

If you see that someone you care about is having a hard time, or acting in ways that are uncharacteristic, try to be patient and compassionate regardless of how she responds to your efforts to help. It may take more than one try, and it may require that others join you in your effort. It may be helpful to seek advice from a mental health care professional.

And remember, just as we wouldn't give up if we saw someone in physical distress who was rejecting our efforts to help, we shouldn't give up on those who are afraid to let us help when they are suffering emotionally.

[H3] ***There is Help and Hope Available.*** Just as with conditions that affect us physically, we don't yet have answers or cures for all of the psychological and mental health conditions that lead to distress and dysfunction. We do, however, have many effective approaches, treatments, and practices that help people heal, recover, and cope.

Below are a few types of treatments and approaches that are recognized for their effectiveness for some conditions and for some people. One size doesn't fit all, and it is important for anyone seeking help to find what works best for him. The key is to seek care early and find a qualified mental health professional. If you are seeking professional care, it helps to be open to learning as much as you can about yourself and the factors that contribute to your emotional health and well-being. It is important to find out what works for you and your condition. And remember, don't give up!

#### Therapy and Counseling

- These techniques include meeting with a therapist or counselor on a regular basis to discuss and explore symptoms and possible causes for conditions that are leading to distress or

dysfunction or both. Some types of “talk therapy” use very specific techniques to address identified symptoms, while others use a more exploratory approach to increase the client’s awareness and improve coping strategies.

### Medication

- A variety of medications are used to address mental health conditions such as depression and anxiety as well bipolar disorder and schizophrenia. Although medications can be very effective, indeed sometimes lifesaving, just like medications for physical conditions they sometimes have side effects that make them problematic for some people. Often combining medication with therapy or counseling is a very effective strategy for addressing mental health conditions.

### Nontraditional Approaches

- A number of nontraditional approaches to care have been found to be effective in addressing psychological pain and mental health challenges, including meditation, yoga, and animal-assisted therapy. Like medication, these approaches often work well when added to more traditional forms of treatment.

### Recovery Programs

- There are a number of effective efforts that have been developed to assist people with severe and persistent mental illness so they can function effectively in their communities. Often these programs are administered by the county or city where the individual lives and include a variety of “wrap around” services like counseling, medication management, and job training.

## **[H1] BARRIERS TO CARE**

There are many factors that prevent someone from seeking and receiving care for mental health challenges. Below are a few of the primary barriers that must be removed if people in need are to receive appropriate care:

### Inadequate or inaccurate information about mental health

- Many people don't know how to recognize the signs of emotional pain or psychological distress—nor do they know when to seek care, where to seek care, or how to choose an appropriate mental health care professional.
- Most people don't know what causes mental health disorders so they don't take steps to keep themselves emotionally healthy by engaging in health-promoting behaviors or seeking regular checkups.

- Unfortunately, myths remain regarding mental health and mental illness that prevent people from recognizing the need for help. As a result, many people are afraid of mental illness and often ignore or deny what they see in themselves or those they love.

#### Cultural Barriers

- Many people feel ashamed, guilty, or embarrassed about their mental health challenges, concerns, or conditions. The term “stigma” is often used to describe this barrier. Whether they are struggling with depression, anxiety, or a substance abuse problem, individuals are often reluctant to share their pain with others for fear of being judged or rejected. By trying to handle significant challenges alone, we may unintentionally further exacerbate our situation, which leads to greater suffering and dysfunction. We wouldn't ignore or try to hide a broken leg or cancer, and yet we continue to try to “power through” our emotional pain and mental health concerns.
- Some challenges exist that are specific to certain communities or minority groups. For example, it could be considered unacceptable to share mental health concerns “outside the family” for fear of bringing shame or negative attention to the family. Within some families, problems that cannot be solved by the family are referred to a minister, priest, or rabbi, and if prayer doesn't address the issue, then the condition must be “God's will.” Seeking outside help may not be an option. While spiritual support can be extremely important for someone who is suffering from a mental health condition, it may not be all that is required to adequately address the situation. Faith-based communities can serve to identify those in need and ensure that those who are suffering within the congregation get the proper help they deserve.

#### Access to Care

- Unfortunately, even when someone is willing to seek care for a mental health or substance abuse issue, it is not always easy to find appropriate treatment. There are not enough qualified mental health professionals in our country to see everyone in need. Although there has been some progress in achieving a certain level of parity between physical healthcare coverage and mental healthcare coverage, insurance limitations exist and coverage can still be difficult to find. And for individuals who don't have health insurance, the challenge is even greater.

### **[H1] THE NEED FOR CULTURE CHANGE**

Most historians point to the establishment in 1909 of the Mental Health America – National Committee for Mental Hygiene as the beginning of the mental health movement in the United States. In 1908 Clifford Beers published his experience as a patient in “lunatic asylums” in his widely acclaimed book, *A Mind*

*that Found Itself*. Soon after the book was published, he founded the committee and opened the first outpatient mental health clinic in the United States. Beers spent the rest of his life as an advocate attempting to raise awareness about mental health and mental illness across America.

While we have made significant progress since then with respect to our understanding of mental health, mental illness, and what it means to be emotionally healthy, much more work needs to be done to ensure that all in need are able to seek and receive the care they need.

In order to achieve our goal, we must change our broader culture so that we all address emotional health just as we do our physical health. By changing our fundamental perspective and approach to our own mental health and the mental health of those we love, we will finally move toward an integrated and holistic view of overall health and well-being.

So what does culture change look like? We have seen it before, whether we think about the cultural shifts that led to women's suffrage, the end of segregation, an acceptance of interracial and gay marriage, or the open acknowledgement of being a cancer survivor. These perceptual and behavioral changes have led to an overall healthier society and the reduction of emotional pain and suffering. Culture change takes time and typically doesn't follow a linear path, but it is well worth the required patience and energy to achieve this goal.

## **[H1] FACILITATING CULTURE CHANGE**

There are many ways to facilitate the cultural change we seek. Ours is a culture driven by technology and influenced by celebrities and other cultural icons. By harnessing the power of traditional and social media, by engaging our thought leaders, artists, athletes, politicians, and every-day citizens, and by sharing our stories, we can inspire and encourage the success of this movement.

Many actors and musicians are stepping up to share their stories, and they are encouraging their fans to do the same. Lady Gaga, and her Born This Way Foundation, is just one example of an artist who is leading the way by speaking out about her own experience of post-traumatic stress. To take another example, in the United Kingdom, the 100-year-old charity Help Musicians has recently launched a new effort through their "Music Minds Matter" initiative, focused on raising awareness and encouraging musicians worldwide to seek care for mental health and substance abuse. In addition, Hollywood films such as *Silver Linings Playbook*, *Love & Mercy*, and *The Dinner* tackle the issues of mental health and mental illness directly and encourage honest reflection and conversation.

Leaders around the world are also moving forward to assist with this cause. Former First Lady Michelle Obama served as the keynote speaker for the launch of the Campaign to Change Direction in 2015, and Prince Harry, Prince William, and the Duchess of Cambridge (Kate Middleton) leading the way

and raising awareness about mental health and mental illness in the U.K. through their Heads Together effort.

This is an exciting time as we are clearly moving forward to tackle an issue that, when left unaddressed, causes tremendous pain, suffering, and dysfunction around the world.

## [H2] **The Power of Storytelling**

The most important way to begin to facilitate culture change is by sharing our own personal stories. We know that stories can be engaging, compelling, and inspiring. We also know that the act of trusting someone enough to share our story can, in and of itself, be a transformational experience—for the listener as well as for the storyteller.

By bringing people together to watch *Into the Light*, we create an opportunity for people to share their experiences and their pain as well as their stories of courage and recovery. By bringing the fear of being judged and rejected into the light, we demonstrate to those who are struggling that it is safe to seek help and support. We move one step closer to removing the cultural barriers that prevent those in need from getting the care they deserve.

By engaging our neighbors, friends, and family members to follow the lead of those individuals who share their journeys in this film, we can start a ripple that will encourage others to “hear a story, tell a story, change the story.”

## [H2] **Culture Change in Your Community**

There are many other ways to support this growing movement to effect culture change. You can share social media posts that offer inspiring, engaging, or uplifting stories of hope and help for those in need. You can visit a variety of websites focused on this work to give your time or financial support, as most non-profits depend on contributions to run their programs. You can visit the Campaign to Change Direction ([www.changedirection.org](http://www.changedirection.org)), where you can join thousands of individuals who have made the pledge to help change the culture.

There are also many national organizations that have chapters in your state or city, such as the American Foundation for Suicide Prevention (AFSP) or the National Alliance for the Mentally Ill (NAMI). They will welcome your involvement and your assistance as they work to raise awareness and provide support to those who are suffering.

And remember, the most powerful way that you can contribute to this movement is to share your own story when you are comfortable doing so, and to support others who are brave enough to do the same. Everyone has a story. Together we will change the culture of mental health.

## [H2] **Research as a Driver of Culture Change**

By Jeffrey Borenstein, MD President and CEO The Brain and Behavior Research Foundation

Now more than ever, it is important to reduce stigma, prejudice, and stereotypes about mental illness and encourage people who have a psychiatric condition not to suffer in silence, but to seek help. By educating the public about the scientific and biological basis of psychiatric disorders, and the amazing progress we are making in brain and behavior research, we hope to change the culture. Today, our greater understanding of the brain has taught us that mental illness is a real, treatable, medical condition, not a character flaw. We know that living with a mental illness is not a choice, or something that's in someone's control—it's just like having any other medical condition.

Our scientific understanding of how the brain works and what happens when illness occurs is helping to change people's attitudes about mental illness. Research has led to tremendous improvements in how we treat psychiatric conditions, and the availability of better treatment has also changed people's attitudes. Research offers hope for further advances in treatment and ultimately cures and methods of prevention.

## [H1] **OTHER POPULATIONS WITH UNIQUE MENTAL HEALTH CHALLENGES**

By Yasmine Van Wilt, Ph.D.

Members of some populations are at a greater risk of experiencing emotional suffering as a result of prejudice, lack of access to opportunity, increased risks of exposure to violence, economic and financial hardship, or some combination of these circumstantial factors. Some of these populations include LGBTQIA persons (particularly youth), refugees, and members of minority communities. By working to achieve a more equitable, inclusive society, we can help to ensure that even the most vulnerable Americans are able to experience the benefits of a change in direction.

## [H1] **RESOURCES**

### For the General Population

- **Give an Hour**

[www.giveanhour.org](http://www.giveanhour.org)

A national network of mental health professionals provides free mental health care to a number of at-risk groups including those who serve, our veterans, and their loved ones. Other populations now being served in some communities by Give an Hour include at-risk teens, survivors of human trafficking, survivors of gun violence, and survivors of natural and man-made disasters. Check the website for additional information about services in your community.

- **Crisis Text Line**  
Text SIGNS to 741741 for 24/7, anonymous, free crisis counseling.  
Crisis Text Line serves anyone, in any type of crisis, providing access to free, 24/7 support and information via text. A live, trained Crisis Counselor receives the text and responds quickly.
- **Suicide Prevention Lifeline**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
1-800-273-TALK (8255)  
TTY: 1-800-799-4889  
24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of 150+ crisis centers.
- **Substance Abuse & Mental Health Services Administration (SAMHSA)**  
[www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)  
1-800-662-HELP (4357)  
TTY: 1-800-487-4889  
The helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.
- **International Association for Suicide Prevention (IASP)**  
[www.iasp.info/resources/Crisis\\_Centres/](http://www.iasp.info/resources/Crisis_Centres/)  
With the help of the World Health Organization, IASP has compiled helplines from around the globe. Search by region to find a local crisis center or crisis phone number.
- **211**  
Dial 2-1-1  
[www.211.org](http://www.211.org)  
211 is a free and confidential service that helps people in the United States and in many parts of Canada find the local resources they need 24 hours a day, 7 days a week. Dial 2-1-1 or visit [www.211.org](http://www.211.org).

For Those Who Serve, Our Veterans, and Their Families

- **Veterans Crisis Line**  
[www.veteranscrisisline.net](http://www.veteranscrisisline.net)  
1-800-273-8255, Press 1  
TTY: 1-800-799-4889

- Connects veterans in crisis (and their families and friends) with qualified, caring Department of Veterans Affairs responders through a confidential, toll-free hotline; online chat; or text.
- **Vets4Warriors**  
[www.vets4warriors.com](http://www.vets4warriors.com)  
1-855-838-8255  
DSN: 312-560-1110  
Confidential personalized peer support by phone or chat 24 hours a day, 7 days a week. Open to active duty, National Guard and Reserve service members, veterans, retirees, and their families/caregivers.

For the LGBTQIA Community

- **LGBT Foundation**  
[www.lgbt.foundation](http://www.lgbt.foundation)  
The LGBT Foundation is an important resource which provides resources, guidance and creates space for community and sharing.
- **Human Rights Foundation: Advocating for LGBTQ Equality**  
[hrc.org](http://hrc.org)  
The HRC is a non-political, non-partisan entity that focuses on the human rights and dignity of all people. They are an advocacy-focused community who ensure the rights of LGBTQIA persons and all Americans are preserved.
- **LGBTQ | NAMI: National Alliance on Mental Illness**  
[www.nami.org/Find-Support/LGBTQ](http://www.nami.org/Find-Support/LGBTQ)  
NAMI is the nation's largest grassroots mental health organization dedicated to advancing understanding and support for emotional distress. It recognizes that as a member of the LGBTQIA community you may experience more negative mental health outcomes due to prejudice and other biases.