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Proem 00:55

*Our guest, my cousin, Lisa van Leeuwen, defines a crisis as the point where a person finds themselves unable to cope. The United States appears unable to cope with COVID-19 as a country. Some regions can cope; some individuals can cope. But as a unit, a country, not so much. I pride myself as someone who can cope. I’m not in crisis. I have been in crisis when my dad died, my son died, and when I was diagnosed with multiple sclerosis. I’m not in crisis now because I’m privileged, have good genes, and have built a supportive team around me. I worry about our coming tsunami of people and communities that can’t cope. A couple of weeks ago, we spoke with Gabriel Nathan, a layperson, about his suicide prevention advocacy*

Introducing Lisa van Leeuwen 01:56

*Today, we’ll talk with Lisa van Leeuwen, a counselor, about her work staffing a crisis hotline. Lisa is a Licensed Master of Social Work and mental health counselor. She’s the mother of four who are scattered throughout the world in Boston, Los Angeles, Rochester, NY, and Rabat, Morocco. She currently works with U.S. veterans and others in suicide prevention and crisis intervention. She shares her home with 2 cats and her first child, a 37-year-old parrot, Vinny.*

**Health Hats:** Here we are in this COVID world, and all the focus right now is on keeping people alive and the devastation of the economy and social systems. I can't help think that we ain't seen nothing yet. Once we get to a point where we're not afraid for our lives, then I feel like the shit's going to hit the fan. There are already so many people who don't get the mental and spiritual support that they need. The system is so stressed already. Then so many more people will have been traumatized and disabled from having had COVID.

**Lisa van Leeuwen:** Absolutely.

**Health Hats:** How do you introduce yourself when you're in a social situation?

**Lisa van Leeuwen:** I'm a mother of four grown adults, and I work in mental health, primarily with veterans in crisis at this point.

Helpless, in crisis. Unable to cope. 04:09

**Health Hats:** So is that people who are in crisis because they've been abroad and they've experienced trauma or is it more than that?

**Lisa van Leeuwen:** We probably want to look at the definition of crisis, which is a point at which a person finds themselves unable to cope. That's a crisis. We have people who willingly put themselves in harm's way and are brave and willing to be on the front lines of all kinds of situations, not just combat, but also fighting for social justice. These are people looked to as in charge; people who know what to do, people who have answers. When those people need something and need somebody, it's a million times harder for them to reach out and say, I can't cope. I don't know what to do. I feel helpless. I often hear those exact words. I'm the one in charge. I'm the one that's supposed to fix everything. I'm the one that's supposed to know what to do. And I don't know what to do.

**Health Hats:** Wow. Is it what they don't know what to do related to their families, their lives, their communities? What is it that they don't know what to do about?

**Lisa van Leeuwen:** It can be anything. It can be their family, their children. We have parents who are elderly and mistreated. We have people who struggle with addictions, with alcohol abuse, people who experience domestic violence. But mostly people who have been touched by trauma in some way. Combat trauma is something we all know about. Our generation knows about this. We were brought up with combat PTSD in our awareness. But, what may not be as clear is that not everybody that experiences trauma develops PTSD. PTSD has to do with an inability to cope. People who are more likely to develop combat PTSD are those who experienced trauma as children. A lot of my work is framed around addressing trauma in people's lives. When we talk about people who are typically the ones in charge and usually the ones that know what to do, have all the answers, and are on the front lines.

**Health Hats:** Doctors, nurses, and emergency medical technicians?

**Lisa van Leeuwen:** Absolutely. And combat medics as well tend to be heavily traumatized because they're addressing additional medical concerns in the field.

**Health Hats:** When you say that they've come to their work with some trauma? Is that like they've figured out how to manage the stresses and traumas they've had in their lives? Then all of a sudden, they're in these crazy, stressful things like being on the front lines? And the mechanisms that they've learned to cope with all that have kind of run their string? And there's more stress. So then it's harder to deal with stuff? Is that kind of what you're saying with that? They come with a history of trauma.

**Lisa van Leeuwen:** No, not necessarily. I think we were talking about the definition of crisis. Crisis is the inability to cope. And when you suddenly don't have the answers and don't know what to do. That helpless feeling.

1-800-help intimacy 08:26

**Health Hats:** Then, for some reason, a person has reached out, an awesome moment. Like, oh my God, I need help, call one 800 help, and they do, and then you're on the line.

**Lisa van Leeuwen:** Right.

**Health Hats:** Wow. That's what you do every day?

**Lisa van Leeuwen:** It's very rewarding. It's an honor to be trusted with people's most intimate feelings. First of all, it's fascinating because it's counter to the way we're socialized. My job is to develop an intimate relationship with a total stranger within a matter of minutes. Because within a matter of minutes, I'm going to be asking you some extremely personal questions. About your intentions, about your safety, about your environment, about all of these things. Because the population I do work with generally calls because they are suicidal. It is a suicide line. They're at the end of their ropes. To help them, the first thing I have to do is develop a relationship in which they're willing to trust me with their life story.

**Health Hats:** There's a challenge. You must be good at it cause you've been doing it a while.

**Lisa van Leeuwen:** We're monitored pretty regularly, and I'm told I'm pretty good at it, yes. It's a matter of being interested in people and wanting to hear their stories and being willing to sit with them and listen to what they have to say.

Boundaries hold us back 10:19

**Health Hats:** When you and I talked last week to set up this call, one of the things that came out really fast in that conversation was the issue of boundaries. That interested me because, as a nurse and as a Quality Management professional, and being interested in process and doing the best job possible, I find that the opportunities are when you look at boundaries. It's usually across boundaries where things break down pretty quickly, all sorts of boundaries. In behavioral health, it seems like boundaries have gone bust. That's how people protect themselves. You know, my mom, a Holocaust survivor, survived by creating a boundary of denial. When that boundary went bust, that was hard for her. Is that a way to look at crisis that boundaries are not working?

**Lisa van Leeuwen:** I'm not sure. Boundaries can cover so much ground. I learned a lot from taking a course called mindfulness-based stress reduction for physicians. I was fortunate to be invited to that situation. Ironically, one of the things they say when they teach you about boundaries is that these boundaries very often hold us back. We want to maintain that wall of professionalism. But that wall of professionalism, when you're talking about somebody, for example, that you need to have a conversation with about a terminal illness or whether or not they are about to take their own life those boundaries don't work.

You have to be willing to set those boundaries aside and crash right through them, which is getting back to what I was saying about how we're socialized to tiptoe around things. But when you've got somebody saying, I have a gun in my hand, and I have no reason not to use it, you start digging right then and there. Tell me what's going on. What's got you thinking that you want to end your life? Well, everything.

Well, what is everything? What happened today? What's going on today? What was the last straw for you? And those conversations flow because people are at their emotional peak when they call.

Now a word about our sponsor, ABRIDGE.

Use Abridge to record your doctor visit. Push the big pink button and record the conversation. Read the transcript or listen to clips when you get home. Check out the app at [abridge.com](https://abridge.com) or download it on the Apple App Store or Google Play Store. Record your health care conversations. Let me know how it went!"

COVID and racial injustice crises 14:05

I want to say a little bit about the recent COVID crisis, as well as the racial injustice crisis that we have in this country and how that's affected the types of interactions we have, or that I have, regularly. How those interactions have changed. It's sad because more people are sobbing, more people are calling up crying, just broken. There are a lot of people who call simply for support. They're not exactly suicidal. They're not planning to end their life, but they need support, and they don't have it in their life. More people are just crying and saying; I don't know what to do; everything around me is falling apart. I do not only hear that on my calls, I hear it from friends and from my workout coach. He said, I think everybody I've had a personal conversation with has said, I had this moment where, all of a sudden, I just started crying for no reason. It's good to have those conversations.

**Health Hats:** Yeah, it's good for you, good for them, both.

**Lisa van Leeuwen:** It's good for all of us as a society. It's organic. It goes to boundaries. Boundaries are essential, but when our boundaries cause us to fail to recognize the humanity in each other, they become less boundaries and more barriers.

**Health Hats:** That makes sense.

Self-care 15:48

**Health Hats:** How do you take care of yourself in this? This sounds like awesome work - in many meanings of the word awesome, like valuable, needed, but also overwhelming. How do you take care of yourself?

**Lisa van Leeuwen:** Number one is always to be in the best possible physical health. It's harder to focus on your job if you're in pain; if you're exhausted; if you're hungry. It's necessary to take time away from people. Yeah, it can be exhausting being the support for people for hour upon hour upon hour. It's necessary to take that time to focus on yourself or to focus on something else that is a distraction.

**Health Hats:** Yes, using a different brain than that engaged brain. So what's that for you? Music?

**Lisa van Leeuwen:** Music is a big part. Music and exercise. All four of my children are musically inclined and excellent musicians. I like to think I had a little bit of influence on that because music is what makes the brain chemistry change for me, to change me from one mood to another.

Helping friends and family cope 17:18

**Health Hats:** Okay, a big part of society coping. One of the things you just said was connection and connecting with people before they're at the end of their rope, or even when they're sobbing and haven't called somebody. So how do people who are not trained as you go ahead?

**Lisa van Leeuwen:** How do you have that conversation when you're concerned about a loved one, and you're not sure what they may be thinking, and they may not be opening up to you? How do you approach that person? The most important skill you can have is listening and curiosity. I want to hear what's going on with you. I want to know what you're feeling. I'm not sure what you're going through right now, but I want you to know that I'm here. If you don't want to share it with me, that's okay. I'm here for you. We, in the profession, are trained to assess for suicide directly. The way that's done is very direct. We just come right out and ask, do you think about suicide? You're not going to say it immediately. Still, if after a few minutes somebody has told me this is happening and all of these terrible things are happening, and that leads into, sometimes people who have experienced the things that you're experiencing, they think of ending their life. Are you thinking of something like that now? That takes us into the area of safety and buffers and what kinds of things can we explore -reasons for living and reasons for dying. It's important to be willing to sit with somebody in their discomfort. More than anything, the mistake that's made is wanting to change the subject when it becomes uncomfortable. So if you have somebody that you're concerned about, that you feel maybe they're thinking of ending their life, or perhaps they feel that none of this is worth it and it's too hard. It's perfectly all right to come right out and say, are you thinking of ending your life? I'm worried about you. The S word is very taboo in our society. It's something that we dance around in our interpersonal relationships.

**Health Hats:** So then if that were to happen to me, it would be reasonable to feel uncomfortable and to not feel prepared to be that person's counselor. It's hard to be a counselor to somebody you care about. Then, it sounds like you need some help, or here's a crisis hotline. What do you do when I've listened, but it's, Oh crap, I'm over my head.

**Lisa van Leeuwen:** First of all, it's important to listen because that's what people need in that moment of crisis. But, also letting them know that not only is there a crisis line that they can call, but also that is a bridge to connecting to other additional services. Sometimes people want, feel that they need mental health support, and just don't know how to go about getting it. Crisis lines have quite a network of providers that we do referrals for. So, you can say something like; I want you to know I'm always here for you, but I'm not a professional. I'd like to see you get additional help, or if you need additional support, here are some resources.

Strained, revolving door mental health resources 21:32

**Health Hats:** Do you worry that with this pandemic that already strained resources are not going to be available?

**Lisa van Leeuwen:** Absolutely. I worried about that before the pandemic. Our mental health system is a for-profit system. It's not set up to maximize healing potential as much as it is set up to maximize profit. I have pretty strong feelings about the lack of health care dollars that we spend as a society and as a country.

**Health Hats:** In general, or in behavioral health or both?

**Lisa van Leeuwen:** Well, in general, but I think in behavioral health in particular, there is still a stigma. There is still an idea that people are acting out. Or hence the change from mental health to behavioral health, that it's behavioral. It's something somebody's doing, not necessarily something that somebody is experiencing when you have an illness. You're experiencing that illness, and people are aware that that's your experience. When people are having mental health problems, it's seen as behavior. That bleeds into the attitude of, face it, every profession becomes accustomed to their clientele. A lot of people do become hardened to the fact that people are suffering; they're not just acting out.

**Health Hats:** If you were king for a day, and you could wave your magic wand, and you could have some significant change that happened related to this, what would it be?

**Lisa van Leeuwen:** It would be to change our mental health system from a revolving door system of crisis management. There's a lot of crisis management and not a whole lot of followup.

**Health Hats:** I see. So, it's like the revolving door. As you walk into crisis management, you get spit back out, then you cycle through crisis management again, as opposed to working on the core life stuff.

**Lisa van Leeuwen:** Exactly, I hear the exact words many times. Nobody wants to deal with me unless I'm suicidal. Nobody wants to deal with me. Even if you take that outside of the realm of suicide, you could almost say the same thing. Nobody wants to talk to me unless I'm acting out unless I'm doing damage unless I'm hurting somebody. So, these are all ways that mental illness and struggles with mental health manifest themselves. Our system is set up to manage the crisis, and then, okay, you lived through the weekend, and we've had you in the hospital for two days. Now it's time for you to go home and we'll see you in six weeks. That person goes right back to no support, no coping skills, no follow up. No nothing.

Normalizing behavior 25:02

**Health Hats:** What should I be asking you that I'm not?

**Lisa van Leeuwen:** Gosh. I don't know. I did have a couple of notes. But I think we've talked about most of the things. Actually one point I'd like to make if I haven't already is that it's essential to normalize behavior. Again, we paint things with the brush of mental illness or problematic behavior. But a lot of times, those stem from suppression of feelings, uncomfortable feelings. So, normalizing how people feel, being able to say, look, a lot of people have been through, not a lot of people have been through this, but,

**Health Hats:** You're not alone.

**Lisa van Leeuwen:** Exactly. Exactly. Sometimes that does speak to those boundaries. Sometimes we have to say, this isn't about me, but I'm intimately familiar with the story that you're telling me. And it makes a difference. It does make a difference.

**Health Hats:** Well, Lisa, thank you. This has been great.

**Lisa van Leeuwen:** You take care.

**Health Hats:** Okay.

**Lisa van Leeuwen:** Bye. Bye.

Reflection 26:24

*Many thoughts here. First, let me recognize Lisa's son, Joey van Leeuwen, who composes and arranges the music for this podcast. He's opened my eyes to the richness of music in storytelling. Next, I relate to Lisa's highlight of rapid intimacy in crisis management. I love nursing because we learn to create an intimate relationship in minutes. It's priceless and an honor. Nursing also focused my attention on the weaknesses of our mental health industry. The COVID-19 pandemic also highlights those societal and healthcare weaknesses: insufficient investment in mental health systems, crisis management in lieu of treatment and care. Finally, I'm grateful for and in awe of frontline workers like Lisa. We don't support the connectors, the cleaners, the maintainers, the helpers, the drivers, the fighters, the healers enough. Why not? What is wrong with us?! Recognize one today. Say thanks to the folks picking up your garbage or checking you out in the grocery store. It's easy and rewarding both ways.*