**INTAYS / CARELON BONUS / LINDA H-S / TRANSCRIPT / 20231216**

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**Chrystal:** Hello! This is Chrystal Genesis, supervising producer of I Need to Ask You Something. I’m here to bring you a special bonus episode, created in partnership with Carelon Behavioral Health.

Throughout our show, we explored all kinds of questions – and many of our young guests chose to be in conversation with a parent.

I’m a parent of two kids, so making this show was super eye opening. And being able to listen in on these vital conversations meant so much to me. They also made me wonder about the mental healthcare systems in place for our young people, and if it’s enough to support them.

I wanted to talk through all of this with a person who works in the system, and has had to navigate it with her own child.

I’m joined by Linda Henderson-Smith from Carelon Behavioral Health.

Linda is here to talk about how her personal experiences have inspired her work, and how helping her child navigate mental health systems gave her deeper insight to change them.

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**Linda:** Hi, Chrystal. My name is Dr. Linda Henderson Smith. I'm a licensed professional counselor and an educational psychologist by training. And I am the senior product director at Carelon Behavioral Health over children in crisis programs.

**Chrystal:** Fantastic. Thank you. And we know that you're a mum. So before we get into your story as a mum, I'd love to hear a bit about your own experience with mental health care. You work in that profession, but back in the day, was there ever a time when you reached out for help?

**Linda:** Actually, I wouldn't say that I reached out for help. I was kind of made to get help. And it's interesting because this is kind of why I came into this field. I always grew up wanting to be a lawyer and actually went to college, pre-law. But you know, in general education classes you're required to take all these other classes that you really don't want to, and psychology was one of those. And I had an amazing experience with an amazing professor, and became close to her and had, she became like a mentor to me and she, through our conversations about my experiences and things of that nature, kind of said, well, have you thought about maybe, going the psychology route or even doing a psychology minor?

I was like, maybe this is where I should be because of my past experiences. So, in my childhood I experienced, a couple of pretty severe traumas and because of that I, I had thoughts of, dying by suicide and my behavior changed drastically. And so my mom was like, something's going on, you need to talk to somebody, and connected me with a therapist where I was re-traumatized, again, by being told that it was my fault. But it was those kinds of experiences that led me to make that change from law to psychology in college and so I made the change. And the rest is history.

**Chrystal:** And as you mentioned, you went through your own personal traumas as a young person. I'd like to know just a bit more about what response you did get. Why did you feel it wasn't like sufficient?

**Linda:** The specific kind of experience was one of sexual assault. I will never forget the psychologist asking me questions like, well, what were you wearing, and what did you do that may have made him think that that was okay? And how did you react and how did you respond? Right? Like just kind of victim blaming.

**Chrystal:** That sounds so old fashioned and horrific, quite frankly. But do you think that times have changed quite a lot? Or is this still a key reason why you're in this line of work, because actually it hasn't changed?

**Linda:** It depends on where you are in the country, to be honest, right? There are still some places within our country that still feel that way. The laws still support that, and professionals still communicate in that way but I would say that overall, there's been a lot of progress in recognizing the trauma that it, it actually is, how it impacts people, how it impacts people's bodies, their minds, their souls, their mental health. And I think there's been a lot of research and a lot of work done to support young people in a much better way than what I experienced a couple of decades ago.

**Chrystal:** Brilliant. You're a mum. So am I. How many children do you have?

**Linda:** I have three. Three teenagers.

**Chrystal:** Whoa, you're a legend. I have two, eight and 12. How did having kids change how you approached your work? Did it change anything?

**Linda:** Well, I think for me, in my early career, I was doing direct service with a lot of children, um, in child welfare, and in, um, that were attached to the child welfare and juvenile justice systems, and so I would say that my work actually impacted my parenting because I was very protective. I had a very different worldview based on what I was hearing on a regular basis from the children, right? About who had actually been the ones abusing them. And so, for a very long time, I would not let anybody, including, to be perfectly honest, my husband at the time. I was doing things to make sure that I knew when my children were eating, right. Like, I wasn't putting dates on milk so that he would have to call and say which one am I supposed to use and I would have a reason to check in as to what was going on. Over time I I resolved that kind of secondary trauma And healed a lot of that, but I think one of the ways that my work has impacted my parenting is that I tend to make sure that I have open lines of communication with my children ever since they were little I have said no matter what you can ask me questions I'll be honest with you if I don't know, right like I wanted us to have those open lines of communication because I know that having three trusted adults is a key protective factor to growing up healthy, even if you have mental health issues right so, I've always kind of used the work that I do and the research that I know and to kind of help me be a better parent.

**Chrystal:** Parenting is such a journey anyway, but it's so fascinating to hear that and informative, and me personally, it's obviously been much more condensed, you know, working on this show with Dr. Monica Band, trauma therapist. I can also see and relate to some of the things you're saying as well about how you engage with your children. And when you said open lines of communication, I think that's like such a key takeaway from working on this. So it's lovely to hear that from you, too.

**Linda:** Yeah, I mean, you know, there's always conversations as a parent. You're like, do I really want to have this conversation with my children? No. Right. But if they feel comfortable enough to have them, it's important for us to be willing to not be okay in that moment to support them so that they know that they have that trusted adult that they can talk to anybody about anything about.

**Chrystal:** Indeed, and it's actually a privilege. So, I also understand as well that you have had to navigate mental health support as a parent, as a professional, for one of your children. Can you tell me a bit about that process, what that was like for you? As an expert in this field, what was that like?

**Linda:** Yeah, I will say my experience across my son's journey with his major depression and suicidal ideations and attempts has been very, eye opening. So for me as a parent who does know the system, who helped design the system in the state that I live in, as a children's behavioral health director, to have, teachers tell me that I didn't know what I was talking about and I needed to do something different, or when he, had an attempt and we had to call mobile crisis in and they threatened to call CPS on me because – and to call the the ethics board so that my license would be removed because I didn't do what they said that I should do when I contacted a medical team to make sure that what I was doing was okay. Luckily I happened to know the executive director of his agency and made a phone call and was like, what is happening? But most parents don't have that, right? Like they don't know people within the system. And so you know, he was hospitalized. I was able to visit him in the hospital, and I was able to get him immediate treatment upon discharge. But again, that's not normal. It was because I knew people and I could kind of cut through some of the red tape of the referrals and all of that other stuff.

So even being in the system, being a clinician, understanding how the system works, I still experience the same shame, some of the same guilt, some of the same judgment, and actually I think I received harsher judgment because I'm a clinician and because I'm in the system, from many professionals. It was, it was pretty, pretty difficult.

**Chrystal:** Gosh, that's awful. And I'm so sorry to hear that. How's he doing now?

**Linda:** He is great. So he is a sophomore in college. He is acting and actually he's majoring in psychology. He wants to go into, therapy as well and use his, his skills in theater as a way to kind of help other actors and other people who are experiencing things. He um, actually wrote a one act play about his experience in the hospital. So it's been therapeutic to watch him, utilize his experiences to help others, but also to help himself heal.

**Chrystal:** You must be so proud. That's amazing to hear. What did this teach you about the state of mental health care and the system set up for young people? How did this inform your way of working, your practice?

**Linda:** I will say this, I always knew the system was broken, right? Because there's a lot of silos, there's a lot of lack of communication amongst different levels of care and where, where people are. And there's a lot of bias and judgment that is placed, not just on the kids, but on their families when people are going through these types of episodes but I didn't realize just how broken it was until I went through it. And so for me, it has ignited that advocate in me. it has ignited the desire to be at a, at a higher level of, I need people to understand this experience. I need this type of experience to shape how we're looking at planning and program design.

I need people like me to be a part of the process of designing the work that's being done but I also need there to be a lot of work around the bias and the shame and the guilt that the parents feel. Because we often focus so much on the child but without recognizing that they are sitting within the context of family, and Parents don't know what to do and parents have their own feelings around what's going on and parents don't just get to a place of I don't know what to do anymore without going through Not getting the help and support that they need.

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So, it's kind of impacted the way that I view my role in my job, as well as personally and professionally. Let me just say that.

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**Chrystal:** You work in crisis programs. What exactly does that mean?

**Linda:** So, I don't know if you've heard of 988 –

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**Chrystal:** Yeah, we created a show about it called Call for Help.

**Linda:** Yeah, so, working in crisis programs is real for me is about number one, ensuring that 988 is successful, right? So providing actual call, text and chat services, but also overseeing the crisis continuum that's behind that.

Like, so my son called the hotline, okay, but what happened after that? How do we ensure that the mobile crisis teams, right? How do we ensure the hospitals or the crisis stabilization or the peer respite? How do we make sure that all of those are actually providing the safety net when people are at their most vulnerable. That's part of the work that I do at Carelon is really kind of creating standardized ways for system oversight and accountability and quality improvement. So we can make sure that wherever we're at, we have a system that's in place that can support those that are at their most vulnerable.

**Chrystal:** Can you share some examples about what type of work and things you're talking about?

**Linda:** Yeah. So, as it relates to the crisis programs, we are actually a, a national backup center for 988. So we provide Spanish voice backup, as well as English text and chat backup for the centers across the country that, they may not be able to answer all of them as they're coming in. We provide backup for all of them.

As it relates to children's programs, there's a lot of really, really awesome work to make sure that there are youth and family peers embedded, so actual people who have lived experience, that will be providing support to parents and to the youth in their kind of navigating of the system.

So I'll give a key example. We have a first hospitalization program. So when we get notified that someone's in the hospital by claim or by whatever, we have both the clinician and a family peer that reaches out to the family. The clinician reaches out to explain what's happening clinically and the family peer, right, partners with the parent to get a better understanding of care navigation, but also to talk to them about their shame, their guilt, their experiences, their feelings, to provide hope, and to really, highlight that there is light at the end of the tunnel.

**Chrystal:** I assume you talk to many young people. What are they saying that they need from us?

**Linda:** I think the number one thing that I hear from the clients that I, that I also serve directly, is they need that trusted adult. They need someone to talk to. That's not going to judge them. That's not gonna push their own beliefs and values on them. But that's going to be open to exploring things with them and allowing them to make decisions for their lives.

I think loneliness and isolation are one of the key issues that is troubling this generation with COVID and everything that happened, as well as just social media, right? People hide behind the keyboard and don't necessarily communicate exactly what it is that's going on with them, right? We've seen that with adults.

We've seen that with a lot of very public adults, you know, Robin Williams and other people who publicly look like they had it all going on, but were struggling internally and privately. I think that's what's happening with a lot of our youth and we're not seeing it because they're on social media and they have all the friends and right and they're always, “whoo hoo”. They look happy, but they're not.

**Chrystal:** What is the number one practical thing that you think people in your profession, so working in this field, in these systems, can do for young people so they can get the help that they really need?

**Linda:** Listen to them period. Actually listen to them and have them be a part of the design, the implementation, and the evaluation of the programs that are going to impact them. Just like we as adults don't like people telling us what to do, when to do it, and how we do it…

**Chrystal:** Without being consulted.

**Linda:** Without being consulted, right? Like, we want to be a part of what's going to impact us. They do too. They're human.

**Chrystal:** And in the meantime, what do you think parents and caregivers can do to best support our young people?

**Linda:** Actually paying attention. If their behavior changes, if all of a sudden they're isolating, ask questions. Don't just say, oh well, they're teenagers so they're just locked up in the room because they want to be, because that's just what teenagers do. Actually ask the question. Are you okay? Are you having thoughts of harming yourself?

Right? Like, actually ask the questions. I know there's a lot of myth around if you ask someone if they're thinking of dying by suicide, that that's going to put the thought in their head, but that is truly a myth. There is no facts to support that.

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 And so, if we pay attention to the behavior changes, right, that's the one thing I will say my mom did very well.

She was like, something's off. You're, you're different. You're not talking the way you used to. You're not engaging the way, like something's off. We've got to pay attention to our children and not our phones.

**Chrystal:** Thank you so much, Dr. Linda Henderson Smith for speaking with me.

**Linda:** Thank you for having me. You too.

**CREDITS**

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