

Personal Essay

When I was in elementary school, my youthful curiosity drove me toward a scientific obsession inspired by the beaches I grew up on—marine biology. Ichthyologist Eugenie Clark, otherwise known as “The Shark Lady”, quickly became my role model, and developing my marine adventurer skills became my sole focus. I studied Clark’s pioneering dive techniques and practiced them, imagining calm hammerheads surrounding me while I snorkeled in my grandma’s pool. Watching Clark dive, the fear, mystery, and stigma surrounding sharks completely vanished in the wonderment of learning about this animal. Following shark research, which Clark helped catalyze, tangible changes happened. Since that time, I have sought to maintain an attitude of creative exploration and passion for defending against stigma in my own professional life, as Clark did with her sharks.

It didn’t take me long to find this opportunity to fight against stigma in the world of mental health care. Mental health continues to maintain this status as a taboo topic highlighted in pop culture by depictions of insane asylums in Hollywood films, and only rarely mentioned on the political stage as an addendum to issues around gun control. In the media, homicides are given significantly more air time, but suicide by far takes more lives as the 10th leading cause of death in the U.S.. I wanted to know why mental illness was not a normal dinner table topic, since it affected one in three American families. What was mental health as a movement doing wrong that other social movements, like same sex marriage, seemed to get right by creating new policy and changing peoples’ minds? What don’t we know scientifically about the disordered brain that could be contributing to this fearful outlook on mental health conditions? In my tenacious quest, I had found my deep-water shark in the world of mental health.

In what became a full circle career search, I took a job with NAMI in San Francisco (NAMI SF) after my graduation, and set out to make an impact in the organization that had brought me into the

depths of the mental health sphere just years before. At the time, NAMI SF was struggling to implement their mental health education programs onsite at city clinics. Not unlike many city entities, the clinics were relatively insular and hesitant to implement something that hadn't been tried before. Surprisingly, there also existed deeply rooted preexisting beliefs that most patients would not get better. A fellow director I work with told me that she asked her clinical staff what percentage of their clients they believed would make a full recovery. Her staff responded that they believed less than 15% of their clients with mental illness had the potential to make a recovery, return to work, or other meaningful activity. We all have biases, but with such deep-rooted stigma imbedded in the mental healthcare system, how can we expect the beliefs patients have in themselves to be any different?

I was confident that breaking the cycle of disbelief could create tangible change in the clinics. As I traveled site by site, it turned out that frustrations with the mental health care system, when turned into series of goals, could actually align the desires between clinic patients and providers. I was able to convince a few clinics to pilot education programs based on these shared goals, and we evaluated their effect on clinic operations and patient satisfaction. Within the first year the project took off and these education programs became imbedded in clinics in English, Spanish and Cantonese. Our contract grew as I managed NAMI SF's largest sources of funding, and took on a public facing role with our burgeoning corporate partners and department of public health officials. As my projects with NAMI SF grew, the road from research to policy to application began to interest me increasingly.

After finding this creative way to integrate government, nonprofit work, and evidence based research at the clinics, I was promoted to Program Director and started looking for a new opportunity to lead NAMI in this quickly adapting mental health landscape. With many barriers in access to quality mental health care, people often end up cycling through emergency services, ending up homeless or incarcerated. After hearing about the impact of repeated hospital readmissions at a local conference, I worked with other NAMI affiliates to develop an inpatient psychiatry post-hospitalization program using a mobile peer model similar to AA sponsorship for mental health care. I took the idea to my board of

directors and got San Francisco General Hospital to be the city's first hospital site. After receiving an initial grant from The San Francisco Foundation, I hired 17 people, and began San Francisco's first peer based post-hospitalization program targeted at high utilizers of inpatient psychiatric care. This program has the potential to provide people the opportunity to self manage their mental health condition on an outpatient basis, combat the isolation often associated with hospitalization, and save the city millions of dollars— all with a relatively simple solution. Our randomized control trial starts in the fall of 2016 with the full support of the hospital and city clinic partners I've cultivated along the way.

What Eugene Clark found in diving with her deep-water sharks, I found in traversing the mental health care system of San Francisco. Overcoming adversity in my personal life translated to creating these self started programs in my professional one, and I was able to address tangible problems faced by people with mental illness. At NAMI and beyond, I've learned that given a platform to lead and group to collaborate with, tenacity and passion for social justice can go a long way in creating change and confronting fear or stigma. I know that with this scholarship, I'll be one step closer towards my goal of helping other real people with mental health conditions who come in contact with the legal system. Mental health is a disability like any other, but it is one that is often overlooked. In my pursuit of a legal education, and hopefully, with the help of scholarships like these, I can make helping real people with mental health issues the central focus of my career.