

Mary Alice Yeskey

Welcome to the Hopkins Press podcast. I'm Mary Alice Yeskey with the Hopkins Press journals division. Today's episode is a conversation between Hopkins Press acquisitions editor, Joe Rusko, and Dr. Rachel Pruchno. Joe Rusko acquires commissions and develops book products for Hopkins Press in the field of health and wellness. The overall focus of the health and wellness program is on providing evidence-based content that can help improve personal health or enhance professional development. Specific areas of interest include dementia, chronic health conditions, aging, cancer, and mental and behavioral health. Dr. Rachel Pruchno is an endowed professor of medicine at Rowan University and the director of research at the New Jersey Institute for Successful Aging. She joined Joe to discuss her book, *Beyond Madness: The Pain and Possibilities of Serious Mental Illness*.

Joe Rusko

I'm Joe Rusko and I'm the editor of health and wellness content at Johns Hopkins University Press. Thank you for joining me today, Rachel.

Rachel Pruchno

Thank you, Joe.

Joe Rusko

So, we're going to dive right into, what was your motivation for writing this new book?

Rachel Pruchno

So, my motivation included love, secret keeping, decades of secret keeping, and the thought that there probably were some evidence-based practices that were better than the hit-and-miss strategies that I was using when both my mother and my adopted daughter suffered from serious mental illnesses.

Joe Rusko

Thank you. As a refresher, I had read your book originally some time ago but yesterday I was refreshing myself and I went through it, and I was surprised that I got so far. I just got lost in your book and I think some of it has to do with these wonderful, very vivid descriptions of individuals who were decompensating in various ways. Can you tell us a little bit about how you came about writing these very vivid descriptions because it's a powerful portion of your book, which is not just clinical or only scientific but very narrative-based as well?

Rachel Pruchno

Sure. So, I'm going to answer that question, but I'm gonna come back a little bit and provide a little context for this book and how this book came to be. So, I think as you know, in 2014 I published my memoir, and that book is called *Surrounded by Madness*, and in that book, I talk about my experiences with both my mother, who suffered from it used to be called manic depression, and my adopted daughter, suffering from bipolar disorder, and what those two experiences had in common were that my family, both times, both back in the 70s, and more recently kept those illnesses secret, and it was only when my daughter left home at age 18. I had a lot of explaining to do to my family, to my brothers, to whom I'm very close, but I had managed to hide things from them, and so I sat down to try and write this story, cause, you know, it's a very painful story, but it was a story I felt like I needed to tell.

So, I've seen and understood mental illness as a mother, first as a child, then as a mother, and also as a professional because I have studied serious mental illness, and most importantly focusing on the effects that these illnesses have on families. So, I wrote the memoir, and after I wrote it, I wrote it because I wanted to talk about it. I was a secret keeper for so many years and once I decided I needed to tell my story I really needed to tell my story, and so I started doing talks at universities. I would talk with social work students and psychology students and medical students, and I would, you know, do my twenty-minute PowerPoint and tell my story, and then I would open it up to the audience, and I would say, okay, let's talk about serious mental illness. Ask me anything you want, and those conversations were so powerful that they made me realize that I needed to tell another story, and the other story is what are these illnesses and how can we do better. All of these students wanted to know: how can we do better for the next generation. So, it was terrible in the past, and what can we do better? So, that really was the heart of this book. So, I decided, okay, I'm gonna do it, and I realized that I needed to tell not only my story because my stories were important, but I didn't have first-hand experience with what it was like to suffer from schizophrenia or what it was like to suffer from depression, and so I decided I needed to find some people who actually had lived experience, and I had to get these people to talk to me and not only tell me their stories but make me feel what they felt so that I could make the reader feel what they felt, and it sounds like from what you're telling me that I did a pretty good job.

Let me tell you a little bit about how I did that. So, it was a challenge, right. How do you find somebody with schizophrenia who will talk to me? I didn't know anybody. So, I start, I'm a researcher, right, I started doing my research, and I found a man named Joe Bowers who had written a memoir. He had told his story. He had written his story a few years before I found it, and I read it and there were a lot of powerful stories in that book, and reading it I realized what it must have felt like to experience that first episode of schizophrenia. To hear those voices in his head, and then I reached out to him. I asked him if he would talk to me, and he was hesitant at first but then we struck up a relationship, and I asked him a lot of hard questions. I asked him, you know, at the time he was in his 70s and I was really asking a lot of him. I was asking

him to go back and help me understand what it felt like to hear those voices in his head telling him to take the shotgun and kill his grandmother, and he did it, and as a writer I knew that I needed to get vivid details. So, he would tell me that there was this old desk, and I would say, well, what was the desk made out of? So, I sent him back to, at some point it felt a little ridiculous to me but I knew I needed those details to make it come alive and to really make it pop.

So, I worked extensively with the three people, one man with schizophrenia, Michelle Crack, who had suffered from bipolar disorder, and then a friend of mine was the person who suffered from depressive symptoms, so she and I just spent a lot of time sitting and talking, and it was really, you know, getting into these peoples' lives, into their skin to understand what their experiences were. Because I felt like we learn a lot from storytelling, and I didn't want to make these stories up because I couldn't make them up. I needed real people to tell me their stories, and these three people came forward, and what I learned, I learned a lot from these people, but one of the things that struck me years into talking with them was that my life as a gerontologist and my interest in mental illness were really coming together in this book. Why is that? Because the three heroes of my book are in their 70s. So, it was really interesting to me to think about, you know, mental illness in the context of a life-long experience.

[Joe Rusko](#)

That's right. In addition to being vivid, I think these three stories also illuminate how mental illness doesn't present in only a singular fashion, and so these stories really helped illuminate that for me and I think the reader. So, do you want to talk about various forms of mental illness and the difference between mental illness and mental health that you discuss in your book?

[Rachel Pruchno](#)

Sure. It's a really interesting question to think about, and I think very often we use the terms health and illness interchangeably, and I don't think about it that way. I think about mental health as something we can all have on some continuum, sometimes in our lives are more challenging than others, and sometimes we're sad, and sometimes we're happy, and we have different experiences. So, mental health, that's mental health, and my training in human development really focused on mental health and helping people achieve mental health. Mental illnesses, especially these, what are now called serious mental illnesses, illnesses like schizophrenia, bipolar disorder, schizoid affective disorder, like depressive disorder, these illnesses captivate a whole person's life. They challenge them, they require intense therapy all the time, whether it be medical or otherwise, and so these are illnesses that people need to manage. You know, think about diabetes, it's an illness that a person needs to manage their whole life, and so I think that people can differ from serious mental illness, but also have mental health. So, my three heroes, I think that they are mentally healthy. They have conquered these horrible experiences and come out on the other end to be healthy and fulfilled. They have all had successful careers at work. They all have families, and that's not

often how we think about some of these illnesses, and, you know, whether these three heroes are representative, I don't know, but they certainly teach us that with the appropriate supports and with the appropriate medications and therapies and a lot a lot a lot of hard work, these people can lead fulfilling lives.

Joe Rusko

You mentioned earlier, and I'm going to circle back to the point about the stigma that you experienced yourself in your family with diagnosis of mental illness, and in your book you propose a somewhat, not radical, but a different approach for coming out, using the terms of coming out. Can you tell us a little more about that approach and what you're advocating for there?

Rachel Pruchno

Sure. So, yes, I think that stigma is alive and well. There have been countless research studies that show that people in the general public don't want to have someone with a serious mental illness as a neighbor, and they don't want to work with them, and they don't want their family member to marry somebody with a serious mental illness, and these attitudes and beliefs are the same or worse now than they were 20 or 30 years ago. We've got that good data. We know that, and so when my mother was ill in the 70s nobody talked about mental illnesses, nobody. I mean, my father and his brother were very very close and even he didn't know what was wrong. He knew every once in a while my mother went to the hospital, and she was taking medications, but he didn't know because we didn't talk about it. We didn't tell anybody. So, I think that with my daughter my husband and I made the decision not to talk about it because we didn't want the other kids to avoid her. We didn't want the other parents to not let her come to their house. It was a protective kind of thing.

I think the issue is that there is so much that we don't understand about serious mental illness, and we don't understand about serious mental illness because people like me kept secrets for 40 years, and so if everybody's keeping a secret then the NIH is not putting money behind it. You know, we put a lot of money behind cancer and diabetes because we talk about these illnesses. With serious mental illnesses like schizophrenia and bipolar disorder we don't talk about those illnesses, and we haven't talked about those illnesses. So, I think talking is important, and what I personally learned is that every time I tell my story to somebody, or I tell somebody I'm working on a book about serious mental illness, I get back the, oh me too, or oh my brother, or oh my sister-in-law, or oh my neighbor. I think the most poignant experience that I had with that was years ago, when I was just starting to work on this book, I was at the health club and I was exercising and I was on the elliptical machine, and the guy next to me was someone I'd seen for a long time, and he said, oh hey how you doing what's new, and I said oh, I'm working on this book, and he said what's the book about, and I told him, and he stopped, and he told me his mother suffered from bipolar disorder and his son was in the psychiatric hospital now, then.

Joe Rusko

Wow.

Rachel Pruchno

If I hadn't said anything he never would have said anything because why would you ever, but my talking about it freed him to talk about it, and I thought, wow, that's really powerful and I need to do more of that. Talking is good.

Joe Rusko

So, bringing up the topic on your own actually encourages others to feel comfortable about sharing their experiences.

Rachel Pruchno

It does, and I'll tell you, when I did the speaking tours at the universities, it got to the point where I could read the audience and watch the faces of these kids, and I knew who was going to come up to me afterwards and say, me too. They got teary. They were just so focused on what I was saying, and they couldn't wait to come up and give me a hug and say, me too, my mother, my brother, whatever. It's very prevalent. These illnesses have been hidden for so long, but they're very prevalent, and I think that the more that we talk about them, we know that stigma diminishes when people have contact with others who have mental illness. You experience them as a person. I learned that when I got to know these three people. I learned so much from them, and I learned you don't have to scratch the surface too much to know that these people have similar emotions to me and they have similar struggles and they love their families and they want to work and, you know, I think what really struck me is that anyone can experience these illnesses and this hiding stuff is not good for the people with mental illness and it's not good for the families. What does it do? It makes us feel like we're the only ones. We're the only ones who are suffering, and of course we're not, but many people feel like, you know, they're embarrassed. They don't want to talk about it.

Joe Rusko

Or they blame themselves. You talk about blaming yourself, or some other factors. That perhaps you're responsible, and that you also talk about the genetic source for many of these conditions in your book as well.

Rachel Pruchno

Sure. I mean, there's a lot that we don't know as well, but we know that genetics plays an important role and, you know, that rates of schizophrenia and bipolar are highly heritable, so, if somebody in the family has it, then it's very likely that other people suffer from either that same illness or another serious mental illness, but I want to come back and answer your question about this stigma, sort of coming out that I write about in the book, and that was not

my idea. That idea came from Patrick Horrigan, who himself is a psychologist who suffers from a serious mental illness, and for years and years he didn't tell anybody. He didn't tell his colleagues. He didn't tell anybody, and so, his approach was, I need to come out. So, little by little he kind of came out to people, and you know, I think there's really good evidence from the LGBT community. We have so much to learn from that group about what happens when you start to make noise and you come out. You know, they've made major in-roads: people can get married now, they can have relationships, they can have families, they can adopt children. They couldn't do that 15-20 years ago. So, I think that the point behind that program though, the big idea behind is that the more we talk about it the more normalized it gets. But I think that the point there is that each individual with mental illness and each family member needs to weigh the pluses and the minuses. There are benefits to talking about these illnesses. You know, you learn you're not alone. You find how other people cope. You get that kind of support, but there are costs. We're not to a point now where I'd recommend that someone who was looking for a job.

Joe Rusko

Right, I was just thinking of that situation, during job interview. I was thinking of that exactly. Probably not the best to raise it then.

Rachel Pruchno

I don't think we're at that point. I would love to get to that point, but I don't think we're there now. I don't think it's wise, and thanks to the ADA, people with mental illnesses, that's one of the protected disabilities, and these people do not have to talk about it, and they are protected. So, if they are hired accommodations need to be made. If they need some quiet time, if they need some time-out time, whatever they need, the employer needs to recognize that.

Telling and not telling is not an on-off switch. It's not a black and white thing. I think there are degrees. What do you tell to whom and when, and I think it's fluid. You know, sometimes people might know others for a while and once they develop trust, I don't know if it's something you'd want to say on a blind date with somebody, for example. You know, hey, by the way. I think that like many things there are gradations of what do you tell and what do you say when and how do you talk about these conditions.

Joe Rusko

Another concept that you bring up in your book is that of the "rock bottom," and you hear this very often, whether watching TV or what have you about, oh, that person needs to reach his or her own rock bottom before anything can happen. So, very popular concept. What are your thoughts about that?

Rachel Pruchno

I think it's absolutely wrong. I think it's ridiculous, and my husband and I were told that several times, especially once our daughter turned 18. She has to hit rock bottom, they said, the social workers said, the doctors said, before we can help her. Well, why is that? Because she's an adult and she can make her own decisions. She has that right. It's the individual versus the collective benefit, and you know, I had a doctor tell me, I know she can't make a good decision. I know she shouldn't be making a decision, but she has the right to make that decision, you know. The way our society is structured, everybody has the right to make their own decision, and you have to be, you know, either in danger of harming yourself or having a knife and ready to harm somebody else before anything can be done. But the whole concept of forcing somebody who really lacks the ability, I mean not everybody, but there are people who lack the ability to make decisions that are in their own best interest and in the interest of others, and making them fall so far, making them either become homeless or being in prison, doesn't sound like a very humane way to treat people.

Joe Rusko

So, what can we do? Say that I witness someone on the street here in Baltimore experiencing what I perceive to be a mental illness episode, what could I do, what would you recommend that I do in that situation?

Rachel Pruchno

Yeah, I'm not quite sure that you as a fellow citizen could do much of anything at this point. You wouldn't know what the person is suffering from. We're just not capable at this point. Right now we can't do anything, and I don't think that that's a problem that an individual can solve right now, you know. I think that there are other issues that families confront, that teachers and police confront that we can deal with at this point, but I think that, you know, sort of reaching a point where one fellow citizen can do something to help another, I'm not quite sure that we're there because I think that would be resisted and, you know, rightfully so.

Joe Rusko

Yeah, I'm not trained in how to deal with them.

Rachel Pruchno

We have a system, we have a society in which individual rights trump everything else and sometimes that's not such a good idea, and we have to be careful how we proceed to try and help somebody because we could do more damage than help.

Joe Rusko

Well, you talk in your book about educating individuals and a lot of these stories do educate readers about what it's like to experience some of the symptoms of a serious mental illness, and you also talk about this crisis intervention training for more professionals. Can you walk us through what that's all about?

Rachel Pruchno

Crisis intervention training was started to teach police officers how to deal with people with people with serious mental illnesses. So, frequently, when someone is in crisis with, when someone is hearing voices and they are wielding a knife or a gun, the police will be called, okay, cause that's kind of what we do in our society, this is out of control person, call the police. You feel like your life is in danger, and then the police would come.

Joe Rusko

The situation would escalate.

Rachel Pruchno

That's right. More often than not, the situation would escalate and typically the person with serious mental illness would land up dead. So, that's not a good solution, so they started this crisis intervention training that teaches these police what these mental illnesses are and how best to react to them. You know, you want to diffuse the situation, and police are trained to come in and have their guns out and ask questions later. But I think these programs really teach police what mental illnesses are and what strategies work better than other strategies for putting, you know, for calming the person, and I think some communities now are even sort of doing away, or having the police come but accompanied by a mental health professional.

Joe Rusko

Or a social worker, or what have you

Rachel Pruchno

Or a social worker, or somebody who can talk them down and can calm the situation and figure out what needs to be done, and of course that's a win-win situation. You know, too many people with serious mental illness land up in the jails and the prisons because they don't get the medical care that they need. We know that people with serious mental illnesses as a group are more likely to be violent than other people, but if they are on medication, if they are in treatment, if you control for things like poverty and previous psychotic episodes, they're no more violent than you or me.

Joe Rusko

There's been such an increase in the number of mental illness episodes that we witness in public, and if you look at the New York subway as an example, there was a shooting recently, there have been people pushing others in front of trains, and what have you, and I was curious about what we can do other than additional policing, which as you mentioned earlier is problematic for a variety of reasons. What can we do about these situations?

Rachel Pruchno

Right, so I think the first thing that we can do is to get these people the treatments that they need and often want, okay. I think that there are so many people, it's so difficult for people to get treatment, to get sustained treatment, to get treatment that really works. That's the first challenge. We do have medications that work. The problem is that they don't cure people; they relieve symptoms. So, it's complicated to figure out and many of these medications by the way have side effects that are horrific, but some of them don't, and it's a very individualized, kind of tinkering I think that needs to be done that requires sustained effort on the part of well-trained physicians and psychiatrists to help this person, but we do have those. We have those in our toolbox. We know what people need. Part of the problem is that our hospitals, the way their insurance works, it's a revolving door. So, people can only stay in a psychiatric hospital for a day or two. Well, we know it takes at least a couple of weeks to stabilize somebody on a new medication. To know whether it's really gonna work, you gotta have time, and we don't really want to give people time. So, one of the first things that we can do is to improve the way we structure care for these people.

Joe Rusko

It was surprising in your book to read how many individuals with a serious mental illness are untreated, and then I was doing some additional research about how it's estimated that only 50% of U.S. counties have a psychiatrist available. So, we're on the east coast, lots of different medical professionals, but in other rural and more suburban areas where there's not as much health care available, so it was very surprising to me, all of these barriers to getting care.

Rachel Pruchno

Yeah, I mean that really surprised me. When I was looking for care for my daughter, it was really hard. I was looking for an adolescent psychiatrist. They're even rarer than psychiatrists, in general. Waiting lists are really long. Many of these people do not take insurance. There's no quality control over them. You have to find a health care professional that the person with illness can deal with. We went through a half dozen psychologists and psychiatrists before we found the right mix, and that's very hard. The waiting lists are long. So, yeah, we need to do a better job of training the next generation of people. There was a fascinating article in yesterday's New York Times about adolescent mental health, and as I read it, you know, I realized that pregnancy rates are down, and drinking alcohol rates are down, and drug use is down among kids these days, among adolescents these days, but rates of cutting and rates of depression and rates of anxiety are skyrocketing. We don't know why, and as I read that I found myself saying, you know, if I were a young person, you know, beginning my career, that's exactly where I would go. So many mental illnesses present themselves for the first time in adolescence, you know, and I'm talking about the illnesses that we call serious mental illnesses as well as the other illnesses that can debilitate a person, and if you can imagine if a teenager is having all this angst and they're cutting themselves because they're hurting so much, and there are no professionals, very few professionals, you say yeah okay I'm in the Philadelphia area and

we should have good medical care, but it was really hard to find the right person and we waited a long time.

Joe Rusko

Would one solution be, so given that there aren't that many psychiatrists available and as you mentioned the insurance issues, I also learned that also nearly about 50% of psychiatrists do not accept insurance, and so given all of that what about allowing certain psychologists, trained adequately and what have you, to prescribe. Would that be, given that there are over 100,000 psychologists in the United States, they're more widely available at the community level, would that be a solution? I know you don't discuss this in your book, but I'm just throwing this out there.

Rachel Pruchno

Yeah, there are actually, it depends on the state, in some states psychologists can prescribe medications, in most states they cannot. But there are more and more health care professionals, whether they be psychiatric social workers or nurses, who are being trained to help with this huge gap in the provider arena. So, I think we're starting to see that. I think it will be slow because as you can imagine the psychiatrists who do have the prescribing rights, the medical doctors who do have the prescribing rights don't want to give that up to other people. So, that's a debate that's been around for a long time between the psychiatrists and the psychologists in terms of, you know, the rights to prescribe. I think, in the best of worlds, wouldn't it be wonderful if the social worker and the psychiatrist and the psychologist all worked together to help the patient? This was something that just really floored me: when we would see a psychiatrist for my daughter who would prescribe medications, okay, and so we saw her once a month for five minutes. Why was that? Because that's what insurance paid for.

Joe Rusko

And there was no interaction with the therapy, with the therapist as well?

Rachel Pruchno

Nope, there was no interaction. Why? Because they don't get paid to do that. They don't get compensated for the time that it takes to do that.

Joe Rusko

Coordination of care. So, a better coordination of care.

Rachel Pruchno

That's right. I mean, there are roles for the psychologist and for the social worker and for the psychiatrist, and if they all worked together the patient would benefit, but that's not how the world works, and that really surprised me. In terms of finding, I think we found a psychiatrist

first, after many months we found a psychiatrist, and then when she pulls me aside and says, your daughter really needs to talk to a therapist of some sort, and I said, yeah, I agree, do you know anybody? She wouldn't refer anybody.

Joe Rusko

So frustrating, so frustrating.

Rachel Pruchno

Very frustrating, and so I had to find the people, and even after I found them they wouldn't share notes or conversations, and then when my daughter was hospitalized, the in-patient folks don't talk to the out-patient folks. So, the only glue that's holding the system together are the family who of course are at their wits end and trying very hard to help their loved one but don't know which way to turn first.

Joe Rusko

So, education through books like your own and others would be one solution. What else would you recommend to those who want to do more? We're all talking about mental health, whether it's in children, whether it's in those with cancer, whether it's in family members, what else can we do? Is it a political solution, or what would you recommend that listeners do?

Rachel Pruchno

Yeah, there are so many things wrong with the system, you know, the question is where do you start, and I guess I come down to the place to start is talking about it, by admitting that someone in my family has this illness. I think, you know, we get enough groundswell happening, then I think we get the attention of enough politicians who are the ones who are going to make something happen. You know, it's a money issue. Where is the money going to come to fix all these problems that we have, and when we have these problems, they're systemic problems that are not going to be solved overnight.

Joe Rusko

And some of it is, back to education again, I know that in certain cities, including Baltimore, it's recommended to call another number, rather than calling 911 which immediately triggers a police response, to perhaps call 311 or another number depending on your area so that it doesn't become a criminal type of, it doesn't start the whole process, it becomes more of a what can we do about this situation.

Rachel Pruchno

Yeah, I think that's a good start. I think that in communities where they don't have the 311 option, it's really important that if the situation gets out of hand and it's critical to call the police, that the police be told that this is a mental illness call and that they should know exactly

what they're walking into and hopefully they've participated in a CIT training, and they have some sensitivity. So, again, it's a process I think of educating the police, of teaching them, of putting the social structures in place so that we have a 311 option, you know, I think that that exists in some communities but certainly not all, and I think that's a start, yeah.

Joe Rusko

Are there any portrayals in TV or movies that you think do a good job? I think we know about a lot of poor depictions of mental illness in films where individuals are depicted as very violent. Are there any good examples where filmmakers have done a good job about a more balanced approach in your opinion that you can think of?

Rachel Pruchno

So, I think *Homeland* did a good job with the character. They made it clear that she was suffering, but they also made it clear that she had the ability, and that she was able to be a good cop. She had a high-power position, but yet you saw that she was haunted. I think the movie about John Nash was terrific. That's a really compelling story about this brilliant mathematician that suffered from the voices, and I think that the filmmaker there really did a great job of showing what that felt like to him. They did something in the movie that you couldn't do in other places. It was very clear to the audience.

Joe Rusko

The auditory hallucinations.

Rachel Pruchno

The auditory hallucinations and the visuals too, there were spies and as a watcher you knew what was real and what wasn't, but John Nash didn't. So, I think that those, you know, did a really good job of showing people, of showing people what these things look like, what these experiences look like, but also of depicting real people. You know, I just keep coming back to these people are real people. That's what I did with the vignettes in my book. These people are real people, and they've got these incredible challenges, and how do they, I mean it's amazing to me that they come out of these and they can talk about it, and they can try and make life better for the next generation of people with these illnesses because there are so many people that suffer.

Joe Rusko

Yeah, I imagine some of these stories being very helpful in a classroom setting, although now that teachers have so much to teach, but I imagine these being very helpful in a high school situation, or high school classes educating students about what mental illness is.

Rachel Pruchno

This education really needs to start in the middle schools. In the middle schools it starts to become clear when there are some problems, and just starting to talk about these problems and these situations and providing a safe space for kids or a safe person for them to come talk to I think is really critical. I also think that what we need to do is educate the teachers, the clergy, these people are in helping professions, they want to help. Even the general doctors, general practitioners, these are people that are sort of the first line that people go to when something's not right, and more often than not they don't know what to do and they don't know where the resources are in the community and they don't know how to help. They want to help. They're in helping professions, but they don't know how to help. I think there's a lot in this book for teachers and for clergy in terms of what we do know that works and how they might be able to use these strategies to help a struggling student or a partitioner.

Joe Rusko

You mention national organizations that have chapters like NAMI and others in your book. Do you want to highlight any of those web resources or agencies that are helpful?

Rachel Pruchno

Yeah, you know, NAMI is a national organization and it's been around for years, and what's really interesting to me is that when I was going through this experience with my daughter I never heard about NAMI. I learned about NAMI afterwards, and I think about it, okay, I'm a well-educated person. I was looking for help, and no one, not the therapist my daughter was seeing, not the pediatrician my daughter was seeing, not the psychologist or the psychiatrist, nobody ever said to me, you might want to check out NAMI. If they had I would have. So, I think again, this is about educating the people, the trusted people in the community that NAMI exists and that there are support groups for families and for people with mental illness, and that you're not the only one. You know, I, again, as a psychologist I kind of realized I wasn't the only one, but I often felt like I was the only one.

Joe Rusko

And if you're feeling that way, then just think about what someone else.

Rachel Pruchno

Right. What I tried to do in the book was to address every issue that I wish I had known about when I was a family member struggling, and then I tried to say, okay, there must be some evidence-based solutions, there must be some ways that are better than other ways to deal with these illnesses and what are they, and so I approached that part of the problem as a researcher. I am trained as a researcher, and so I read all these, you know, voluminous papers and dry journal articles to try and understand what do we know, what's the problem, and what's the solution, and then I distill it in the book into words that I think laypeople can appreciate and understand, and there are some checklists in there, you know, things to do. How do you, what do you do if somebody says they're suicidal? Or what do you do, how do you

find a healthcare provider? Most people don't know how to do it, and so this book very clearly helps people, and so I'm hoping that the book is widely read and shared and used and that it helps us to expand the dialogue and it helps us to eventually get to the point where we're going to have some of these structural, societal changes that will make life better for people with serious mental illnesses because, you know, it's a crime the way we treat them now. It's just horrible.

Joe Rusko

We are approaching running out of time. Anything else that you'd like to add? You did a great job explaining everything about your book. Any last messages for readers who are interested in this topic?

Rachel Pruchno

I'd say read the book, and I'd say think about it, and if a reader can come away from that book with one or two ideas about what they themselves might do or they as a family member might do differently than they have been doing, there are a lot of things that I wish I had known about and what to do and how to approach it. You know, how to talk to somebody who doesn't think there's anything wrong with them. How do you do that? Well, I learned there are ways to do that, and they don't involve raising your voice.

Joe Rusko

Confrontation.

Rachel Pruchno

Confrontation, that's correct. But that was my go-to. What do you mean you're jumping out of a window? What do you mean your doing? Right, so I learned that there are better ways to deal with these very difficult situations, and I hope that the work that I did to, you know, bring this book to fruition if it helps one person, I did a good job.

Joe Rusko

Well, very good. Thank you for chatting with us today, and I appreciate your time. The book again is *Beyond Madness: The Pain and Possibilities of Serious Mental Illness* by Dr. Rachel Pruchno.

Rachel Pruchno

Thank you, Joe.

