RICK 0:10
Welcome to the HEADS UP! Community Mental Health Podcast. Join our host Jo de Vries with the Fresh Outlook Foundation, as she combines science with storytelling to explore a variety of mental health issues with people from all walks of life. Stay tuned!

JO 0:32
Hey, Jo here. Thanks for joining me and my two guests as we conduct a brain tour that will take you on a journey of discovery, from mental illness all the way to mental health superpowers and superheroes. This great conversation is brought to you by the Social Planning and Research Council of British Columbia.

My first guest is Sharon Blady, founder of SPEAK UP: Mental Health Advocates Inc., and former Minister of Health and Minister of Healthy Living for the province of Manitoba. She knows firsthand how getting mental health or neurodiversity diagnoses means living with stereotypes and stigma associated with those labels. She also knows there's a way to reframe those stereotypes and define assets that empower us instead.

Sharon's lived experience, combined with a lifelong love of comic book superheroes, successful treatment with cognitive behavioral therapy, and robust peer support, gave her the perspective and tools she needed to see her mental health challenges as assets or superpowers that she now harnesses and manages for better mental health and success.

Helping us navigate Sharon's brain tour is Dr. Simon Trepel, a psychiatrist with more than a decade of experience assessing and treating kids and teens. He's an assistant professor at the University of Manitoba, where he teaches medical students, residents, psychiatrists, pediatricians, and family doctors. He's also a clinical psychiatrist with the Intensive Community Reintegration Service at the Manitoba Adolescent Treatment Centre, and co-founder and consulting psychiatrist for the Gender Dysphoria Assessment and Action for Youth Clinic. Welcome to both of you, and thank you for embarking on this journey of disclosure and discovery with me.

SHARON 2:39
Thank you. It's great to be here, Jo.

SIMON 2:41
Hey, Jo... yeah... thanks for having me as well.

JO 2:43
I know the relationship between doctor and patient is sacred, so your willingness to help us better understand that connection is brave, and so very much appreciated. First, we're going to dive into Sharon's story, peppered with Simon's clinical perspective. I think this is going to give you a whole host of insights.

Sharon, let's start with you. When we spoke to prepare for this episode, you talked about being born with quote, "different brain things," unquote. Can you tell us that story, starting with you being an energizer bunny and chronic overachiever right from the get-go?

SHARON 3:27
Yes, that was my very articulate way of self-identifying, but that's how I felt as a kid... that there was just something different about me. And it wasn't just that I felt that way. I kept getting told that I was different, and not always in a good way. Sometimes I did receive positive encouragement in school and always did well. The first time my parents had to ever deal with the principal, and my being in the office, was because in grade three I had decided I wanted to drop out because I felt there was nothing more that they

had to teach me because I was spending more of my time helping other students. And it all just seemed so boring. That's what would eventually get me into advanced programs and stuff like that.

So, it was just that thing where I was always doing things and not intending to be one step ahead of things, but finding myself there and then kind of getting simultaneously rewarded and punished for it. So, it'd be like, yeah, there's a great grade, but then you get the side-eye from your classmates. And then I get my father. His tendency was to say that, on one hand, yes, you're my child, you're so smart. But don't think you're that smart... don't get too confident or cocky. So, there was never 100 percent security in it. It's the way I lived in terms of the university and how I was managing things. I remember a girlfriend and I… the joke was that no one would have thought of giving us mental health or neurodiversity diagnoses. More that the joke was made to zap us both in the butt with tranquilizer darts to slow us down so that everybody else could keep up. That was my childhood.

JO 4:57
What were your teenage years like?

SHARON 5:00
Oh, a roller coaster. I was always good in school, but I got into the IB (International Baccalaureate) program, and it was the first year that they had the IB program in school. So, I think in some respects, they weren't ready for us. We were that first class... 50 of us kids that were used to being chronic overachievers… outsiders… were all suddenly in one small school that only had a total of 350 students. I was, again, still doing well in school, but I found my own people and then went off in directions that had me going to The Rocky Horror Show and doing all of this wonderful world of exploration and finding like-minded people.

That was when my second round of visits with the principals started to happen. But again, that weird place where it's like, how do you discipline the kid that's in the advanced program for doing a thing, because they're supposed to be there as a role model. And also, that thing, like the seven colors in her hair, might not actually be a disciplinary issue. It's just you've never encountered it before as a principal. So, I was all over the place. I was doing really well in school and was the very untraditional captain of the cheerleading squad where we cheered to punk rock songs like Youth Brigade. And then I was also in Junior Achievement and, in fact, was the president of the Company of the Year for all of Canada in my final year. Yeah, so again, chronic overachiever... energizer bunny.

JO 6:25
What happened that triggered your first experience with mental illness? How was it treated? And how well did you respond?

SHARON 6:34
It was actually a while after my first son was born. I was 25, I was a grad student, I was doing my master's degree. I had been going out with somebody that had been a classmate, but when he found out that I was pregnant, ran the heck away. Of course, he also ran the heck away, because the day I found out I was pregnant, I also found out he was cheating on me, and basically said, "Don't let the door hit your butt on the way out."

So, I moved back to Manitoba from BC. I had my son, and didn't feel very well, and I couldn't figure out what it was. Because it was, "I've got this kid, I'm doing my master's degree, I've got support from my family," and then one day, I had... after feeling all of this up and down and trying to juggle everything... the overwhelming desire to drive my car off the side of a bridge. And was really the red flag, and something stopped me in the same moment that my wrist almost turned to do that. Another part of my brain went, "That's not the rational thought that you think it is, that's not going to save you or your child the way you think it is."

And that's when I sought out help, and would end up with a postpartum diagnosis. And then that would go on to being diagnosed as chronically depressed, and then I spent some time on Luvox. The GP that was looking after me… I wasn't receiving any therapeutic care… I wasn't receiving any kind of counseling or supports that way… it was just medication. I was eventually on the maximum dosage, and it was making me physically ill, so I did a very unsafe thing and I went cold turkey.

I was lucky to then connect with a psychotherapist that helped me and introduced me to Cognitive Behavioral Therapy. And that's where my really first positive journey happened. But I have to admit, I probably lived the first three, four years, five years of my eldest son's life in a real, foggy, ugly place. That's where the journey started. And it's led to other things and seeking out care has been intermittent and based on things like addressing being assaulted by my ex-husband.

Other basic traumatic events have triggered seeking out care. And it's now working with Simon that I've really had that opportunity to go back and dig through a lot of stuff and learn more about myself. And she's like a superhero geek kind-of-way retcons my narrative in the sense that I've realized my understanding of things has changed, especially as we've dug deeper and I've learned more about my brain and what my diagnoses are, as opposed to what I thought they were, and what others had told me they were in those shorter forms of treatment and care.

SIMON 9:12
That might be a nice place for me to maybe step in a little bit if you guys don't mind. Sharon's covered a lot of things simultaneously… I'm going to try to have a foot in Sharon's side and to be preferential and biased in Sharon's behalf. But, I also want to take a bit of a meta sense, as well and take a look at what Sharon has said through the lens of maybe how people with mental health challenges or superpowers are sometimes treated by the system or by their families or even by themselves.

So, we backed up a little bit to the beginning when you asked Sharon about her childhood. She talked about having lots of energy and being an overachiever. And she was told that she was different, which is an ambiguous message. “Difference” doesn't let a child necessarily understand that that's good or bad. And the child is left to struggle with, "Am I special? Yes. But do I fit in? No." That is the mixed message that a "different" label gives us as children, and we struggle as well to make sense of that. And we are, simultaneously, as Sharon mentioned, rewarded for our special features, our cognitive abilities, but at the same time it isolates or sometimes distances us from other connections that we can have in social circles and with peers and things like that.

So, Sharon felt ahead of others, which then makes her feel separated from others, which then makes her aware of pure jealousy. And then she mentioned this mixed message from her father to be, “Hey, you're good, but don't become arrogant.” And I think that's a big understanding of Sharon's struggle to really understand, "Am I a good person or not?" And this is ultimately what leads us to struggling with our sense of self-esteem and sense of identity.

You then went on to talk about the teen years and, again, Sharon is propelled to this academic special status of IB program. But you hear her own worries about the school's ability to contain and nurture that in a good way by her own misgivings about it being, quote, "the first year the IB program is in effect." And so again, the theme is, "I'm not sure the adults can handle us... I'm not sure the adults and the systems and the parents can handle us special kids." And you hear the same thing when she talks about getting in trouble, and the rebel phase of, I think it was, pink hair, and getting into trouble despite good marks. And she remarks, "Yeah, it was really tough for the principal because he'd never encountered it before."

But he had, Sharon, many times. The principal had encountered many rebellious yet academically talented kids who weren't getting clear messages at home about who they were, and letting them shape a

foundation and identity that gets stable over time, then becomes something for them to fall back on in later years. When they struggle, or even fail at things, they're able to tell themselves, "Hey, that's okay, I'm good at stuff." But when you get a mixed message for so much of your life, and so many systems, you end up falling back on yourself, and you're not sure if you're going to catch yourself.

So, you start to wonder if you're able to get helped by the adult authority or systems that are supposed to be catching us. And then we move on to university degree, and we hear Sharon talk about these awful experiences with a partner, and yet she glosses over it very quickly. And you hear the avoidance in her about talking about that very traumatic rejection and separation that happened abruptly at a time when she needed help the most. And see here, there's no ability to process that trauma. And so, when she gets home, all of a sudden, she wants to drive into traffic, and she doesn't understand why. But yet it's the lack of processing that trauma that sits in the basement of our mind and the sub-cortex and waits like a monster until we are at our lowest, and then it shows and rears its ugly head and attempts to take everything from us because we don't feel like we have anything there.

JO 12:47
Sharon, I know that you have had multiple diagnoses with different mental health challenges. Can you explain to us how that unfolded?

SIMON 12:59
How about, “Sharon, how you doing?” Because we talked about a lot of things just now. And I think an important part of doing these type of interviews where we are laying bare our souls and our histories is that we can go too far. And we can open up too much. And I took Sharon's lead from how far she went in hers. But I think at this point, I'd like to sort of check in with all of us because we've really unloaded some very heavy things. And we don't have to act like it wasn't heavy, Sharon? Well, it's not just for sharing. It's also for our host.

JO 13:29
I love this back and forth. I think it's brilliant in that we combine lived experience with a clinical perspective of that lived experience. And I think that's very, very positive. And as you mentioned, Simon, it must be positive for Sharon as well.

SIMON 13:48
Exactly. And when we unload things like this, we feel exposed. When we feel exposed, really, again, the sub-cortex of our brains, our basement where our amygdala (which is our fear and emotion center) sleeps beside our hippocampus (which is our library), and that retrieves our memories. And when those two get intertwined in the dance of trauma, they end up opening up these boxes again, when we're not always ready. And so, I always make sure whenever we're talking about traumatic events that I take the lead of the patient, but then when I do the step that seems like I'm being asked to do, we stop and we take a breath, and we reregulate our nervous systems, to make sure that we're still on the same page, and it still feels safe, because therapy doesn't always feel safe, but it should always feel caring and kind and make sure that you are checking back with people. So, you're walking together. And I hope I've given you some time now, Sharon to sort of articulate what it is that you want to maybe say at this point.

SHARON 14:47
Thank you for the processing time. I want to thank Simon for how he picked up on how I had said things. And so that in that time to process what I recognized was, for example, that tendency to gloss over things or to say things quickly and sort of dismiss the traumatic aspect of it. And that I've kind of conditioned myself to just telling that story, and that sometimes it has left me raw and open and vulnerable. And that I would just keep moving on not recognizing that it was effectively taking a psychological or a mental scab, and leaving it open to possibly getting infected. And so that's one of the really interesting processes.

SIMON 15:31
Oh, I like that. I like that metaphor.

SHARON 15:33
Well, that's what I've loved about this process, and about being able to share this today here in this manner, because I've come to realize that so many things that I had taken as normal... they were my normal, they were my habits, they were my whatever. But they weren't. And they maybe got me through the thing at the time, but that they weren't the way things had to be... they weren't a mandatory default setting… that they could be changed. And that even some of the language that I use is, again, a process or part of that, again, what I had internalized. And so that's what I always love about feedback. And the support that I get from Simon is that recognition of, oh my god, am I still using that language? Oh, really? Okay. I thought I'd made some growth here. Yes, I have made some growth, but I'm still carrying around some baggage that I didn't realize I had. I thought I dropped that emotional Samsonite back two weeks ago, but somewhere along the line, I decided to pick up the carry-on version of it after all. And, so what can I do to process that...

SIMON 16:35
I hate to interrupt you, Sharon at this point, but we often talk about again, in trauma, this idea of a win-lose or black-white, or yes-no. But when we get into this idea you are doing it again, you're selling yourself short when you say, "I thought I made some growth, but if I made a single mistake, I obviously haven't."

SHARON 16:47
Again, and that's what I appreciate, because it's a black and white thinking that I've normalized. So, I'm enjoying the growth. I appreciate the reminders.

Jo had the question about the different diagnoses, and I have to say that, because I've been given a variety of things over time, I didn't view them necessarily as negative. Some people will look at mental health labels and neurodiversity labels as negative and other, and I found ways of reframing that, but I still found them as identifying mechanisms or filters that I would run things through. And what I've come to realize in the time that we've worked together is that while those were, I guess you'd say, things that I could use to ground and navigate with. I think it's Maya Angelou that said, "You do the best you can, and then when you learn more, you do better.

Some of the diagnoses that we've talked about that I ascribed to at one point, and then realizing that they were mislabelings. I'm glad that I had them for the time that I was there to get me through the thing. It's nice to go back, and that's where I use that term about retcon and go, "Oh, that wasn't really the thing that I thought it was. And now I can adapt to it differently having a better sense." And I would have to say that the one thing that I was most surprised to sort of learn about myself, was just how much of my own mental health has been shaped by trauma of all the different things that I've been dealing with. That is not one of the ones that I would have put near the top of the list or is having had the most influence.

SIMON 18:26
That's powerful, and it's because we as a society demonstrate one of the symptoms of trauma, which is avoidance. In my clinical work, and in my everyday life, we are all desperately trying to avoid talking about traumatic things. And that's the reality.

JO 18:41
Simon... a question for you. A few of the diagnoses that Sharon had were ADHD, OCD, bipolar two, PTSD. Do you often have patients with multiple diagnoses like that? And if so, isn't it incredibly difficult to diagnose if a person has more than one problem?

SIMON 19:05
Well, yeah, but we're not textbooks. We are complicated things. And so, there's many, many reasons why somebody may or may not have a diagnosis at a certain time, and maybe why someone might look like something at one point, but they'll change over time. So, for instance, children, children to teenagers, teenagers to adults, our brains are qualitatively changing over that time, not just in size, but in how they work. A child is not a mini adult... a child is a qualitatively different animal, so to speak. I think that's first of all.

So, really, what we're learning is that the brain undergoes incredible amounts of development over our lifetime. And we know that, for instance, in ADHD, while 7% of children are born with the psychological diagnosis of ADHD, according to our latest studies, by the time you reach 18 years old, we know that only 50% of people are going to have ADHD, which is about 4% of adults. And the reasoning for that is because we know as the brain develops and matures naturally over time, if given the right supports and the right conditions, and you will naturally develop the ability to regulate yourself in unique ways as you develop more skills, have good experiences, and accomplish things, and believe in your ability to manage yourself. And we see those things.

You can be diagnosed as ADHD as a child, never having been treated or medicated and end up not having ADHD as an adult just by the power of development of the human brain and neuroplasticity. But there's also other things that happen. For instance, you might learn skills that allow you to be more organized, and so you no longer meet criteria for ADHD because you've learned skills that compensate for it, the same way maybe somebody with diabetes might learn how to regulate their diets. They don't have to rely on as much insulin. So, I think we're all regulating our chemistry in different ways all the time.

And lastly, we're not in Star Trek or the Jetsons yet, so we don't have the ability to scan a human brain and say, "Okay, well, now we know exactly what this is." So, if somebody comes in talking about hearing a voice or feeling delusional, or being disorganized, and it looks like something called psychosis, well, psychosis is a really a general term that can be many, many things… anything from a bonk on the head, to paranoid schizophrenia, to somebody using math for the first time, to somebody having an autoimmune disorder that's causing an inflammation of the cerebral arteries in the brain. So, there's many reasons why we present the way we do, and sometimes it's not clear in the beginning.

Lastly, PTSD and trauma is a great imitator, it can look like almost anything in medicine. We talk about lupus sometimes looking like many, many, many different types of disorders from many different areas. And I feel that in psychiatry, in particular, child, adolescent and young adult psychiatry, I see that trauma looks like many things before it finally gets figured out to be what it is.

JO 21:52
Sharon, how did your understanding of the diagnoses and yourself change as your treatment with Simon unfolded?

SHARON 22:01
I would have to say the greatest thing was that recognition of what he just explained about PTSD. And I love his comment about the societal avoidance of trauma. Because when I think about my childhood, or the way I used to think about it in terms of or even how well I was in it, it was that… well, you know, my folks are together, I live in a nice house, I've got my brother, I've got my cousins, I've got this, I'm doing well in school. I never would have thought of things necessarily as trauma... trauma was for somebody else that lived far away, that didn't have a stable roof over their head, that lived in a warzone, that kind of thing.

So, it was again, not that eight-year-olds necessarily have the clinical or academic understanding of adverse childhood experiences, so the notion of trauma didn't really enter my life until I got to things like

dealing with an abusive ex, dealing as an adult recognizing what I had experienced with my father, and what he considered discipline, was, in fact, abuse, and that it was both physical and emotional, psychological, that kind of thing. But that was like, again, in retrospect.

So, I understand now exactly how the labels... I go, okay, that's the thing. If that's what I've got, at least I know what I'm up against, at least I know how to deal with it. And so, the understanding that there was something actual masquerading, and that my trauma responses, I think that's the other part, was things that I thought were other things were now like, "Oh, that's a trauma response. Okay, I didn't realize that. Well, that shines a whole new light on it." So, I have to say that's the one thing is that it's given me a lot more, or an ongoing sense of self-reflection. Not that I ever figured out, I never thought that I had it all figured out, but it's encouraged me to keep a growth mindset about my own mental health and neurodiversity. And that there are things that I can always learn about myself so that I can really learn better, healthier ways of coping and adjusting and just moving through life.

JO 24:08
Simon, what are you learning about Sharon's unique brain during all this? And is her response to her trauma similar to other people's responses who have experienced similar trauma?

SIMON 24:23
I'll take the second part first, if that's okay. What's really fascinating to me about trauma is that every single human being that's ever existed, has experienced something traumatic, but not all of it becomes something that we call PTSD, or a fundamental change in how your brain works after that event. And that's what separates it. We can be scared, and we can struggle by something for a few days, and then our brain essentially gets back to factory settings. Or we can have a really horrific event happen and our brain can then change. And they can do two different ways.

And so often people think of trauma, like somebody has been to war or has been raped, really something we think about something truly savage has happened. And that is one type of trauma. And that is the classic type of PTSD you think about. But we are now becoming very aware, our eyes have been opened to another type of trauma called complex PTSD, where it doesn't have to be savage, at least not savage through the eyes of an adult, but is savage through the eyes of a child.

So, for instance, if you are a harsh parent to a child, you are a big, much larger individual. And if you scare, intimidate, or otherwise terrorize a child in the act of trying to be a parent to teach something, you are actually in some ways putting that child through a savage event, and that can be scary. And when the person that lives with you scares you, that can easily become something we call complex PTSD, and it fundamentally changes how our brain works. And so that's something that has to be recognized. And it doesn't recognize that, as Sharon said, "I didn't realize how much trauma affects me," but it's like putting a lens over your reality from childhood.

And so, you start to recognize that when we see this happen in other ways, for instance, in religion, or even in more severe things like cults, for instance, where children are very young or sort of shaped in a certain way, it becomes very difficult for them to disentangle themselves from those perhaps bias messages from their childhood, or perhaps healthy messages. I'm not going to moralize on these things right now, but my point is, what we learn early affects us, and sometimes it can affect us for a very long time. So, savage or harsh, either one can create trauma. And so that's the first message.

The second one is Sharon's brain is unique, but I don't know where to start, actually, like we've already mentioned lots of things. And so, I honestly think that the most unique part of her brain is simultaneously the ability to experience everything she's been through, and then be able to look at it and really allow her to renegotiate who she is, again, looking back, which is the power we all have. And so, I really am honored about and privileged to work with somebody who is so strong and doesn't know it all the time, but

is so strong, they're willing to walk back and say, "Let me look at my childhood, again, with my kinder eyes, with my more neutral, healthier eyes, with eyes that aren't afraid, in the same way anymore... and let me see what was truly there. And let me look in the shadows, then find out they're not as scary. Let me look into my eyes and see that I matter all the time, not just when my Dad's in a good mood." And these kinds of things become extremely powerful moments for anybody, but in particular, people willing to risk the discomfort of therapy with somebody who's willing to go there with them, but also take care of them along the way. And that's what Sharon and I have been able to create.

JO 27:56
Sharon, what have been your biggest challenges along the way?

SHARON 28:01
Wow. I'd have to say that it's been breaking belief cycles and habitual cycles that reinforce the trauma behaviors. So, whether, like I said before, it's the use of language or the comparative competitive thinking, or even recognizing, as I'm recognizing my own strength, because I have to say that there's a lot of things where I would describe the situation or thing that I'd accomplished and kind of felt that it's like, well, anybody would do that under those circumstances, and not allowing myself to recognize the specialness, of maybe something that I had done or accomplished the uniqueness of it. And whether that was academically, politically, it was just oh, this is what I had to do at the time. Or, gee, anybody in my shoes could have done it. And so, I think the biggest challenge will be in that assignment.

Okay Simon... I'm curious what you have to say, cuz you're always good at reminding me when...

SIMON 29:02
Well, again, when you are putting yourself in the crucible of your own personal accomplishments, you have to remember that earlier on it was compounded into you that you can't get cocky. Yes. And so, what you end up keeping with you is that what seeming like an innocuous message from your father when you brought home 105% on that math test, and he said, "You know, don't get too full of yourself because no one likes an arrogant person," and you didn't know what to do with your accomplishment. And you see how long you carry that. And so, what I challenge you to do is to put that down and say, you don't have to worry about the backhand when you do a perfect forehand. Yeah, I just made that up. But that sounds great.

SHARON 29:41
Yes, it does, I agree, and that's probably the biggest challenge right there is living in those things.

SIMON 29:48
Or maybe you should not have to worry, because that's not reasonable for me to suggest that you shouldn't worry when the person there perhaps is a vulnerable narcissist and needs to extract his self-esteem from you in some way. And as a child, we are unequipped to even imagine that as possible from the gods that we sort of worship. Right? Yeah, sorry to be so powerful. I'm just in that kind of mood today... loving it!

JO 30:15
Sharon, you touched on your challenges. What have been your key moments of personal growth and resilience?

SHARON 30:23
Well, it has been the aha moments like those and recognizing that I'm allowed to celebrate these things. And in fact, I should be encouraged to celebrate them. And that it's okay, and that I'm not being cocky and celebrating. Yes, I was the Health Minister dammit, and I was responsible for the $6 billion budget, and I

think I did it well. People are allowed to have another opinion. That's their opinion and their business, but I don't have to diminish myself anymore around those things.

Earlier on in my own experience, like I said, I've learnt to get through things by reframing them. And that came from experiences with my son and finding the assets. So, I have been able to go, "Yeah, you know what, you might say I have this thing, and that makes me difficult to manage or whatever. But I've also got this other positive aspect of it." So, it was that process of the reframing, which would turn into that superpower language that I use, because being the Energizer Bunny can be very useful and productive.

And being somebody that gets told that they can't sit still, and they can't focus, also means that, you know, I pulled together pretty damn good master's theses, and I connected some really interesting dots in some other places, both in my academic and political life that other people hadn't got to. And that in some respects, I was surprised that, "Why is it taking me to do this? How come nobody else thought of this, because once I got here, this seemed really obvious.?" So that reframing is health.

SIMON 31:55
Or, how about one ever talks about Steve Jobs and Elan Musk never sitting still.

JO 31:59
Yeah, exactly.

SHARON 32:03
Yeah, well, and that's the other part of it, too, is that some of it's even been gendered, in a way.

SIMON 32:08
In a way... some of it? All of it!

SHARON 32:10
Yes. Yes, I was the Chatty Cathy doll that was a know-it-all and this and that... but I'm sure boys...

SIMON 32:16
No, you weren't, you were a woman with an opinion.

SHARON 32:18
Yes, but that's how I was...

SIMON 32:20
... like a human being. Yeah, exactly.

SHARON 32:22
But that's how I was labeled when I was growing up was that it was...

SIMON 32:25
... no, that's the microaggression.

SHARON 32:27
And that's the thing that has to be unlearned, because I'm watching my granddaughter right now, who's also recently been diagnosed with ADHD. And one of the messages that came home was that we need to get her to learn to be quiet, and to behave herself in class. And I was just like, "Oh, you do not tell a young girl who has got a voice and an opinion and is able to articulate thing well... you don't put baby in a corner."

SIMON 32:55
Particularly in 2021.

SHARON 32:57
Yes, exactly.

SIMON 33:00
I thought we just learned these lessons.

SHARON 33:03
This was it. So, it was like, we work with her on how to focus, manage, empower, but do not make her quiet, because that would be doing to her in 2021 what was done to me in 1971.

SIMON 33:17
Well, yeah, talk about a replay.

JO 33:20
So, what you might be saying, Sharon, is that your granddaughter... her ADHD may be a superpower for her.

SHARON 33:27
Oh, it honestly is. Like this kid, it blows my mind, honestly, sometimes the things that we'll watch her do, and then process and be able to articulate back. When they went to Drumheller, guess who came back like the little dinosaur expert, and that she was, again, connecting dots and doing things.

She's now a big sister, and I think one of the things that she's also got is a sense of compassion there, where she understands her little brother in a way that while he's not even two weeks old, I mean, she wanted to sit down and read all of these books so that she could be a good big sister, and she read some bedtime stories. And I think that there's a compassion that she's acquired because she knows what it's like to be treated particular ways, to make sure that she's going to be her little brother's defender. She's going to be a good big sister.

SIMON 34:21
Let's not do that to her.

SHARON 34:22
Okay, that's a good point. Let her be her.

SIMON 34:25
Let's not sign her up for a job without discussing it with her first, because we've got all sorts of great plans, but John Lennon had some song about that or something. I'd like to challenge us, as well, to circle back the last two minutes and let's reframe something. What is the school telling her by saying she needs to learn to be quiet… what are we actually missing in that message? Because, if we see it as a pure criticism, we might be missing some wisdom in there that is helpful for us to think about.

Because superpowers... when you discover heat vision as a child, you don't make microwave popcorn for your parents, you burn a hole in their curtains is what you do. And so, we're not talking about that... we're acting like the superpowers are easy to handle, and the person who has them knows how to wield them. But I think what we're hearing the school say is that she has something cool that makes her unique, but it also interferes at times, and we don't want that to hurt her.

JO 35:25

Before digging in deeper was Sharon and Simon. I'd like to acknowledge a major HEADS UP! sponsor... the Social Planning and Research Council of British Columbia. SPARC BC is a leader in applied social research, social policy analysis, and community development approaches to social justice. The council's great team supports 16,000 members, and works with communities of all sizes to build a just and healthy society for all. Thanks yet again, to all of you great folks for your ongoing support.

So, Sharon, let's circle back... we've been talking about superheroes and superpowers. And I'd like to hear the story of how that all got kicked off for you.

SHARON 36:17
Well, I'm a comic book nerd. I fell in love with superheroes at about a year-and-a-half when the Spider-Man animated show came on TV, and I found myself fixed on the screen. And I just never broke away from that, and it's gone down into other different fandoms over time. So, I've got a whole bunch, I'll spare you the list, but what happened was in raising my kids, especially having two boys, we were surrounded by comic books and action figures and Marvel movies. So, it was just familiar. We had favorite characters, and this and that.

And, so what happened was when my second son was born in 2003, I noticed some things about him very early on, especially once he started school, it became really obvious. He was not interested in learning to practice his writing, he would just scribble, he had a very strong auditory sense, like, go to a movie with his kid, do not ever try to debate script with him, because he will have picked it up. And he can come back, like literally with the phrasing, the cadence, the tone, that kind of thing. And that was his gift.

But he was struggling in school, and he always had problems. He was told that he was daydreaming. He was having problems with reading and math. So, they would just send him home with more stuff, and he just was super frustrated. And as much as I'd asked for psychological assessments, I was told that he was too young and will get by. And they kept passing him from one grade to the next, where things just kept getting progressively harder and harder, because he didn't have the skills.

And he was eight years old, and he just melted down one day and said, "Mommy, if you love me, you wouldn't send me to school anymore. Because I'm a failure, I'm broken. And I'm not going to do well there. And it's just it's not worth it." And I found myself saying to him, as he rattled off each of these different things that were wrong with him. I found the flip side. "Oh, so what you're telling me is that you think you're oversensitive to this and that, well, I see empathy there, I see caring, I see strategic thinking." And we flipped all the things and found assets.

And I said, "Sweetheart, you're not broken... you're like an X-Man... you have mutant superpowers. And it's just a matter of figuring them out and figuring out how to harness them. So, we're going to do for you what Professor X does for the X-Men," and I use the example of Cyclops with laser vision. I said, "Think about Cyclops... you can blow up buildings and save his friends to do all these things and take down the bad guys, whatever. But if he doesn't put his visor down in the morning, guess who's gonna set his underwear on fire while he gets ready for school?"

So, we use the example of Cyclops, and what I found myself doing at first I was like, "Oh my gosh, did I just blow smoke at my kid?" And then I realized how I had been coping and managing since that diagnosis of postpartum, and the different tools that I had been given intermittently, and what I had learned on my own... taking those tools and then researching and doing things further on my own,... was that I had been reframing, and I had been finding assets, and that actually previous to that diagnosis the thing is like the kind of thinking that I had with ADHD... well, that had been an asset.

As long as I was checking off the right boxes and I was getting rewarded, that was an asset that was a spidey sense that I was hiding. And that why is it as soon as things helped out on me at a diagnosis of

postpartum, that suddenly there was like, “Whoo, I've got a thing wrong with me… it’s a diagnosis... bad, broken.” And I saw that it's stigma, that kind of thing.

That's what I started doing, and that's where we started really trying to Identify within our own family, what were the assets that we had. And it was things like hyperfocus, it was creativity, and that's just the language that we started using, because we also found that it was neutral. The superpower is inherently neutral... it's what's done with it.

It goes to Simon's comment about burning the hole in the drapes or making the popcorn, right. It is what it is... now, am I going to be stigmatized and end up someone like Magneto, who becomes the antihero and become reactive and defensive? Or am I going to become someone that's more like a Professor X and the X-Men and use my powers for my own benefit, but also for the benefit of others.

And that's where I realized that a lot of the things that I had been doing were about using those powers to help others. So that's where it came from. It was basically me trying to parent my little boy who was broken, and to help him build a toolkit until he could get proper clinical diagnosis and support. It was our way of getting through things.

JO 41:06
How have you evolved that program? I know now that you're offering the toolkit, for example, to other people. Tell us about that.

SHARON 41:15
I guess it's been about a decade now or so since that originally happened. I was using that language with my kids, which crept into my language at work. So, you want to see political staff, which have the minister in a meeting, use the word “superpowers.” That was on the list of words that the minister wasn't allowed to use. And also, not allowed to talk about neuroplasticity, or anything else that will get the opposition a front-page headline where they can call me quirky or a flake or something. And they tried, but it was a case of going through that and deciding that after coming out of office, and after working at another organization, that I wanted to share that, because as I encountered different people that went, "Oh my gosh, that's an interesting way of looking at it."

And so, I realized, and also watching my son and other people I'd shared it with, that it had a destigmatizing approach. I'm not a clinician, and I'm not someone that's trained as well as Simon is... I'm someone with lived experience who has trained in things like peer support, and, that for me, it's a language that I find helpful in taking these big complex ideas and making them relatable, and making them a conversation that we can have, without it being again, scary or distancing.

So, I can talk about anxiety and talk about Spider-Man. And we can have conversations around Peter Parker, and Spider-Gwen, and Miles Morales, and find out that people have empathy for those characters in a way that they might not have for themselves, or someone they know what that diagnosis is. So, it creates that little bit of a safe space. I guess how I put it is I take mental health seriously, but I don't always take myself seriously. And if I can share stories and do things and introduce people to tools and perspectives, or especially introduce kids to ways of handling their emotions, because a lot of times it manifests more emotionally, where they see it as positive.

I've seen the results with my son, who specifically has got some powerful reframing tools. That's what it is. And so now it's a program called Embrace Your Superpowers. And I've since encountered another fandom that I've been dived way too deep into, and I have another program based on the music of Bangtan Sonyeondan (BTS), and just published an article in a peer-reviewed journal out of Korea on the mental health messaging within their music and how they model things like CBT (Cognitive Behaviour Therapy), peer support, and some other therapies.

JO 43:43
Wow, that's amazing. Simon, can you put all this into clinical/neuroscience/neurological context?

SIMON 43:54
You mean, as assistant Professor S?

JO 43:56
Yes.

SIMON 43:59
Like that one... Sharon... Professor S?

SHARON 44:00
Yes, yeah.

SIMON 44:01
Pretty close... yeah... not bad. And as a psychiatrist, I didn't want to say sex because then I have to say something about my mother... it's embarrassing.

So no, I really can't summarize it in some perfect way. But I can talk about Sharon's use of superheroes as a way for her to lovingly and empathically discover herself. And I think that when you think about how difficult Sharon's life is… especially early on was, maybe not so much now, which is awesome… but as a child, she didn't have a hero that was safe to look up to. And when kids don't have a hero that's safe to look up to they find them. They find them in teachers, or they find them in pop culture, or they find them in rock and roll, or they find them in fandoms. And Sharon was really lucky to be able to find such an awesome fandom that gave her such positive messages, that allowed her to start to say, "Wait a minute, different is unique."
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It gave her the idea that adults could be nice, that they could do things that were selfless that did not have to hurt other people. That adults could do big things and handle things. That they could be role models. That adults could be strong, and that people could look up to them and still be safe in doing so. And these are all contrary to the messages that Sharon had been experiencing in her own life. And so, this was a very much a place for her... a cocoon for her... to be able to develop safely in her own mind and her own psyche to survive how harsh childhood was with all the adults in her life that were not sending her comfortable messages.

In fact, they were quite mixed, and they were quite barbed. So, I think that I would start off by just saying it's awesome to think about this way, and in Sharon, teaching other people how to have more empathy for themselves. We always work on the idea that what we do for others we're actually doing for ourselves. And so, it brings us back to the idea that Sharon is doing this, in fact, for herself, which then makes me wonder if I'm doing this for myself, and it makes me feel good to help other people. So perhaps, I'm selfishly also baked into the system here and doing some of the same things. But that's okay, because you can reach a point in your life where you can give to others without taking anything away from you.

And that's the other idea about how things are not a zero-sum game, things are not black and white. In fact, we can generate kindness and love on the spot as humans, and we have this beautiful ability to do so. And that's, as well, what superheroes do... they love the human regardless of the situation, because they know the person's always trying their best. And that's one thing that I always make sure I work on with everybody... I will truly believe that everybody is trying to be as successful as possible at every moment, including when we don't want to get out of bed, we just calculate that. That's all we have that day, and that's the best we can do. And I just want to make sure Sharon continues to embrace those

parts of her because they are easily the most powerful parts that really do have the ability to generate almost infinite abilities to believe in yourself.

JO 47:02
Sharon, you mentioned earlier… neurodiversity, and I'm really interested to know, first of all, from you Simon, what that means, and what that means to people like myself and like Sharon, who have mental health challenges. She may not be considered, quote, "normal" unquote, from a mental health perspective, but look at who she is. Look at what she's accomplished. Look at how she's helping people. So, can you just respond to that?

SIMON 47:37
Absolutely. I'll back you up a little bit. Sharon's as normal as anyone else... there's no such thing as normal. This is the lie that we've all been sold very early on in our lives, that there is something called "normal." And, by the way, that normal is also perfect. And that's also the thing we all wanted to aspire to be. But it's really a story of conformity... the language of normal or perfection is actually language of conformity.

And so, the reality of it is, we are all so different. If you go into a field and look at 100 cows, but then you put 100 people in the field beside them, you look at the people, humans are really unique. I'm not suggesting cows aren't unique... cows are pretty neat, too, but humans are exponentially more unique. And because of the freedom that we enjoy, because of our prefrontal cortex to imagine ourselves in almost any scenario we like, we're walking around with a holodeck in the front of our skull. So, we all have that.

But what neurodiversity truly speaks about, it's recognizing that in the great, great ghetto blaster of Homo sapiens, the equalizer is spread uniquely throughout all of us, all of Homo sapiens is a spectrum. And so, we do cluster sometimes around some tendencies such as gender, but we're learning that not everybody experiences a “normal” quote/unquote, as we've been sold, gender. In fact, there is intersex conditions, there is agender, there is gender fluid, there is genderqueer, there is non-binary. So, there is no such thing as normal. There is just this incredible adventure called being a human being. And the only limitations we're going to put on that are the ones we put on ourselves.

JO 49:16
So, Sharon, how did your understanding of neurodiversity help you to see yourself in a different light?

SHARON 49:23
Well, it goes definitely to what Simon said... one of my favorites expressions around this is "normal is just a setting on a dryer." That's the only place it's a useful term.

SIMON 49:34
And it doesn't always work for the clothes in the dryer either.

SHARON 49:37
Exactly, exactly. It might not be the setting you need. Again, when my youngest one was finally tested and given diagnoses that said that he had discalculate dysgraphia and dyslexia, these are things that are called learning disabilities. And I'm like, no, no, no, no, no, he just learns differently, and that he learns in ways, that again, it's this idea of along a spectrum, and so it's a case of wanting to take the stigma away from it.

There is all of this diversity. And that somewhere along the line, somebody came up with some sort of liberal, conformity-based normal in the supposed center, and that the rest of us were put out on the margins. And we have a disability or like with ADHD, the idea that it's a deficiency, and I'm like, “Okay, no,

no, I don't have a deficiency disorder. I can hyper focus. My ability to focus is divergent, and it can be hyper focused, it's not deficient."

The term, variable attention stimulus trait is one that I've come across as an alternative. And I appreciate that one, because it's the idea that I just have greater variety in my stimulation range. It's not better or worse, that idea of positive or negative. So that's why I tend to use the term neurodiversity, where other folks would tend to use terms like a learning disability or some kind of a challenge or something, again, something that implies other or negative. It's like, no, there's this wonderful spectrum that exists.

And that's what we need to understand and appreciate. And then the other thing that I've come to realize, especially, I guess you'd say, in real time with my son's experience… and then I'd say, in retrospect, with my own on this journey with Simon… has been that those of us that have that kind of a diagnosis or a label, will inevitably have some kind of traumatic or mental health issue. Because you're going to experience anxiety, you're going to be stressed out, you are going to overthink and self-judge and do all of these things.

When you are being treated as other in the classroom, because you're not reading the same way, you're not writing the same way, you're not allowed to hand in a video presentation instead of an essay. And so instead, you're beating yourself up for two nights trying to get two paragraphs on a piece of paper.

Whereas if you had been left to give an oral presentation, or maybe my son had a geography assignment that by God, if you'd been able to do it in Minecraft, to build this world that he created for this class, he would have knocked their socks off. But instead, it was knowing we need five paragraphs on a piece of Bristol board and a picture. And that just wasn't his thing. So that's for me, neurodiversity is about we need to challenge how we see each other, how we teach, how we work, because we're missing out.

There's a lot of us that I call sort of shiny sparkling stars that, you know, you're trying to take those shiny, pointy stars, and that's what you're trying to shove into the round hole, not just a square peg. But you're trying to shave off all of my shiny pointy stars to stick me in a boring round hole. And we all lose.

SIMON 52:44
And I think really the other thing we have to mention is that we need to treat education like fine dining, but instead we treat it like the drive thru. Yes. And so, if we don't talk about that, we're going to blame the teachers for everything. And it's not their fault. Schools, education has been undervalued, underfunded, and quite frankly, is not sexy or cool. Even though I think it's the best thing ever.

SHARON 53:07
Yes.

SIMON 53:09
We don't look at teachers as heroes, yet, they are probably one of the highest skilled and the most patient and most saint-like versions of humans that have probably existed in our society. And I'm not joking, the ratios are too high and unmanageable for teachers to spend the qualitative time to actually help kids learn in the best ways they learn.

So, what they do is they bundle kids… and I know sounds like a [Bell] MTS package…but they bundle kids into packages of classrooms where the median learning style will get served the best. But what we have to start doing is recognizing there might be seven or eight unique learning styles, and then streaming our children into those enriched learning environments. So, they simultaneously get to enjoy their easy way, while working on the other seven types of learning that they're not good at. So that everybody starts understanding that there's no deficit for those people.

We all have deficits, because we don't have everyone else's skills, but that's a qualitative aspect about being human. We're all capable of learning to greater or lesser degrees, but we're all capable of learning, period. And we're gonna find some ways that we do it easier across the board, which is going to work in many environments, but it's not going to work in all environments.

So, the challenge for all humans is to enjoy what you got and flaunt it, and be celebrated. But at the same time, celebrate learning the other things you don't do well, and we're not going to blame the student because the school doesn't know how to approach their unique learning challenges. We're going to help fund the school, we're going to elect people that take education seriously, and we're going to start to really give our kids a fighting chance to develop self-esteem and identity and an actual career that they feel fulfilled by.

JO 54:53
Simon you mentioned that we can all learn. How does neuroplasticity play into that?

SIMON 55:00
Our brains have changed dramatically since the beginning of this podcast. That's how our brains are a dynamic ocean of neurons and waves that are sending electrical signals to each other all the time. Every single thought you have is like playing a single note or several chords on a keyboard at the same time. That's why people say we only use 10% of our brain, because if we used all of it at once would be like playing every key on the piano at the same time, and you would not make sense of what that was.

Neurodiversity and neuroplasticity, in particular, talks about the idea that our brains are shaped by our genes that sent templates for them, but then having great amounts of potential to be shaped in dramatically unique and different ways. By our experiences, in particular, if those experiences are harsh, they can hardwire in some ways and rigidly keep that template baked into the system for sometimes decades at a time.

And on the other side of the spectrum. If our young brains are nurtured… like an orchid in a garden that understands the conditions under which they will thrive the best… then the human brain doesn't seem like it has limits, and we see that in our neurodiverse populations that are allowed, because they're so separated in so many other aspects. If you have severe autism, for instance, we see human abilities that are beyond anything we could ever imagine. And that's all within the human brain.

JO 56:29
You can't discuss mental health without talking about stigma. Sharon, what kinds of stigma have you experienced? Be it structural, public, personal? And if you have experienced that, how have you reduced the impacts of that in your life?

SHARON 56:46
I might not have identified it as stigma as a child. But there was definitely that sense of being othered. I wouldn't have had that word. I remember when I was first given the postpartum diagnosis, and I remember the doctor asking about if there was any history of mental health issues. And then going back to my folks and being given this adamant, "NO," that there was nothing. Okay, they're very defensive. And yet, at the same time that I was given this adamant "NO," it was then followed up with my mother's explanation about how she and her two sisters all spent some time on Valium in the 70s, while six of us peasants were all young and growing up together.

There's been a lot of self-medication on both sides of the family, and how those that had nothing to do with those behaviors, nothing to do with that. And there was this real sense of denial, and, How dare I ask these questions? And I still have some family members, from whom I am estranged because, How dare I talk about mental health? How dare I be the crazy person? And as I said, I had been given a diagnosis of

bipolar which again, through work with Simon, realize that behaviors that were seen in there, it seemed like the thing at the time, but we're realizing those because trauma hadn't been addressed appropriately.

So, my son, his father to this day still asks, and because my son lives with me predominantly, has had the gall to say... my son would come back, and this is pre-COVID, would come back from a visit. And you know, so how did your visit go? Oh, well, Dad asked, "What's it like to be raised by a bipolar mom?" And, "Am I okay?" And, "Am I safe?"

And then, when I went public with my mental health, as the Minister of Health, part of the reason why I did that was because I wanted people to know that I was somebody with lived experience, I wasn't just a talking head. And it had to do with a particular situation, where we had just lost someone to suicide, and that the system failed this person, and hadn't been able to meet his needs. And as a result, we lost this wonderful artist. And that broke my heart, because I always looked at that job as if the system can't look after me and my family, then it's not good enough. And if we lost this person, I saw the situation, I guess, from both sides. I saw myself as the potential parent in that situation, and also the potential adult child who was lost.

And I remember my staff, people were flipping out about how the minister cannot discuss this, because we're gonna have to deal with people and social media making cracks about our crazy ladies in charge of the $6 billion budget. And I was, like, have at it, or if somebody says something like that, that says more about them than it says about me.

And then if I want to help empower people, and I'm going to lead by example, and show that it's okay to say that you've done these things, and that you've got these things, and that you've lived through these things. And yes, I've survived two suicide attempts, and that doesn't mean I'm broken. I'm this and that, I'm just a human being. If I can say that and say that boldly, then maybe that'll give somebody else the strength, the power, the whatever to walk in and ask for help, or fight for change in the system, or do something else that might mean they get to live another day.

JO 1:00:05
Simon, what percentage of your patients might experience stigma?

SIMON 1:00:10
100%.

JO 1:00:11
And how does that manifest?

SIMON 1:00:13
Judgment, microaggressions, criticism, not having empathy for someone who is emotional. We're all pretty exhausted... we're all pretty tired... we're all pretty stressed. So, everyone has mental health challenges, but we don't always have patience for those of us who have mental health diagnoses. We don't really think less of somebody that has diabetes, perhaps in the same way, we might think less of somebody who has anxiety, yet they are both physiological things that are genetic, and neither person's fault.

So, we tend to blame human beings when they have emotions as being weak or less than, and we've also ascribed that to being something that is gendered sometimes. And this is disturbing, because one of the most beautiful parts of being a human being is experiencing emotions. But the reality of it is, stigma exists because we fantasize and pretend to be copies of gods, and then are devastated with all of our beautiful imperfections that give our lives contrast to even experience any difference at all.

This is the point... we're pretending to be normal, pretending to be perfect, and so anything that is not seen in that lens is therefore deficit or deficient and we judge it. And this exists in our rock stars and our celebrities who are giving us idols to worship. And, therefore, we look at idealized versions of ourselves and wonder, would it be like to be perfect, but really deep down, we know none of us are, but we struggle with that. And these images we're inundated with all the time are very convincing. YOLO, FOMO, Rolo, sorry, that's a candy again, I'm joking... I was intentional. But my point is that this is stressful.

But we have to help each other, support each other and understand our differences are what's going to keep humans alive as a species for the next, hopefully, 1000s if not millions of years, because we don't know what challenges are coming. So, we know the genes that we don't even understand their full implications yet, may become the most powerful genes in the world.

I'll give you one more example. When Neanderthal man and early Homo sapiens were picking berries in the fields, and a sabertoothed tiger was sneaking up on them, it was the individuals with ADHD… they're easily distractible… that heard the rustling in the bushes while everyone else was focusing like a good little Neanderthal should be. And it was ADHD people that saved the tribe, and they probably were embraced for that... it was probably celebrated as excellent hearing. And we know that people with ADHD have excellent hearing and excellent vision sometimes, up to and including that of an eagle as well as some people with autism. So, there's some pretty incredible things we're finding out that means we shouldn't stigmatize anybody.

JO 1:02:54
You're right, we shouldn't, but we do... and stigmatization within the healthcare system is a rampant problem. Sharon, can you share any examples of that?

SHARON 1:03:06
I guess, the way I look at it is that... and this is we're going to go back to the superhero thing... is that I remember speaking at the opening for the Canadian Federation of Mental Health Nurses. So, I was dealing with a whole bunch of nurses, we had a conversation around, you're seeing me up here on stage talking about this as someone with lived experience, and as somebody who has attained certain things, so, I have certain degrees and titles and things like that, behind my name. And those of us that have got a diagnosis and have achieved those things, it's almost like we've achieved them despite that.

And I'm saying I've achieved those things, actually because, in some respects, because of the way my brain works. And I'm up here on a stage and for the certain part of my life, how I achieved those things, because they were like spidey senses, they were checking off the right box, and that I get seen as exceptional. And that it wasn't till things helped out on me that I was given a diagnosis. And again, that stigma was more overt.

And I said, what I feel badly about is that you're going to look at me one way, there's a possibility of you looking at me one way right now, but just know that I could walk in, you could be one of my frontline care providers, two weeks from now. And I'm in the depths of some sort of mental health hell, are you still going to look at me the same way? I'd ask that you do... that I'm still the same person. So, whatever esteem you're holding me in, now hold me in, but then also do that for every other person that you treat from the moment you walk out this door, because a lot of folks... their superpowers, shall we say... help out on them early in life before they get some of those positive experiences and to check off those boxes. And then they get seen and defined by their labels, and they never get that chance to shine the same way or to be treated."

I've had the privilege because I have achieved places of privilege and power to be treated particular ways. And I am grateful for the privilege that I've had that. But there's somebody else walking around with a very similar psychological profile to me that has had nothing but being treated like crap, and being

misunderstood. And it goes back to what Simon said earlier about that idea about handling things and how we view people in terms of we don't respond well to, you know, emotional things.

I even remember when I was in office, and then talking to folks, and you had to have the table of experts around me as something would be described. And I'd be like, you're wondering why this isn't working the way you want it to, because I can tell you my depressive/suicidal brain and hearing that would not be responding the way you want me to respond or the way you're anticipating. And so, it's there. And it's not because people don't care. I think those of us with lived experience, and especially in terms of peer support, have a role. And that we're kind of like a bridge or a translation mechanism.

And I love it when folks who have... I guess you'd say, that kind of sounds really strange... but the rich, profound/shitty experience of really bad mental health are the ones that are actually the professionals, because they've lived in that same crappy mental health piece of real estate that I have. Oh, you're on the corner of anxiety and depression, well, I'm over here on the corner of anxiety and ADHD... how's it going? We might not be permanent residents there, but it's nice to know that you've lived in the same neighborhood.

So, it is there. I think it affects how we fund things and how our health system is organized. We need to get more people with lived experience in office, and that's how we're going to change things like health care and the education system. So that we can have conversations around mental health in a destigmatizing way early in kids' education, while we're training people to be teachers, and while we're training them to be healthcare professionals, so that it's just so ingrained and prevalent that that becomes normal rather than stigmatizing being normal.

JO 1:07:08
Simon, how do you see stigma in the health care system?

SIMON 1:07:12
Stigma is rampant in society, and if we're talking about in the healthcare system, it really mirrors that seen in schools, as we talked about earlier, for the same reason. It's because it's underfunded, it's sometimes under-understood. So, we don't do as good a job diagnosing and treating as well. We're unbelievably getting advanced in cancer treatments, and micro receptors, and alternative treatments and multiple ways... and I don't begrudge that at all. I've lost loved ones to cancer. And I'm really glad that research is happening.

But we pretend as though we've achieved the same level over the human brain, when we really can't even identify where consciousness is. So, the reality of it is, we have a long way to go in mental health care, before we're there. And as a result of that, because we can help people with mental health challenges the same way we can with quote unquote "physical" challenges, our healthcare system sometimes turns our back on people that are struggling. It's almost like mental health feels like a cranky baby on the healthcare plane. And that's what it feels like some of the time.

I've seen people who are rushing across the emergency room for somebody... and I'm going to be judgemental here… with multiple risk factors that are maybe modifiable, having a heart attack. But I see a lot of people who are angry at the young woman who's had a recent suicide attempt, because she quote unquote "brought this on herself." And I think that we've got to take a look at that. And because we have really good treatments for heart attacks, and we don't have really good treatments for abusive relationships.

So, what we do as healthcare professionals, is we choose how to treat people. Well, I've got a treatment for you, come right in, you know what we can really help you. In fact, you being here makes me feel like I'm not a good helper, so go away. And we end up asking mental health patients to meet the needs of the

healthcare professionals. And we really have to just put a lot more energy, funding, passion, time into mental health... into understanding it and understanding how fundamentally important it is. I believe physical health is one of the wheels of your bike, and mental health is the other wheel. And you need both wheels, because very few of us can ride on a unicycle.

JO 1:09:14
There's much talk today about ACEs, or adverse childhood experiences, that commonly set the stage for future mental health challenges. Sharon, you spoke about that earlier about how your ACEs contributed to your mental health challenges. Simon, what percentage of the patients you see have been affected by those adverse childhood experiences?

SIMON 1:09:41
My practice is divided into three or four different clinics. By the very nature of some of my clinics, I work with a very heavily traumatized population. One of my clinics I work is the Gender Dysphoria Assessment Action for Youth, and we work with teenagers in particular who are looking at gender identity and trying to work through this, and trying to understand this, and we help with diagnosis of gender dysphoria following WPATH [World Professional Association of Transgender Health] guidelines. But along the way, we also do mental health diagnosis and support. And the amount of trauma for instance, in the trans population is extremely high, because of exactly the same things we were talking about earlier… stigma, perfectionism, normal, or not normal, seeing humans as good or bad, black and white, as opposed to on a spectrum.

In that clinic, in particular, certainly more than half of the clients have or had a diagnosis of PTSD at some point. And then the other side of the coin, as I also do a lot of work in outpatient clinics with Child and Family Services, and a lot of kids in care, and in kids permanent wards, and kids who've been exposed early to substances in utero. And so again, in that population, it's over half of the kids and teenagers I see in that clinic have a diagnosis of PTSD, and often I'm one of the first people to recognize it.

And that's something as well, you see the level of avoidance that all of us have towards trauma. And even when you go after trauma, you risk upsetting a child and or family. You also risk the complaint of the patient or system, that you were a bad doctor, when really you're trying to identify something very difficult to get to that is steeped in avoidance and denial and stigma. And when it is identified, sometimes it's easier to turn on the doctor.

So, for all these reasons, it is a very big challenge, but it's the area I'm most comfortable working in, I have a great deal of skill and comfort in this area. And I'm also still trying my best every single day knowing that I'm not going to do it perfectly from all my clients as well, but I'm going to try my best to stay with them.

JO 1:11:33
A bit of a plug here. In BC, we have a very successful program called the Foundry that offers young people ages 12 to 24, mental health and wellness resources, services, and support. And it does this online and through integrated service centres in communities across the province. You can check it out at www.foundrybc.ca. Simon, in your vast experience with youth and teens, how important is it to recognize and deal with trauma early on?

SIMON 1:12:06
It is my belief that because trauma is something that is an experience that changes how the brain functions, that the human brain can have other experiences that then allow it to heal properly. The problem is the timeline, and really the earlier you intervene the shorter amount of time you may require depending on the absolute kind of level of trauma.

There are some traumas that are so profound, that it's impossible for me to predict how long it may or may not take someone's ability or potential to get better. But for most traumas, for most of the stuff we've been talking about, almost everybody with trauma will be able to heal in some way. But it starts off with a recognition of the diagnosis, then there's a prolonged stabilization phase where the individual's central nervous system and brain is given a time to allow it to settle down back to at least some calmness.

And then after that there's an opportunity for skill-building and learning about new ways to think about themselves, their past, other people, their future, the world around them. And if that is done properly, and perhaps the Foundry is one of those areas that can do that… I'm not sure because I'm not familiar with it specifically… but if those types of programs are coming out that are trauma informed and evidence based that are following guidelines, often... and we look at things like dialectical behavioral therapy (DBT Marsha Linehan models)... these have shown incredible evidence, with or without medications in some instances, to allowing people to make complete recoveries from trauma that even from ACEs early in childhood.

JO 1:13:40
That's great news.

SIMON 1:13:41
I know, I wish I was responsible for it, but I'm just the one reporting it, I'm not going to take the credit. But it's wonderful news… it gives me hope, and why I sort of take the stance I take in almost every moment of my life, in particular in my clinical life, that I want to be a conduit to people's healing. And because I believe truly authentically deep in my heart and my soul and my psyche, or whatever you want to define it, that I can help people to get there.

JO 1:14:07
A subset of trauma is the topic of intergenerational trauma. That's certainly something experienced by the Indigenous population here in Canada. We recently did an episode on stigma with a Metis woman... her name is Samaria Nancy Cardinal... whose story of forgiveness and growth from intergenerational trauma is truly inspiring. So, I encourage you to check that out at Fresh Outlook foundation.org/podcasts. Now, Simon, I know when you talk about intergenerational trauma, the topic of epigenetics comes up. Can you bring us up to speed on that?

SIMON 1:14:45
Epigenetics is essentially your lineage, your genetics, your family, and your parents or grandparents. But go back 50, 60, 70, 80, 1000 generations, and in every single one of our families, we are the product, the most recent model that our family line has put out. And so, if you look back at all of our genetic lines, some genes have stuck there the whole time.

Other genes have come and gone depending on experiences, conditions, where we're born on the planet, where our families migrated, where we wound up, how we treat each other, how the land treated us, how we treated the land. All of these things have been housed in our DNA in a particular type of DNA called our epigenetics, which are transcendent from our genetics, or our human genome. Every one of us has our own individual, our species as a whole has an entire genome of all the possible genetic things that can happen. And this is why you're seeing companies like CRISPR coming out, because we can now start to look at the manual and change the recipe a little bit.

But what you'll see in epigenetics is that if a generation or two or three go through severe circumstances, environmentally, or otherwise... genocides I mean… let's be honest, look at the epigenetics of the dinosaurs, the epigenetics of dinosaurs was everything's fine until a meteorite hit our family, but it hit every family. So that is the epigenetics of dinosaurs, then that's where mammals takeover and our individual ones, and residential schools, that's essentially an asteroid hitting a generation.

Carrying that level of trauma for an entire generation can… in some ways, and many families wiped out an entire level of role models, of heroes, of caring, nurturing kind, biological parents that could have helped their children nurture attachments and when that's disrupted… actually cause what we're seeing, in many ways in the reserve systems, a loss of sense of self and others. And if you look at some of the much more esteemed writers about residential schools and Aboriginal identity... and I'm not one, I'm not trying to speak on behalf of anybody... but they describe something called anomy... anomy is normlessness. It's the absence of norms.

And if you look at what you see in reserves… two, or three or four generations later, after residential schools… you see they still struggle to just have a sense of self and culture and history. And you've seen avoidance of it, a self-medication, because of the absolute devastating trauma that so many individuals in the Aboriginal culture, who essentially were, if you will, owners of the land…if you're looking at a capitalist model, because they were here first... who were then usurped, manipulated, killed, jailed against their will. And an entire generation was brainwashed that they weren't caring, kind people, when actually they were more capable of taking care of themselves in the land than we have sort of turned out to be in many ways.

I'm getting a little passionate here, but essentially, our epigenetics is the powerful effects that generations of conditions have had in our genes, and how that affects us to this day. Individuals whose grandparents went through the Great Depression... we've seen some studies suggesting higher cancer rates three or four generations later, because of the profound effect of the starvation, the famine, and the treatment.

So, we're now learning that, in fact, we're only becoming fully aware of what the profound impacts of residual schools have created. That is what we're seeing now, we have no idea what the impact is going to be, the same way we have no idea the epigenetic impact of us almost moving completely to visual screens. So, we have many things that we've been through, or we are going through, or we are going to only become aware of in the future, that have actually happened 20, 50, 100 years ago, and that is the power of epigenetics.

JO 1:18:32
Well, that's a perfect segue into COVID-19. How has the pandemic affected people's mental health? I know in some cases people are reflecting more deeply on what really matters in their lives. What are you hearing from people... Sharon both you and Simon?

SHARON 1:18:51
If you don't mind me going first, I'd like to say COVID was actually what got me reconnected with Simon, and in this capacity, because I had hit a point where the tool kit that I had, and the understanding that I had, was no longer working for me. The one thing that it did do was caused me to reach out and begin this particular journey. And it's been profound.

But it has been, as you say, a period of reconnecting in different ways. For us, yes, we've been housebound, and working from home, and trying to do school from home. But it's definitely caused us to rethink what matters. And I think the one thing that I'm concerned about at this point is that and again, because I do work with companies, as well as individuals, is watching how companies have responded. For example, places that I was going to work with, they just shut down their things. They didn't move to web stuff.

When they did start reaching out for support, a lot of it... and I had a conversation with someone last week... where it was like you realize that again, this goes to the stigma and the work people want to do. They were just looking for what is it that we can do to give our employees some tools, they were not ill-intentioned. But there seems to be a fundamental lack of understanding that this is going through a

collective trauma, and that we're going to have to do more than tell people to try yoga, do some meditation, put your mask on and go out for a walk. And that actually considering what people's mental health challenges and possibly diagnoses were, would be a significant foundation from which to give them tools.

As somebody with ADHD, so for example, somebody tells me to meditate, you can't just hand me any kind of meditation, some meditations will actually cause me more stress and more harm. I need certain styles or I need to be in a certain place. So, I felt very uncomfortable with the prospect of just offering generic tools to support a company and their team recovering from COVID, because I understood that it was more complex than a handful of one-size fits all tools.

I'm curious what Simon's going through because, you, boy, you are on the front line, sir.

SIMON 1:21:06
A number of months ago, when it was I think March or April 2020, I read an article by a really well-known eminent psychiatrist, and she talked about the shifts that therapists are gonna have to make over the next year to survive and be therapeutic to their clients. Because we have to give in a different way, and we have to give in a way that's sustainable so that we don't get burnout and then abandon our clients.

I've noticed that we've shifted sometimes from hour sessions to half-an-hour, especially when we're going on Zoom and things like that. The pandemic caused us to reflect... it didn't cause us, it forced us to reflect. COVID shone the spotlight on all of our elephants in the room because it forced us to stay in the room long enough to get to know our family members and ourselves a bit better. And then ask the question, "Can we keep living like this?" And many of us asked ourselves that question and answered, "No."

And then we said, "What are we going to do about it?" And this is what we're seeing now. 2021 is, "What are we going to do about it?" And we're starting to see people [move from] passion to exhaustion and to traction again. And we're seeing a lifecycle of humans surviving their greatest crisis to date, possibly that affected up to every single person, which has never happened before for a single Homo sapien crisis in history of humans. Maybe back when we only had 100,000 of us running around, but I think you know what I mean.

This pandemic has taught us and forced us to finally prioritize our mental health and recognize that without it, we have nothing. And I think that's the shift we're gonna see moving forward, and that's what I'm hoping happens. But you know what, I'm not sure about everything.

I did want to comment, Sharon, about the meditation issue. And we know that meditation can activate trauma because it leaves you alone with your thoughts, sometimes in situations that are unguided. And sometimes when you are to the stable place in your trauma therapy, actually, a lack of stimulus causes memories that are often some of the worst kind to float to the surface, like just an evil magic eight ball. And so, we have to watch out. You and I should talk more about meditation sharing if we want to do that, because it can be done, but it needs to be done in certain ways.

Particularly, it depends on the phase of trauma, and also just relative recent stressors and those kinds of things, because we have microtrends in our everyday life... in our emotional waves. And we have macrotrends, as well, and some of the currents of our lives that are affected by relationships, and our children, and health, and things like that. So, we should look at that bit more closely down the road, and maybe one of our one-to-one sessions.

SHARON 1:23:30
Cool.

JO 1:23:31
As a community sustainability nerd, I'm always talking about social, environmental and economic health. And the word that I use a lot is resilience. So, Sharon, what does that mean to you from a personal mental health perspective?

SHARON 1:23:50
It's the bounce back, but it's also what binds us together. So, from a personal level, and like I said, even at community level, it's that idea of resilience and integration. How strong are the ties, and the healthy ties, and so whether it's, again, in terms of connection to others in society, the strength of an ecosystem. If you take any ecosystem, like a forest, for example, you can take out a certain amount of trees, but if you take out too many, it collapses in on itself.

I think resilience is that sweet spot where we're at that place of connection, and that from a mental health perspective, it's our connection with ourselves. And for me, how it gets manifests is what I call either my "response" or my "bounce back" when something comes at me that has the potential to derail me. Am I able to take it head-on and have this thing deflect, or does it take me down on my knees? Or am I flat faced on the ground, and how long does it take me to get back up? I think that's one of the signs for me of being in a mentally healthy place is, "What's my resilience meter at?" Kind of like on a video game. "What's my health meter at?" That's where my health meter and my resilience meter match up.

JO 1:25:00
So, from a personal perspective again, what does your resilience equation look like? For me, it's a matter of medication, good sleep, good food, regular exercise, and my support systems that surround me personal and clinical as well. And so, I'm just wondering, what does that look like for you?

SHARON 1:25:26
Which one of us? If it's me, it's a similar kind of combination. And that's, for example, a night or two of bad sleep will totally throw my resilience off. So, again… that package, it's a package… and that everybody's packages, you know, I think there's similarities, but we also have our customizable parts of it.

JO 1:25:45
Exactly.

SIMON 1:25:46
I put on Facebook earlier today that we renegotiate our relationship with ourselves and everyone else around us every single day. And I believe that, and so what I need from my world, or myself, or from others, is changes day to day. I don't always need the same care package for myself, I go through periods where I might exercise a couple times a day every day for weeks or months. And now I've been really lazy during COVID, I haven't exercised for a couple months now.

So, resilience for me is your ability to be nice to yourself, and others, even when things are hard or tough. And I think that's my best definition right now. And I know I have my greatest level of resilience when I can be that person, when I can be present, even though it's not comfortable. And I'm okay with that. And I'm not only okay with that, but I also feel when I have my most resilience, that my capacity for that is infinite. And I mean that no matter what you tell me, I'm still going to be here for you because anything less is not enough.

So, it has to be an infinite quality once you attain that place. But the other part of it is I'm also always paying attention to my little psychic balance between my sympathetic nervous system and my parasympathetic nervous system. [The sympathetic **nervous system** stimulates the body's fight or flight response by regulating the heart rate, rate of respiration, pupillary response and more. The parasympathetic nervous system stimulates the body's "rest and digest" and "feed and breed" response.]

I imagine a seesaw in my mind. And I imagine every weekend the seesaw gets rebalanced and recharged and I feel better, and then during the week it slowly gets tipped a certain way.

And so, I'm constantly doing little things for myself, to be nice to myself, to be nice to my nervous system, to soothe it, to regulate it, to relax it, knowing it's doing hard things, and it deserves to be rewarded and soothed so I can carry on. And as a result, I will self-disclose I had to buy a hot tub years ago, and I literally have three or four very brief hot tubs per day, where I shoot hot jets into my shoulders and neck, because I tend to carry tension there.

And while I do that in the evening, I make sure for five or 10 minutes I stare at the stars to get a sense of my place and my size in the grand scheme of things and those things. I've told Sharon before, but I do one other thing. It's nothing dirty or anything like that. There's nothing that's Freudian dirty, but it's I work on humility, and I work on ensuring that I do not get too big for my britches, not in the way that Sharon's dad might describe, but in a way that's reasonable for me to still be able to be helpful for other people around me.

JO 1:28:03
That's wonderful. And I'd just like to ask each of you one more question about resilience. Simon, just to build on what you said, how does a person like yourself who deals with other people's trauma day in and day out... how do you work to have a positive attitude moving forward every day?

SIMON 1:28:26
I say to myself, "I can't wait to help this person in front of me with their trauma." I'm not going to be Sheryl Sandberg and tell you to lean into everything, and like if there's a snake or something, but I do lean in when I'm supposed to. I took the Hippocratic oath to do no harm, and leaning away from someone who has a history possibly of trauma, is, I believe, harming them in some ways by not being available when they need somebody.

And I'm comfortable there now... I've done this for a long time... but I had hair when I started... I'm losing it a lot. So, the reality of it is I enjoy what I do. I believe that I'm very dedicated to it. I believe I've studied a lot. I believe I authentically lean in every single day into the lives of the people I work with in a genuine way and without attempting to meet my own needs. I will crack jokes to reduce tension. I will self-disclose if I believe somebody needs to hear something that makes them not feel judged.

And I make sure at the end of the day I also lean into my family and let them lean into me. I have five children. I love them immensely. I've got a wonderful wife and I've got some good friends I haven't seen that much... I forget what a lot of them look like at this point… but I remember their voices. I hear their voices from time to time, and I have a floating head in my mind of vaguely their description, so I also keep those same balances we talked about earlier, which is sleeping and eating. Those are of fundamental importance, but I don't need the same thing recipe every day, but some days I need double of everything, just to be okay.

JO 1:29:58
More chocolate than usual.

SIMON 1:30:00
Oh my god, my sugar... Laffy Taffy and Airheads are these children's candy, and I'm now somehow doing some carbohydrate craving and I'm not sure what's going on. But I just got off of them, actually, and perhaps the stress of this podcast and the anxiety of doing a good job, I had had three or four last night. So, who knows what that's related to?

JO 1:30:20

But you can reward yourself with something similar after this... you're doing an amazing job.

SIMON 1:30:24
No… before... then I'm guaranteed to do good. So, I don't need to now... this is wonderful. This is a reward in and of itself, Joanne and Sharon. Thank you both.

JO 1:30:34
Okay, Sharon, one more question about resilience. Given your experience in government, what does resilience mean related to community mental health? And what do you think is the biggest barrier to achieving that?

SHARON 1:30:49
I think the biggest barrier is a lack of solid comprehensive investment that goes from top to bottom, soup to nuts. That a lot of times... and again, I think of this from the health portfolio... so much of the expenditure... and some people will even say it's not a health system, it's a sick system... we invest money in looking after people, once they're sick... how do we treat them? And that it's harder to oftentimes come up with in a budget, prevention money, and education money, and those upfront investments that actually have a greater return on investment. And that actually can bend the cost curve.

Maybe this collective event that we have just gone through globally is going to maybe force some hands, force some perspective... a wake-up call that says you know what, we're going to have to live with a little bit of a hump, where yes, we're looking after care. But then we're also going to look at prevention and education and giving people tools and building infrastructure up front. So that in the end, over the long term, once you kind of have that double dense spot there, the curve will bend down, because the money that you've spent in education, destigmatizing... those investments that we've talked about in both how we train folks in education, how we train them in the medical profession, and how we have conversations where discussing mental health… is normalized… that those things will pay off in the end in terms of how we care for folks.

So, for me, the sustainability on a community basis is we need to have the political will, and the willingness to make smart investments that, you know what, you may or may not see the results in the four years when you're up for re-election again. And I think that's the other part of it is that as voters and as government officials, we get ourselves caught in these little four-year cycles, and the kinds of things especially when you're having talked about things like epigenetics.

Solving something in four years of this magnitude, you've got to have the willingness to make the long-term investment and know that you're doing the right thing in the moment that will have the investment over the long term. It's that old saying about planting rice or planting a tree, right? You plant the tree knowing that you may never get to see its shade. And that's the right thing to do. And that to me is where community sustainability comes in, is where we choose to invest for seven generations forward. Let's start now.

JO 1:33:19
To hear you talk with one another, it's obvious that you have a strong and productive clinical relationship. What makes that work for you, Sharon?

SHARON 1:33:30
Initially, it was the fact that Simon gets my wackiness. I've come to realize that things that I was taught externally came at me as being judged as wacky, different whatever... he's created that safe space for me. And a lot of what I've come to realize is how much of how I've turned out, and my responses to things, were grounded in trauma, and that I had a lot of insecurities, and a lot of defensiveness, and a lot of other coping traits that were based on a lack of trust, especially a lack of trust around men

I had one of two extreme behaviors. I either really wanted to trust somebody and would not see the red flags, or I would be so traumatized by something that rather than trusting somebody, I would walk away, despite all the green flags. So, he's created a really wonderful, safe space for me to literally rewire my system, and to re-establish trust, and to relearn lessons that I guess, optimally, I might have learned at 2, 5, 13, 15 and going forward. So, that's what I'd have to say is that sense of compassion, and trust and safety that I feel.

JO 1:34:44
And what are you hoping for in the future?

SHARON 1:34:46
More of the same... I've definitely launched off in different directions with what I have learned from our process. So, for me now, it's a case of the sky's the limit, and forever being grateful for that sense of trust. And also, being challenged, but being challenged in a positive, productive way... not the kind of challenges that I faced in the past where it was somebody competitively challenging me rather than challenging me from a growth perspective.

SIMON 1:35:14
So kind.

JO 1:35:15
So, Simon, what makes it work for you?

SIMON 1:35:18
I just sort of mumbled, "You're so kind, Sharon," under my breath, because I'm an extremely challenging therapist. And because I tend to just be so present, it's pretty intense. And therapy is really hard work. And I try to really sell that upfront to make sure people understand that therapy should be something that is not necessarily overwhelming or tense, or anything like that. But there's going to be moments like that. And those are okay, those are important, those are necessary. Because you have to practice life, you have to practice authentic, genuine life, even in therapy, or else, you're not going to be equipped for it when you leave your therapist office.

So, there has to be some recognition of that... I think for me, really, Sharon epitomizes this. The people I help... they don't take anything away from me. And if we're working on trying to take away... for instance, I'll use metaphorically some of Sharon's pain... that pain doesn't go into me. That pain is something that we take out of Sharon, and we look at together, and we decide what we want to do with it. And that allows a level of processing that allows people to really decide, moving forward, who and what they want to be and how they want to feel, and consciously choose, as opposed to just feeling like a victim of this force that they can't quite name or contain.

And so, that's what Sharon's allowed us to do in our therapy is she's been brave and strong and courageous enough to let me continually, sometimes stop her like every five seconds, which is super annoying. But I'm trying to literally, in real time, catch the distortions as they're coming out. And some days I don't say much... other days, I'm interrupting all the time. And boy, is it annoying, and it's frustrating, and it feels critical, and it feels authoritative, and it feels jerky, and, let's be honest, it feels shitty. Like it feels like I'm literally just being a bullying jerk.

And Sharon calls me on that... says, "Hey, what's up with you? What's your...?" And I'm like, "Okay, good... let me reorient you to what we're doing right now." Because it's easy to lose sense of it. And what I'm good at, I hope, and I hope Sharon you've been experiencing this with me. So let me just say I hope I'm good at this...

SHARON 1:37:19
Yeah...

SIMON
... that I continually allow Sharon to recognize that this is not a critical arena, but, in fact, we're exploring some very difficult stuff, which is going to trick us constantly. It's going to haunt us. It's going to disguise it. It's going to make me into the father, me into the saviour, me into the ghost, and me into the weapon. But I'm only a tool.

JO 1:37:45
So, we're on the homestretch, and I'd like to bring this all to a finer point. I have two questions for each of you.

Sharon, you're a brilliant and resilient woman who's using her neurodiversity and mental health superpowers to fight stigma associated with stereotypes and labels that you've experienced. What would you like mental health professionals like Simon to know about how they can best help people like you?

SHARON 1:38:18
I'd have to say Simon's already got this, but I know that there's plenty of folks that don't. It's that we're just people, and we need to be treated as people first. And that we're not broken. And then even if we use the language that says, and we're convinced that we're broken, that were not broken. Just to see us as equals, and that we have gifts, and that just some of us don't know how to use them where they are, or have been led to believe that we don't have any. Help us find our gifts, help us find who we are, and to shed all of that stuff that's been dumped on us.

And don't judge us by how we might present, because we are going to come in covered with all that garbage. Help us pick off all the garbage that's been thrown at us and find that gem, those gifts inside. That's what we need is the compassion. We need acceptance, so that we can learn to build self-compassion, self-acceptance and resilience.

JO 1:39:21
Second question, what would you like to say to those folks listening who are not as far along on their healing journeys as you are?

SHARON 1:39:31
Well, you see, I guess the other part is that I don't see that journey as a straight line.

JO 1:39:35
Oh, very good.

SHARON 1:39:36
So, I'm at a really good patch right now. And I'm really hoping that I just keep going straight forward in this, but I also know there's curves in the road, there's ditches, there's potholes. So, just because you're in a pothole or a ditch now, doesn't mean that's going to be where you stay. Seek the help to get out of it.

And there's nothing to say that something won't derail me in five years, but I'd like to think that because of what I'm going through now, I'm going to know how to take a pit stop and ask for help better and rebound and regain that resilience better in five years. So, it's all a journey... everything is in motion... and everything is impermanent. The good I'm experiencing now is just as impermanent as the bad that I've experienced at other times. Find yourself your Professor X, your Professor Simon.

JO 1:40:26
I actually have a third question for you, Sharon. What I'm finding throughout these podcasts is the incredible potential role for people with lived experience, not only in education, but in policy and program development. Why do you think it's important to share your story with other people?

SHARON 1:40:53
So that you know you're not alone. So that you know you're not the only one, because the other thing is, a lot of times you feel like you're alone, and you're the only one. And that it's that idea of [being] in the trenches, it's the theory versus lived experience. Now, it doesn't mean that just because you have lived experience that you're compelled to share your story. I choose to share my story and share it in a curated way. Not because I want to be put on one of those pedestals that again... that's to say, "Oh, well, did you know Ted Turner was bipolar?"… therefore, that exceptional thing I was talking about... but to say that I'm just a normal person, and my telling my story, and if it gives them the hope, the courage, the opportunity to seek out the supports that they need, or to believe in themselves differently.

I learned this while I was in government, it's not just about lived experience of mental health, it's about lived experience of a variety of socio-economic, all the different diversity. Having those voices around the table, the more diverse voices there are around the table with more lived experience, the better decisions that you make. I found that there are too many times we're at a decision-making table… I was the only single mom… and so, I could tell them what was going to go wrong with that thing, because as a single mom, I knew it wasn't going to work. It's about the diversity, and recognize that you are special, even if somebody's never heard it enough. We all have gifts… we just don't always have the opportunity to share them.

JO 1:42:22
Exactly. Simon, first question. I know you have many patients, but I'm interested to know what you've learned from Sharon, that makes you a better person and a better doctor?

SIMON 1:42:36
That's a little bit like a job interview question. Maybe something a little different if that's okay, just because everybody teaches me things… but you know, to make it something that might change our therapy.

SHARON 1:42:48
Yeah.

JO 1:42:48
Oh, very good.

SIMON 1:42:49
But it might be something that then she has to work towards, or believe in, and then it changes that she's doing something for me. And that's a boundary issue that I see happens a lot of times in therapy. So, I don't really want Sharon to believe that she's doing something for me, even though I very much enjoy seeing her. But to make it seem to her as though she's doing something for me is going to reiterate those themes that we heard earlier, where she has to meet the needs of the adults and authority figures, because they are not enough. And, therefore, she has to be more, too much, or overcompensates, if that makes sense.

JO 1:43:23
Yes. Very good point.

SIMON 1:43:25

Cool. Thank you. Thanks. Let me go there, because I realized it sounds like I'm being a jerk again. But the reality of it is the relationship with the therapist, particularly in trauma work where there's a possibility of replaying these domination/submission dynamics, is incredibly important. And we don't talk about this, but, and I'm sorry, I'm going to shake up a lot of your listeners by saying this, okay. The people that aren't as far along who've been in therapy with somebody for quite a while have to start to ask the question whether or not the therapy is working on their trauma, or if it's keeping things comfortable for the therapist, and that is a real thing.

There's something called coercion that happens, and happens much more commonly in trauma therapy, and there's just an unspoken arrangement to not discuss deeper issues and to keep it superficial about what happened in the past week or two, because that won't risk uncomfortable feelings for anybody. So, what I would say to people who aren't maybe as far along, however you measure that, I'm not exactly sure.

And I love what Sharon said about how it doesn't go in a straight line... parts of it do, but parts of it don't. Grief never does. There's no such thing as stasis... we could visit them all in a mixed-up order all in the same day. So, this idea that we go through grief for a while, or anger, or this, or no, no, we go through all of it constantly. Our emotions are very, very malleable and fluid. But it's most important if you have a history of trauma, or adverse childhood experiences, or believe you might have PTSD, to make sure you work with a therapist where you guys are together working for your health. Sometimes that means avoid when things are really overwhelming, but sometimes it means you can't ever avoid because it starts teaching you can't handle it. And that's a dangerous message in therapy as well.

JO 1:45:17
So given your vast and varied research and clinical experience, what is your vision for the future of mental health diagnosis and treatment,

SIMON 1:45:28
I believe that we are going to very soon be close to Star Trek, where you hold the device in your hand that can actually perform functional magnetic resonance imaging, fMRI, or pet scanners, or other of the like. So, we'll be able to look at the human brain in real time. And then ask a series of one- or two-word commands and watch what the human brain does, and then make a diagnosis.

JO 1:45:51
Wow, that's incredible.

SIMON 1:45:53
That's accurate. And then we would take a genetic sampling from a cheek cell, and we would then fully understand their genome and be able to match their medication with their epigenomes most favorable response for their lineage.

JO 1:46:07
Oh, my goodness.

SIMON 1:46:08
And then I would want to pair them with a mentor that has been shown to have the perfect attachment style for their sub-cortex to be the most therapeutic possible so they could heal, and not spend five years in therapy with someone like me, and get back to living, and get back to life, and get back to not having to talk to people like me, because life is easier and manageable, and the suffering is starting to reduce to a reasonable level, finally.

JO 1:46:34

That's just amazing!

SIMON 1:46:36
I made that up, though, so hopefully it goes that way. I did not think about that ahead of time. But that is, ultimately, I'll probably say that again, if asked again, because I truly believe we will get there. And that's where I'd like to help it go to.

SHARON 1:46:47
That'd be cool.

JO 1:46:49
So, in summary, I have some rapid-fire questions for both of you. In one word or sentence, what do you think is... and Sharon, we'll start with you... the greatest barrier to proper diagnosis?

SHARON 1:47:02
Fear.

JO 1:47:02
Simon?

SIMON 1:47:04
Ego.

JO 1:47:04
The greatest barrier to proper treatment?

SHARON 1:47:06
Stigma.

SIMON 1:47:07
Probably understanding.

JO 1:47:08
The greatest challenges associated with our current mental healthcare system?

SHARON 1:47:13
Lack of holistic funding and compassionate investment.

JO 1:47:16
Simon?

SIMON 1:47:16
The isolation and the discomfort we have with feeling.

JO 1:47:21
The greatest community benefit of a good mental healthcare system?

SHARON 1:47:25
Our collective well being,

SIMON 1:47:26

We no longer assume that everybody got the same thing growing up, and we start to help the people that didn't.

JO 1:47:32
The one thing we can do right now in the transition toward better mental healthcare?

SHARON 1:47:38
Advocate our own needs and help advocate for the needs of the whole... for better service.

SIMON 1:47:43
Make it equal to physical healthcare.

JO 1:47:45
Hmm, yeah, very good. Your best mental health superpower?

SHARON 1:47:50
I'm going to actually say my post-traumatic growth. Thanks to Simon that's taken over from some other superpowers. I would have said ADHD before.

SIMON 1:47:59
And I would say, I'm hoping I haven't discovered it yet.

JO 1:48:03
So that's a wrap. Thanks so much to both of you. Sharon, your willingness to be vulnerable so that others might be helped is truly inspiring. And Simon, your clinical understanding of mental health challenges and opportunities, has not only helped us better understand Sharon's neurodiversity, but our own as well. So, thank you, both of you... this has been an amazing conversation.

SIMON 1:48:33
It was actually my pleasure. This was an absolute blast to do... an honour to talk to both of you, I would even think about doing it again. So, thank you guys so much for this opportunity.

JO 1:48:42
Amazing. Thank you.

SHARON 1:48:44
Thanks, Simon.

JO 1:48:45
And Sharon...

SHARON 1:48:46
I'm really grateful for the opportunity. And it was a lot of fun. And I'm hoping that by being able to do this with Simon that folk see the kind of dynamic that one can have with a person that is helping them on their journey. And that I hope it helps more people seek help when they need it. And that it helps other folks aspire to the kinds of standards of care that I've really had the pleasure of enjoying. And working with Simon. This is a wonderful journey that I'm on, and I'm very grateful for it.

JO 1:49:14
To connect with Sharon, send an email to Sharon at speak-up.co. And for Simon, email sptrepel@gmail.com. For more contact details and complete bios, a list of resources, and a full transcript of this episode, check out the show notes at freshoutlookfoundation.org.

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In closing, as Winnie the Pooh said, I'm so lucky to have something that makes saying goodbye so far. So instead I'll say… be healthy, and let's connect again soon.