



Hogg Foundation
for Mental Health



Episode 165: From Struggle to Strength: Exploring Journeys to Recovery (Transcript)

[00:00:00] Speaker A: Into the Fold is part of the Texas podcast Network, the conversations changing the world brought to you by the University of Texas at Austin. The opinions expressed in this podcast represent the views of the hosts and guests and not of the University of Texas at Austin. Hi, welcome to into the Fold, the mental health podcast. I'm your host, Ike Evans, and today we are delighted to bring you episode 165, from struggle to strength, exploring journeys of recovery.

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And I'm wanting to do the opposite of that.

Do we invite individuals to share a portion of their story which may have had some darker days? Yes, but it is brief and is the basis of what is that story arc? What is their hero's journey? And we focus much more on the positive things and really want to give individuals hope.

[00:01:12] Speaker C: I think when young people can feel really comfortable in who they are and express themselves and that they feel safe and they feel respected and celebrated by their peers, their family, their community, that definitely is a great way to prevent suicide or suicidal, suicidal behavior and ideation. And so, again, relationships really matter. And I think that for the month.

[00:01:38] Speaker A: Of September, the Hogg foundation is celebrating National Recovery Month. Throughout the month, we'll be highlighting the creativity, resilience, and leadership of people in recovery from mental health and substance use conditions and the many things that our grantee partners are doing to advance mental health recovery in their communities.

For this episode, we talk to two friends from within the Hogg Foundation's wide network of changemakers. First, Jason Howell, executive director of Recovery People, about the new film *Humanly Possible*, which he helped produce with funding support from the Hogg foundation.

That'll be followed by a conversation with Hannah Slick, a past recipient of the Hagg Foundations Moore fellowship for doctoral research about youth mental health.

Bridging the two segments is our theme for today, from struggle to strength. As you listen, think about how that theme maps onto your own life or the struggles and strengths of, of those close to you.

Happy listening.

[00:02:58] Speaker D: Well, Jason, welcome to the podcast.

[00:03:01] Speaker B: Thank you for having me.

[00:03:03] Speaker D: Yeah. So why don't just tell us, kind of give us a sense of who you are. And I guess in particular, you know, the recent history of recovery people and.

[00:03:13] Speaker A: Its relationship to the Hag foundation.

[00:03:16] Speaker B: Oh, yeah. So my name is Jason Howell.

I'm a person with lived experience with both mental health and substance use challenges. And I guess I'm in recovery for, I don't know, 25 years now. And I am the executive director of

recovery people. We're a nonprofit based here in Texas, and we do lots of stuff from advocacy to awareness, workforce development.

One of the relationships that we've had with the Hogg foundation for many, many years is we've won a peer Policy fellow award, and we've had a couple different fellows, three, in fact, come through. And so it was a very natural conversation with the Hogg foundation. We wanted to capture the history of recovery in Texas, at least on the substance use side. A lot of the history has been captured nationally. But what about Texas? What did that look like in Texas? And so we got a grant from the Hogg foundation to start capturing oral histories. And once we got into the oral histories, people started telling their stories. And out of that, we edited a film that we're calling humanly possible.

[00:04:44] Speaker D: Okay. Yeah. And so I'd love to hear just more about, like, how the idea.

[00:04:51] Speaker A: For.

[00:04:51] Speaker D: Documenting these oral histories was first conceived and maybe some of the forms that it took as it morphed into this film.

[00:05:02] Speaker B: You know, and, you know, I'm getting real somber with that question because it was actually at a celebration for life for Dylan West. Dylan West was, I mean, just a joke giant. And the recovery community here in Texas. He and his wife Dorothy, founded a recovery community organization in Houston. And really, Dylan did a lot for Texas, recovering statewide.

Unfortunately, he got very ill. And before his death, there was a celebration of life that we all got to go to Houston and really say our goodbyes to Dylan and pay homage to him. And as I was standing there, I was realizing we're going to lose that history.

You know, there's so many people, including Dylan, that did so much. And if we're not capturing that and we're not honoring them, we have failed.

And so it was from there I started thinking about what we could do.

And the idea of capturing the history of recovery in Texas kind of stemmed from that. And as I started talking to other people, I mean, it was kind of a, you know, absolutely everybody really supported the idea. And I talked to a couple of individuals here in the Austin area, and we started kind of brainstorming of what this would look like. And from there, it's like the oral histories seem like the logical thing. And how far back can we go and really talk to individuals who were, you know, around in the fifties, sixties, seventies?

And even during that planning phase, we started identifying individuals like Charlie Parker, who was a big leader in the AA community in Austin. But unfortunately, he got very ill before we could interview him. So it just highlighted the importance of, now's the time we really need to talk to our elders. We really need to be able to understand what it was like how they used their lived experience to really create the opportunities and resources that we have today.

We ended up identifying five individuals, we call them our change makers, who really, they're all individuals in recovery. They all use their lived experience and their journey to make a real big impact in Texas.

That's the story we captured. We know that there's a lot of other stories out there just as important, and we're wanting for this to be a series.

So hopefully this is the first season of many.

[00:07:56] Speaker D: Yeah. So are you at all familiar with the Asch oral history project?

Our archivist and records manager, Elizabeth Stauber, is guiding that effort.

And it's interesting, and really, I think, perhaps a wonderful coincidence that you and the Hogg foundation have become awoken to the potential and really the necessity of doing oral histories at about the same time. So, yeah, y'all should talk, you know.

[00:08:31] Speaker B: Thank you for bringing that up.

When I was talking to the Hawke foundation initially about this, they did mention that. And from my understanding, it's primarily on the mental health side, which is one of the reasons that we wanted to focus more on the substance use side. And there's been a real big effort, and understandably so, defining mental health and substance use recovery kind of is one. Right many.

I'm a double winner, as they say. I'm in recovery from both. But historically, our systems and funding and culture has kept those two story arcs different, and is the reason why we wanted to lean in on the substance use side.

[00:09:17] Speaker D: Yeah.

Have you ever been involved with making a film before?

What was the process like for you?

[00:09:24] Speaker B: I actually have. I did.

Years ago, there was a fundraiser called art Erotica. It is a fundraiser for the Paul Kirby foundation, which provides unrestricted dollars for individuals with HIV and AIDS.

And so that art auction had been going on for, you know, decades, and nobody had captured it. And so I just grabbed my camera and started filming and edited that together as a documentary, never having any experience doing it. I had some individuals from the film industry kind of show me, you know, how to use final cut and edit something together. And so I did do. It was, you know, probably not the most polished documentary, but it was fun nonetheless. And that may have informed me years later, later thinking about how do we do a documentary around recovery?

[00:10:31] Speaker D: Okay. And so how would you summarize, I guess, like, the impact that you hope to have through this film or just even the conversations that you would like to spark?

[00:10:49] Speaker B: Well, you know, I.

I think the biggest thing I would love people to take away is that sense of hope.

Recovery is built on hope, and part of developing that hope is getting connected with our past, our forefathers and foremothers, and seeing how they had overcome their substance use and, you know, what their recovery journey looked like and how their journey has had this beautiful ripple effect on other people's journey, and to really inspire individuals that they can use their

journey, their recovery story as well, to pay it forward to have their own ripple effect. And collectively, we can move mountains.

[00:11:48] Speaker D: So when it comes to substance use, there is already a ton of media in which substance use is portrayed in some fashion. Do you have any sense of what you're hoping that your film might serve as a contrast to?

[00:12:13] Speaker B: To put it bluntly, a lot of that media is trauma porn. It is exploiting our disease. It is exploiting our drama and our trauma for entertainment value.

And I'm wanting to do the opposite of that.

Do we invite individuals to share a portion of their story which may have had some darker days? Yes, but it is brief and is the basis of what is that story arc, what is their hero's journey? And we focus much more on the positive things and really want to give individuals hope. A lot of those media that you point out, if it's a 60 minutes programming, it is 55 minutes of the really dark and dismal part of it. And maybe at the very end, there's kind of a. Oh, and then they went to treatment, or oh, and then they just kind of cuts off, and that's the end of their reporting. And I just find that very exploitive.

[00:13:21] Speaker D: Yeah.

And for those who took part in the oral histories, I mean, I have to imagine that there was some added healing benefit for them as well.

[00:13:37] Speaker B: I hope so. One of the things, we're having a premiere on September 19 in celebration of recovery month. And after the screening, we're going to have a speaker panel, a short speaker panel, and some of the cast, some of the subject matter experts, our changemakers will be part of that. And it's a question I want to ask them. I've not had the chance to talk to them about, you know, what was it like participating in the film? But my hope is that it was, you know, cathartic and, you know, made them think about, you know, the difference that they made. Yeah.

[00:14:22] Speaker D: How'd you come up with the title?

[00:14:26] Speaker B: You know, that's the hardest thing. Yeah, we went through all kinds of titles.

The original concept was let's capture the history of recovery in Texas. Yes. That's the title of the film. That's the title of everything. We started capturing these stories, and the one thing that I've learned about documentaries is you go and you capture the content that you get, and then from there, you build the story. And so working with Elephant Productions, who are the producers and editors on this, they started doing different version, different cuts of the film. And the best story, the most powerful story started coming together. And it was less about the academic history part, and it started becoming more of a little bit of data points and milestones and dates. But really, the juicy part, the human part, the inspiring part, was individuals journey and how they helped others. So after brainstorming and we brought lots of different people together, humanly possible surfaced. And as soon as that was put on the table, everybody loved it.

[00:15:53] Speaker D: Okay, and so what would you consider to be, I guess, like, the most important things that you learned? I mean, you were already. You've already long since been long been an expert.

I don't know if you're in the habit of using that word, but many would. An expert on recovery. But is there anything that came into sharper focus for you during the course of this project?

[00:16:19] Speaker B: That's a good question. I think for me, throughout this project, it's helped me put, we repeat ourselves so much. There's the old adage of, like, know your history, so you don't make, you know, repeat yourself and make the same mistakes. And I think we all say that, but we don't spend enough time looking at what happened. And I've done a lot. I've thought a lot about that.

I wouldn't say it's kept me up at night, but when I have spare time, I like to think and ruminate on things. And this is one of the areas that I've been pondering a lot is so, you know, what happened over the last couple of decades? How did that shape where we are today? What services that we can access, how we even think about things, and then the realization of, like, how do we frame things today so that we can make the future the most recovery supportive environment possible for those yet to come?

[00:17:34] Speaker D: Okay. And so for our listeners, we've been talking about the film, but if you could just give the promo the who, what and where of the premiere, I think folks would love to know.

[00:17:49] Speaker B: Yeah. So September is National Recovery Month, and so, of course, we wanted to have a premiere and fundraiser in the middle of recovery month. So September 19, we are having the premiere an event at the Jewish Community center and here in Austin, Texas.

It starts at 06:00 p.m. and runs till 09:00 p.m.

and, you know, it will look like, you know, individuals, you know, coming in, we're gonna have, you know, different exhibit booths. We'll have hors d'oeuvres.

We've got sans bar, I don't know if you're familiar with them bar. They do a lot of mocktails, a lot of non alcoholic drinks, but it's fun, it's celebratory. And so Sands bar was going to, is going to be there.

And then, as you know, people kind of, you know, mill a little bit, then we will move into the screening of the film.

After the screening of the film, we'll have the, I guess you'd call it a speaker panel where, you know, we'll have some, some questions for the cast, for the producers, and definitely opening up to the audience.

And we're also going to announce recovery people's annual awards. So we've got four awards that we want to give out for lifetime achievement, changemaker of the year, peer of the year, and media award of the year.

[00:19:20] Speaker D: Okay, wonderful. Well, Jason, recovery people has been an organization that the Hagg foundation has been very proud to count among its friends within the, you know, the peer and recovery movements for several years now. And we just love to see one of our folks just keep multiplying the awesomeness. And so we really do appreciate you taking the time to come on the podcast today.

[00:19:51] Speaker B: Well, I really appreciate you giving me this opportunity, and I can't say enough about the Hawke foundation. You all have supported us and ways and really helped us grow and multiply our impact, and I deeply appreciate you.

[00:20:08] Speaker D: All right, take care.

[00:20:11] Speaker A: Hello again. If you want to know more about humanly possible, visit the Hogg foundation website. The URL is hogg.utexas.edu.

recovery month. You'll not only find out more about Jason's film, but other content and resources related to Recovery month.

Continuing on with our theme from struggle to strength, Hannah Slick was a 2017 recipient of the Moore Fellowship from the Hogg foundation, which is given to doctor students at the University of Texas at Austin to support dissertation research on the mental health impact of crises, stress, and adversity.

Her dissertation was titled the role of School Environment and Life Stressors in Youth suicidality.

She completed her doctorate at the Steve Hicks School of Social Work at the University of Texas at Austin, and today she is an assistant professor at the Washington University School of Medicine in St. Louis. I managed to catch up with her for a conversation about youth adversity and youth resilience.

I take you now to that conversation.

[00:21:32] Speaker E: Well, Hannah, how are you? And thank you so much for taking the time to be with us this afternoon.

[00:21:40] Speaker C: Thanks. I'm good.

[00:21:42] Speaker E: Okay.

We're in the month of September. It is National Suicide Prevention Month, and the fact that it is an awareness month among all of the other awareness months that exists, and we're assuming for those who aren't already pretty cynical about awareness months who actually do care about this particular issue.

Even for most of them, though, if they ever encounter the topic of suicide, it tends to be within a very individualizing frame. It's as a tragedy that befalls certain unlucky individuals. And if you could help out our listeners in any way, I think it would be maybe to give some sense of the social dimensions of the problem that you've looked at.

So we'd love to hear just a little bit more about, first of all, your dissertation, which, with the funding support that you received from the Hogg foundation, and kind of just start there with your background in teen suicide.

[00:23:14] Speaker C: Yeah. So while I was a doctoral student at the UT Austin School of Social Work, a lot of my work did focus on teens and teens who are at risk of suicidal behavior and ideation, and I'm at risk of dying by suicide. And so my dissertation, really, the setting was alternative high school on the east side of Austin called Garza, that had been around for at least a decade at that point, and was really kind of the last resort for a lot of students in the Austin independent school district. So a lot of students who had been suspended, who weren't doing well with their classes, were having a lot of mental health issues or behavioral issues, really. They were sent to Garza as kind of the last chance to get an in person high school diploma. And I had heard through my professor, who was in charge of the doctoral program, and she knew

folks over at Garza, and they heard that a lot of students were endorsing suicidal ideation, a lot of self harm. And so they were interested originally in having me just actually go over there and meet with some of their students as just another therapist to kind of have eyes on the students and help with the amount of distress that they were seeing from that student body. And really, the more time I spent there, I really saw it was a really interesting and unique environment, since Garza is really steeped in social emotional learning. So helping students really be able to be in touch with themselves, but also how their own presence or emotion impact others. And so it really was an interesting environment, and lots of the students I worked with who were newer to the school did a lot better within a month, you know, months of being at the school, because I think it was a safe place where they could be who they were, explore their identity, but also have their needs met, which they weren't having at the. At the. The other schools because of just low resources, too many students. And so my dissertation did look at kind of the breadth of suicidal ideation and behavior among a good amount of the student body, but also looking at something we call protective factors. So, looking at, you know, good things happening in their life, too. So self efficacy, self esteem.

And so the more I saw in terms of students that had better self efficacy and better self esteem, they actually were endorsing lower suicidal ideation on a. On a standardized scale. So, really, it was exciting to see that there are ways to kind of buffer that risk that we do often see in students or young adults.

[00:26:11] Speaker E: Okay. And so, yeah. And thinking about your experience at Garza, did that give you any special kind of insight into the problem of youth suicide that perhaps a more typical academic kind of just approaching this just through looking at the data or through more typical means, you know, might not be able to get at?

[00:26:41] Speaker C: Yeah. So I think part of it was observation and being immersed in that school as well, and seeing how students interact with each other on a day to day basis, seeing how they interact with staff and with the dissertation. I also took a lot of time to interview students as well. And a lot of it involved kind of their narrative of coming to the school and I how they were doing before and how they were doing now after being at the school for months, maybe a year. And so a lot of the factors students had been dealing with before were maybe inconsistencies at home, if there were family problems or if they didn't really have a safe place to stay. Maybe they had started self harming, suicidal ideation, or maybe even some eating disorder issues. And a lot of it was just feeling like they couldn't connect with their loved ones or their family members or people didn't quite understand who they were, so they couldn't maybe express their.

Their sexual identity or their gender identity the way they wanted. And so, definitely those types of factors, especially the relationships and belonging we know in suicide prevention research, are really important, but also things kind of the negative aspect of it can be risk factors. So it was really interesting to kind of see that firsthand in that school ecosystem.

[00:28:08] Speaker E: Okay. So I wonder about, you know, just some of. Some of the limitations of kind of the, you know, mainstream suicidology research, or at least gaps, let's say, and would love to just know about how your research methodology challenges those, if it does.

[00:28:33] Speaker C: Yeah. So I have been involved with suicide research for about 13 years now, which in the scheme of things isn't that long, but I've seen a lot of changes for the better since I was first a student getting to know this particular field. And so I think some of the things that are changing across the board, like I mentioned, are interviewing people who are experiencing suicidal ideation or who have lost a loved one. So making sure it's just not us, the researchers, who are dictating what's important or how things are experienced. So I think that's

something that's really good. That was a gap earlier in the research, but also making sure we're not, we're not forgetting anyone, too, because unfortunately, it is an issue that impacts everyone. But a lot of the studies and the research were based on samples that were predominantly white, cisgender, heterosexual, upper middle class. And so now there's really a lot more awareness and advocacy to make sure that who we're talking to, who we're sampling, really represents, you know, everyone who is impacted by. By suicide. So I think that's also a great thing, too. So I'm actually pretty optimistic about the suicide research field.

I think some of the constraints that I still see as the gaps are more about the larger health research or even just health systems research. And a lot of what we see is that even beyond suicide research based on the funders or in terms of even translating something into real world practice were really dictated by, you know, what is going to be billable. So therefore, really we're looking at issues kind of in a silo versus looking at, you know, people who are maybe endorsing suicidal ideation, who have depression and substance use, or looking at people who have maybe a physical issue and deal with suicidal ideation. Because in reality, not one issue really occurs by itself in a vacuum, but because of how some of the funding structures are set up and how healthcare is build and charged, it really puts us at a deficit. From translating some of the great findings we're getting in the research or that we're doing with community partners and people with experience. That's what it makes it really difficult to then translate it on to maybe a broader scale across the country. So that would kind of be my critique, but that's really about, I think, health and healthcare research in general.

[00:31:14] Speaker E: Okay. And so what do you see as the practical applications of your research, or at least, you know, the, the impact that you hope to make?

[00:31:28] Speaker C: Yeah. So my research has broadened to look at substance use and co occurring mental health issues. So obviously, suicide and suicide prevention is still very important when studying those subjects as well, because, again, everything doesn't happen just in one silo as well. And so I think that's something that is important that my research shows is that people have complex needs and we need to think of really innovative solutions to help them, but we also need to listen to them as well. So a lot of my work is community based or making sure that people with lived experience are involved in the research and are really voicing what it's like to be them and what they're wanting to get more support to lead healthy and quality lives. So I think that's something that I do appreciate my own research, too. And I think that also makes it a collaborative experience, that it's not just the researcher kind of leading these efforts to improve society and health, that it's really a team effort that we really need everyone to be involved in as well.

[00:32:42] Speaker E: Okay. And you have also been looking at the role of technology as well, and so tell us how that ties in.

[00:33:00] Speaker C: Yeah. And so again, I've been studying the use of technology to promote suicide prevention and health equity for, again, at least for a while now. And again, we hear so much about buzzwords, about technology and apps and whatnot, and even the role of AI and healthcare. But I think in some way that, too, it just opens up another option for people to seek help. So, you know, we have hotlines, crisis text lines, and that's a way for people to anonymously ask for help if they're feeling like, in their own immediate community or their own immediate family, that it's hard to ask for help or because, you know, a lot of these subjects are very highly stigmatized still in the US. And so even in terms of maybe having a mobile application or I, you know, having telehealth appointments, it really does open up a way that people don't have to do everything in person. Maybe they could have an appointment from, you know, the comfort of their own home or even their car. And so that also helps to address some barriers in terms of transportation or time or having to deal with childcare.

But also with my research, too, it's important to know the flip side of it as well, that for some people, they really prefer to be in person to have a service, or maybe they don't have broadband at home or Wi Fi, or they don't feel comfortable using those types of tools, too. So I think it's while we're thinking about different ways that technology can help to support people getting support for their behavioral and mental health, it's always really important to also remember who is not having direct access to technology as this type of tool. Like we would think about in person care as well. If we don't want to keep increasing the disparities in health and healthcare access, we also have to think about how this then impacts the role of technology.

[00:34:55] Speaker E: Okay, so our title for this episode is from struggle to strength.

And I would love to know how that theme shows up in either your research or your direct dealings with young people.

[00:35:19] Speaker C: Yeah, I think especially from my doctoral work and dissertation, like I mentioned, I think when young people can feel really comfortable in who they are and express themselves and that they, you know, they feel safe and they feel respected and celebrated by their peers, their family, their community, that definitely is a great way to prevent suicide or suicidal, suicidal behavior and ideation.

Again, relationships really matter, and I think that's also for adults, too, either if they're going through substance use treatment.

A lot of the interviews I look back on from people who completed one of our mobile interventions for substance use support and recovery, again, they talk about even having peer support as a big important part, maybe having a great provider who is a cheerleader for them, or if they're lucky, they still have family members at home who still really support their recovery path, even though it's been difficult, too. I think it's really about the relationships and belonging and feeling that there are people who really do support having, you know, being able to have a quality life and to be safe.

[00:36:36] Speaker E: So this last question is, I guess, involves an act of imagination on your part.

So if you will indulge me, getting back to suicide prevention month. So imagine that you are part of a committee designing a marketing campaign around suicide prevention. How does that committee benefit from having a voice and a perspective like yours present at the table?

[00:37:15] Speaker C: Yeah, I think in some ways it's, you know, as researchers who've been studying this for a while and who do, you know, do research with, again, people with dictatorships, experience or providers, we have an idea of what, you know, is going well in terms of suicide prevention, but also maybe about, you know, what is not going well. But we also have a sense about the existing stigma that still might be there. And so if you're going to have a campaign, you still have to kind of have some awareness about what type of jargon or language might not go well with the public and what things they might be more comfortable with in terms of suicide and mental health, because I think we've come a long way in terms of being really open to talk about these issues. And there's been a great job working with the media to make sure we're using person centered and appropriate language, but we still have a long way to go, and there's still a lot of stigma for people who are experiencing these types of issues or who've lost a loved one as well.

[00:38:18] Speaker E: Okay, so are there any resources or readings that you can point our

listeners to who might want to know a little bit more about the topic?

[00:38:32] Speaker C: Yeah. So there's the American foundation for Suicide Prevention. That's a great resource for all different parts of the United States. So there's some up to date information about how suicide impacts everyone in the US, but also who might be more at risk for that type of issue than others. There's also announcements about events that people can participate in that are also there to promote awareness for the community, too. And I believe in November, they also have some community groups and events to honor people who have lost loved ones to suicide as well. And then for, you know, the budding researcher, there's also some funding information, too. So American foundation for Suicide Prevention is a big one. There's also the American association of Suicidality that has more information on different trainings. They also have different conferences around the country as well that are, you know, more academic. But there's also opportunities or people who are involved in grassroots efforts to also be involved in the conference, too. And I think Nami. Nami has also been a group across the country, and there's local chapters, and they do a lot of work on just mental health awareness in general. And again, they have facts and information.

[00:39:59] Speaker E: That'S a national alliance on mental illness just because I hear their name an awful lot.

Yeah.

Well, Hannah, it is terrific to see what you've been up to since your more fellowship, and we really do appreciate you just giving back a little bit of the wisdom and perspective that you've gained over the past several years. So best of luck with everything.

[00:40:30] Speaker C: Great. Thanks for having me.

[00:40:33] Speaker A: And that does it for this episode. We are so glad that you could join us. Special thanks as always to my colleagues Kate Rooney, Anna Harris, and Darrell Wiggins for their production assistance and to the Hog foundation for their steadfast support, just as taking care of ourselves enhances our ability to help others. So it is that by helping others, we enhance our own resilience. Please leave us a review and subscribe to us on the podcast app of your choice. You can find us on Apple Podcasts, Google Play, Spotify, or Tunein, among others.

Taking us out now is Anna's good vibes.

[00:41:10] Speaker D: Thanks for joining us.