



**National Public Health Week** April 6 - 12, 2020  
NPHW @ 25: Looking Back, Moving Forward.



April 6, 2020



National Public Health Week 2020 begins with a focus on Mental Health. Now more than ever, this important topic has found its way into the headlines as the world deals with the COVID-19 pandemic. We're excited that Sue Abderholden, who has 20 years of experience in the mental health field and 40 in health and disability policy, agreed to share some thoughts on the topic. Sue is the Executive Director at the National Alliance on Mental Illness (NAMI) Minnesota. [NAMI Minnesota](#) is a non-profit organization that is dedicated to improving the lives

of children and adults with mental illnesses and their families. They strive to effect positive changes in the mental health system and increase the public health professional understanding of mental illnesses through education, support, and advocacy.

**How did you get involved in this area of public health? Was it something you knew you always wanted to do?**

After college I worked with children with multiple disabilities. I saw parents' grief as they had no choice to place their children in a large group home. There were no in-home services and many of these children did not yet attend school. While the group home was much better than the state institution, families would have preferred to keep their children at home. That experience helped me understand the impact of public policies on people's lives. This led me to become interested in public health in terms of prevention and population health.

**What do you think is the most misunderstood aspect of your area of public health?**

That mental health and disabilities are not a part of public health. People tend to focus on primary prevention and forget the impact that tertiary prevention can have on people's lives.

**How do you see your area of public health evolving or changing in the future?**

I think there will be greater attention to equity, to how housing, education, employment and access to care impacts the health of people, and to mental health.

**Do you think that the stigma around mental illness (and mental health) has been changing over the last decade or two? If so, what do you think has been driving it? If not, what are some ways to move it forward?**

Public attitudes have changed a lot over the last 20 years. We are actually moving away from using the word “stigma” and calling it what it is – discrimination. It’s not stigma that leads to boarding in ERs. It’s not stigma that leads to people losing their jobs for lack of accommodations. It’s discrimination.

**What are some ways that NAMI is working to change the mental health system?**

We are bringing people’s stories to light. People actually don’t talk a lot about hospital level of care but about the supports they need in the community, including housing, education and employment. When we talk about the need for “beds” we need to talk about all types of beds – beds in a home, beds in residential, beds in crisis homes and beds in hospitals. We need all types of beds.

**Do you think that all Minnesotans who want/need mental health care have access to it? If not, what do you think needs to change?**

They absolutely don’t have access. Discrimination under Medicare, Medicaid and private insurance has led to an underfunded, undervalued and under-resourced system. We don’t have a broken mental health system – we’ve never had one. It’s frustrating because we know what works, we just don’t fund it.

**During the COVID-19 pandemic, some mental health providers are now providing video chat and/or telephone services. Do you think that this is a good idea? Do you know of anything that is being done to ensure equity is being preserved and that everyone who needs these services are still getting them?**

People need some way to connect to their therapist or mental health professional and community supports. When you are low income, as many people with serious mental illnesses are, you don’t have a computer or a smart phone. If you live in rural areas, you may not have reliable internet. There are people who don’t even have a phone. So while it is important, we still can’t reach all people. On top of that, people who provide those in-home services, to help families who have children with serious mental illnesses or adults with serious mental illnesses who live in their own homes, are not being paid to connect by phone. People are more isolated than ever.

**Is there anything that we can collectively do as a group, or individually, to support those with mental health conditions during the pandemic when we’re all so physically separated from each other?**

Reach in. When you are struggling with the symptoms of a mental illness, which are heightened during this pandemic, you don’t have the energy to reach out for help or connection. Don’t wait for someone to reach out to you. Reach in to them.

**As we settle into our new normal during the pandemic, do you have any tips or recommendations of ways that we can check-in with ourselves and pay attention to our own mental health?**

Yes! Control what you can. That means limiting the news you read, listen to or watch. Create a schedule to keep some sense of normalcy. Move. Walking, dancing, exercising, yoga – whatever it is do something to move your body which actually helps your brain. Connect. Email,

call or FaceTime people. Use zoom or other methods. Click “like” a lot on twitter, Facebook and Instagram.

Grace. We will all lose our patience at some point. We might get angry or testy. We might not get as much work done at home or the kids online schooling isn't going well. Perfection is simply not allowed during this time. Use grace to forgive yourself and others.