

Stigma Silenced [Stories Spoken]: A Mental Health Podcast

Episode Two: Generational Perspectives on Mental Health with Christy Havens - Transcript

Bailey Patterson (BP) – she/her, Host

Christy Havens (CH) – she/her, Guest

(Introduction Music)

Bailey Patterson (BP): Hello and welcome back to episode three of Stigma Silenced [Stories Spoken]: A Mental Health Podcast. This podcast is produced in collaboration with Sphere at the Human Development Institute, University of Kentucky. This episode's guest, Christy Havens, will talk about her experience of being diagnosed with mental illness and her generational perspective on mental health.

Please be aware that there will be some discussion of suicide, hospitalization, medical emergencies and police violence in this episode. Make sure to take care of your own body-mind without in consideration. I am your host, Bailey Patterson, and without further ado, I hope you enjoy this episode.

The views and opinions expressed in this podcast are those of the guest speakers and do not necessarily reflect the views, positions or opinions of the University of Kentucky, The Human Development Institute, SPHERE, or any related entities.

BP: Okay, so just to get started, would you mind just telling us your name and a little bit about yourself?

CH: Yeah, my name is Christy Havens. I am... I'll be 50 next month. I'm a mother, a wife, I have two sons that are adults now. I teach as an elementary library teacher, and this is going to be my 24th year teaching. And I also do volunteer as a NAMI affiliate chair here in Butler County. We meet twice a month as a support group, and I facilitate that meeting as well.

CH: But yeah, just a little bit about me. I have been struggling with mental illness for, I guess, since about teenage years, or almost 35 years now. I have, they call it depressive, major depressive disorder, and then I also have general anxiety disorder, and then I also have PTSD. My mother, wonderful lady and great mom, and just a great person, but bless her heart, in her mid-40s, she became paranoid schizophrenic. She was normal all the way up to - I wouldn't say normal - nobody's normal. But she did not have schizophrenia until I was 15 years old. So that's about when my journey with mental illness began.

CH: Because, well, we can go back a little bit further too. My father was a juvenile diabetic, and so he took four shots a day to live, and he was constantly going into comas. I grew up with the ambulance coming to our house quite often so that was scary as a young child, because mom would tell me, like, "Go stay in your room and don't come out," but she did not want me to see my father eating his tongue and hitting, trying to hit people, because he was not a man that was like that. My father was a wonderful man, kind, gentle. So when they go in the comments like that, they have outbursts and they fight you. They don't know what's going on.

And so I grew up experiencing that. And then at 15, my mother became schizophrenic. When I say she became schizophrenic, it went drastically from her, the mom that smiled the whole day long, even though she's been up all night long with my father, maybe trying to keep him alive, I didn't know any different. And then she went from that to thinking that dad was trying to kill her, and people at church were trying to hurt her. So she did not come out of her room to even use the bathroom. She had a pot in her room. Then at one point, my dad was dying, and I didn't know what to do, and I beat on her door. She wouldn't even come out to help me, like, like she just said, "Call 911," so she changed drastically overnight. And so that's when my PTSD started, but I didn't realize, you know, I was just a child and a teenager, and was dealing with life. And then it was in my late teens, like 18 or 19, that I was in college and I began to realize that I was struggling mentally with anxiety and depression, and I began to seek therapy and get to start working through that, and I'm still working through that. So, yeah, that's kind of how it all began.

BP: When you were younger, you said around 18 and 19, you started to realize that you were dealing with anxiety and depression. What were some of the ways looking back on it that first manifested for you?

CH: Just breakdowns, and when things got too stressful, I couldn't handle it, and so I would have panic attacks and it was difficult for me to function. A lot of the times, especially I became a young mother when I was 20, and so my husband and I, when, you know, struggling as a mother, I was also caring for my dad at the time, and I've been caring for my mother ever since, for 35 years. And then so I had so much going on, and then I would finally break and hid in the closet a lot. Whenever it got too stressful, I took my blanket, my pillows, and I went in the closet and I turned the light off and I didn't want to come out.

CH: Thankfully, I had members of my church that I could go to, and they would let me talk. And so I did have people that I could go to to talk to, but I didn't at the time, I was so much younger that I was just trying to balance all the balls in the air. And it has to do with being able to have the time to even vent. So you know, but I did have others

BP: The people at your church that listened to you and that was helpful, what... was it just giving you a space to talk that was the most helpful? Or did they do anything else that was that stuck out in your mind as just being really helpful that, like other people should know to do in situations where they're someone's only community in this kind of scenario?

CH: Basically, I mean, they would offer to do, you know, maybe do things that I needed to get done because I couldn't function to get them done. So, you know, even as far as offering child care, you know, when times got hard and I couldn't take care of my son, you know, and maybe my husband had to work, and so just offering services to be able to take some of that stress off my plate for um, or just a shoulder to cry on. When you have trauma, you can't hold it in. It's got to come out eventually, and that's the only way that you can get over it. I mean, that's the only reason why I'm not crying now you know, at this point, it's because I've talked about it for so long that now it just depends on what I'm discussing, you know, whether I'm crying or not. But that trauma has to be released, and so just having that shoulder to cry on is a big, huge thing.

CH: So I did get help with medicine as well. And so, you know, I was started taking meds in my, you know, probably, oh, I don't know if I was 19 or 20, but yeah, actually, I was 18 or 19 when I started taking it, because I

remember being worried about my meds and being pregnant. The meds being able to start something that would help with the anxiety and the depression, and then now I will say, through the years, for the last 30 some years that I've went to therapy, there's been good and bad therapists, and so my struggle then was just finding a therapist that I connect with, and I don't necessarily mean good and bad, but you connect better with others sometimes. And so it took me a while to find someone that I connected with better, that I could feel safe with in that space. Also, when I was going to college, I learned about NAMI, the National Association of Mental Illness, and so I started attending the family support group, not the one just for yourself mental illness, but the one where you could, you had support because you had a family member who had a mental illness, because I was caring for my mother with schizophrenia, and that's how my journey with NAMI got started.

BP: You've talked about your relationship with your mother and being a caregiver. And also, I think you've mentioned coming to learn that your son has some mental health diagnoses as well. What kind of, looking at it from that generational viewpoint of, you know, understanding mental health as something that can be, that can affect entire families from generation to generation, how has that affected the work that you do and your personal philosophy about mental health?

CH: I mean, that's why I'm so passionate, I feel like, about it is because it's been my life. Mental health, mental illness has been a part of my life, my entire life, from the trauma that started as a child. I also was severely bullied in school for about seven years, and it was excessive bullying, like daily bullying. That, I struggle with social anxiety from that and being in bigger, larger groups, because I was made fun of in larger groups as a child. All of that, that whole journey of going through that and having a son, and having a mother who's schizophrenic and a son that has depression and anxiety, because it's been my life, for me personally, that I feel like God has gave me these trials to go through, to help people, and if I don't do something with that, then what's the point of me going through and surviving it all if I can't help others?

BP: Using that as a bridge, could you just walk us through how you went from attending group therapy with NAMI to coming to work with NAMI?

CH: Yeah, when I attended, I was in my younger 20s or late teens. So that was, you know, close to 30 years ago, but I was very young, you know, inexperienced and immature. Then I became an educator. And so I've been teaching now for 23 years, going on 24, and I got the experience be able to be a leader. And then when the pandemic hit and we were teaching from home, I had more time on my hands to be able to spend with trying to get an affiliate going, a local affiliate going, because when I attended 30 years ago, I was driving 45 minutes to go to therapy after I, you know, and so it was an hour and a half trip just to go there, and then you still had your meeting while you're there. So it took a lot of time out of my schedule and I was a mother and a wife and, you know, so and going as a full time student, and so it wasn't feasible. I felt guilty for taking that time out because it was so many hours long. So when the pandemic hit and I had that extra time, I was like, "We need a local affiliate." We didn't have, we had never had one here. And like, we've got to get this going. And so I was able to, during that time, take the trainings and call them up and say, "Hey, I'm passionate about mental health, and I want to help our local our county." And so I was able to take the trainings and get it started. And

we've been going for three, almost four years now, and it's just, it's, it warms my heart now that I can help somebody else and make them feel like they're not alone.

BP: Yourself, being someone who has had a journey with things like depression and anxiety and PTSD. how has that affected the way that you're able to support other people who are just beginning their journeys with those types of things?

CH: Being able to empathize and validate their feelings. I was talking to somebody just a minute ago, and she was talking about her negative self-talk, and I was telling her, "Yes, I understand that negative self-talk and how I've done it for 30 years." She's much younger so she was saying she hasn't mastered it or whatever. And I'm just like, "No, I'm like, 50, and if and I still do it!" You know, so it's, it's normal for you to do that and but it's great, like she was saying she had a friend that was able to walk her through that. And so that's what we need. We've got to have people that can validate our feelings and that also help us rationalize like what's right and what's wrong and where we need to go with that.

CH: Another thing that I feel like that needs to change is the medical field and the also the law enforcement field, as far as mental health and mental illness. I've had some experiences of trauma with both of those. My son, my oldest son, at one point, he was at his lowest and didn't have the will to live anymore. And as parents, we talked him into going to the hospital to get help. And when we got there, they, you know, did that, they asked him the questions, and they determined that he needed help. But then they said, "We don't have any beds for him." And my son was not, he was not, what's the word I'm trying to say? Aggressive at all. He was very low. And so he had no energy whatsoever. And so he was not fighting. He willingly got in the vehicle with us and went to the hospital because his parents knew what was best for him. It wound up being a total disaster. They called the police and handcuffed my son and put him in the back of the cop car and transported him to [Hospital A]. [Hospital A] then interviewed him, found him like he needed help. He needed to stay. They were full. They didn't have any beds. They would not let us, and he was willing to get in the car with us and go wherever we would take him. But they put him in the back of a cop car and chauffeured him to [Hospital B] and there he was, had to be there in the hospital for it was four days, it was a weekend when he went in. And it was, it was so traumatic for him. I could have drove him somewhere else to get help. Instead, they traumatized my son. Instead, he's not he doesn't go to get help now when he's suicidal. He's tried again since then, and he didn't even try that time. That time, he was just so low that he knew he needed help. The second time he overdosed, but didn't take enough, but he would not get help now, because of the traumatic experience that he had, it was terrible.

CH: Thankfully, he was a reader like his mom, and we brought his favorite series of books and told him to stay in his room and just read. But it still, still was terrible, that experience for him, for us. He was angry at us. After that, he did not want to talk to us. He didn't trust us anymore. We had to build that trust back, and it took years, and I'm still not sure that we have it now. There's no reason for you to traumatize a person that's already going through mental health issues by further traumatizing them when they're not even aggressive.

CH: Same thing for the people here in these small you know, in the public that get the police get calls on and they are supposed to go take care of and calm the issue down. That cop makes it worse and doesn't de-

escalate it, and then winds up having to be aggressive with a mentally ill person who's not aggressive, you know, or doesn't normally act aggressive. And so it's just, I did some research. There is places that have, I forget the term, but it's basically a unit that that travels when the call comes in, and when it comes in as something that's related to a mental health issue. Then there's units that actually go out, and it's got, like a medical person, a security person, and like a therapist-type person that can go together to that situation so they can best help the situation. Because a lot of the times in our county, I know that has happened here because I've interviewed the police force here, and the judge and then and the mayor and talked about that issue. But when you have these smaller counties, they don't have the finances to fund something like that. Basically, I'm very passionate about how the medical field is nowhere near what it needs to be to help the people that have mental health issues.

BP: I know that you mentioned your son. That experience, instead of being therapeutic to him, was trauma in itself, and made him frightened of seeking support in the future. My final question to wrap it up. And you know, just take this in whatever direction you feel is most poignant. What would you say to someone, and I'm sure you've been in this scenario of saying this before, but what would you say to someone who is struggling in the ways that you have struggled and is just really seeking support? What would your message be to someone who may be listening?

CH: I would tell them the same thing I told my son when he finally turned 18 and I had went through backing him out of the gun cabinet and went through getting into therapy and went through taking time off of school just to enjoy each other's company, like I did the things that I knew to do. But yet he became an adult, and I said to him, "You're an adult now, and I'm not in charge of you." I said, "These are the things that I do. And I have to do all of them. I can't just do one, one thing doesn't work. You have to do several things to take care of your mental health and you these are what they are. And so I go to therapy, I take meds, I have a support group. I have a circle of friends that I can go to because, you know, maybe this one's struggling and I don't want to go and release to her now. So I have a circle of friends. I have my faith. I pray, read my scriptures. You know, my firm believer that God wants what's best for me, so I have that. I read. I read literature that teaches me how to do things that will change my, you know, the way I feel or think, like the negative self talk, you know, and doing positive affirmations and things like that. And so I named all of these things and said - exercise that gets your endorphins going, you know you gotta do that. Joy time, doing something that you're passionate about, and it will make you feel like you're you again, and that Life's worth living. And so I told him, like, there's all these things, and not one thing is going to fix your mental health. You've got to do them. You've got to do multiple things. That would be my advice to anybody struggling with mental health, is medicine is not going to fix you. Therapy is not going to fix you. You know, you have got to do all these different things and make it work, and for you to be able to find happiness and joy and relief from new mental health issues.

BP: Thank you so much for sharing that. If you've enjoyed this episode, tune in next time by visiting our website hdi.uky.edu/stigmasilenced. Thank you so much for listening to Stigma Silenced [Stories Spoken].