

Speaker 1 ([00:00](#)):

Did we accept that last year 44,000 people took their own lives twice, as many as lives that were taken. And we knew that our mental health programs in our country is inadequate. And the whole idea of separating the head from the body and treating mental health over there as if the head is completely detached from the body was one of the mistakes that must be corrected in health and healthcare. In the 20%, the American heart associations mission is to be a relentless force for a world of longer healthier lives. And our pursuit of that mission. We're having some amazing conversations along the way. Welcome to the special edition series on equity, honoring the life leadership and legacy of Bernard J Tyson. These are the stories of the relentless.

Speaker 2 ([01:07](#)):

This is the social equity series honoring the legacy of Bernard J Tyson. I'm Tanya Odom. I'm an aha volunteer. And I'm also my day job, as I've been saying is a diversity equity and inclusion consultant. It's my honor, and privilege to be continuing this important conversation, really to honor and highlight the legacy and work of Bernard Tyson. This episode is about how inequity impacts mental health and wellbeing. And here's what we know from a research perspective. The state of mental health in our country is increasingly fragile. Their percentage of adults with mental illness who are uninsured, has increased. There are still unmet need for mental health treatment among youth and adults. Suicidal ideation among adults is increasing. And of course the pandemic of COVID-19 has impacted the number of people looking for help with anxiety and depression. We also know that there are communities impacted disproportionately by the lack of access to mental health services.

Speaker 2 ([02:12](#)):

Historically Bernard J Tyson was well-known for reminding us that your mind and body are connected. You deserve care that supports your total health mind, body, and spirit. Two of the many issues that Bernard championed were homelessness and systemic racism, both are directly connected to mental health and today helping us to take a deeper dive into this conversation and look at Bernard Tyson's contributions to these areas are his special assistant Sherri buoy cause at Thailand, vice-president mental health and wellness at Kaiser Permanente and dr. Ron Copeland, who is senior vice president of diversity and inclusion, chief equity officer for Kaiser foundation health. Who's also a board certified surgeon. It's really exciting to speak with you all and hear and learn with you. So welcome to episode five, how inequity impacts mental health and wellbeing Sherry. You worked with Bernard every day. There were plenty of issues to cover and champion.

Speaker 2 ([03:17](#)):

Why mental illness and mental health, why was he so passionate about this topic? In your opinion, Bernard was passionate about mental illness when it came to his attention. No suicide rates were going up in America and mental health providers were in high demand, but hard to find and mental health for Kaiser, you know, having access to mental care, we didn't have everything that you needed to take care of our members with mental illness. But when the mothers came to talk to Bernard and his boardroom, like I told you, people got to see at his table to come and talk to him about issues they were facing. And when these mothers talked about their daughters committing suicide and not being able to get the help they needed from providers at Kaiser, he took it on himself to try to help solve it. And you can't solve an issue like that overnight. And unfortunately he didn't get to solve it before he passed away. But I know it was on his mind up until the day he did. Dr. Copeland. I mean, I asked you this question as a medical

doctor. Can you share with us any research or information about the correlation between racism, structural racism and mental and physical health?

Speaker 3 ([04:30](#)):

Oh, absolutely. I mean, there's are this notion I mentioned earlier of total health, which is mind, body and spirit. One of the elements that's embedded in that is again, what people experience on a day-to-day live basis. And while people have had, uh, a reluctant ability to, uh, some people have had a reluctant or reluctance to acknowledge the presence of racism's a day in an interpersonal way in a, in a structural way or more, is more damaging to your question in an internalized way where people because of longstanding and recurrent exposure to, uh, oppression and discrimination begin to internalize the bleeds to start thinking there's something wrong with them, as opposed to something wrong with the society and the belief systems of people they're interacting with. And so what it amounts to from a medical model standpoint is ongoing, uh, almost unrelenting exposure to stress and stress as an important role in the human body, uh, in mind.

Speaker 3 ([05:27](#)):

Uh, but when it is excessive and continuous, it then begins to have a toxic impact. And there's been increasing research in this area to show that in terms of mental health, depression, uh, uh, people, uh, uh, having panic attacks, uh, and then from a physiological standpoint, uh, also some evidence through epigenetics research about the potential to transform, uh, genetics and DNA material and response to chronic stress. Uh, the, the, the hormones that are turned on in the body, uh, to address stress are all designed naturally to have a very short impact because they're very strong, very powerful, but when they are continually, uh, on and never turned off, they begin to work against you and have a detrimental effect. And so we recognize, uh, intergenerational trauma in this particular aspect and have integrated it into our understanding of wellbeing, mental health, and wellness, and so on and on the care delivery side for traditional medical illness, recognizing that when we talk about determinants of health, everybody's increasingly recognizing that access to appropriate nutrition, working in physically safe environments, where you can get exercise, uh, having the joy of a career in job and working and taking care of family, uh, all an education that all those are social determinants of health that have to be optimized for people to enjoy full health.

Speaker 3 ([06:53](#)):

Well, we're, we're now also recognizing is exposure to chronic oppression and discrimination and racism, and all the different forms that occurs, uh, is a determinant of health. So that now has to be built into the construct, Oh, how do you build a strategy and a plan to improve health of individuals and communities? And nowhere has that been on more displayed recently than the COVID 19 pandemic, where we see, again, the disproportionate negative impact it has on black indigenous and Brown people of color. Uh, and so that's the connection that, that the more enlightened view and research is helping us appreciate the next phase is now that we have an awareness, how do we understand what appropriate interventions are that address that? And let's not create another generation with the same plate process based on relenting oppression and discrimination.

Speaker 4 ([07:46](#)):

Cassandra, we thank you for being part of this honoring of Bernard Tyson's legacy. Thank you so much for having me I'm cause at Thailand, I'm the vice president for mental health and wellness at Kaiser Permanente, and I'm also a licensed psychiatric social worker. And I actually first connected with

Bernard about four and a half years ago when he gave me the opportunity to help lead a national strategy for mental health and wellness at Kaiser Permanente, I was really excited by Bernard's very personal and passionate commitment to elevate mental health as a top priority for the enterprise. That's great. Thank you. And definitely we'll be pulling more out about that. Just so interesting to think about the foresight, right. To think about how this was thought of as important. And I've been hearing that in some of the other interviews, do you have a fun or favorite memory or a compelling story that you can share about Bernard Tyson?

Speaker 4 ([08:40](#)):

I do as part of, um, the mental health and wellness work, we actually had these monthly meetings with Bernard where we would, um, you know, move the strategy forward. And prior to any of these meetings, I noticed that he has shared a bone broth recipe on Katie's blog. And I also make bone broth for my family. So we had this really fun conversation where we were sharing tips and tricks, you know, with each other, from our recipes that the conversation, you know, also went deeper and we were sharing about what our personal values are around why we made the bone broth that, you know, it was important for us as a way of supporting our health and also the health of our families. So it was a really memorable conversation where, you know, we connected around our values of around family and about our values of being a service and it, and it ended with a fist bump from Bernard. Um, so he was just a really relatable person, you know, not just a CEO, but also a husband and a father and doing things at home to care for himself and his wife and his family were very important to him.

Speaker 2 ([09:52](#)):

Thank you. What a great memory. Um, we've heard from many people how important Bernard's family was to him and the interview with Denise Tyson. She also shared a lot of memories about their connection. So it's, I appreciate hearing this again. So Bernard Tyson was a pioneer in helping to normalize the conversation around mental wellness. He regularly shared that at Kaiser Permanente mental health is essential to total health. Can you explain to us what that means and why it's essential?

Speaker 4 ([10:24](#)):

Yes. So we know that total health is more than just physical health. It includes mind, body, and spirit. It's all connected and there is no health without mental health and wellbeing. And I think that all of us, just from our very real experience of living in our own bodies, we have a sense of this, but mental health was considered for a long time is pretty separate from total health. And that actually ended up being a big contributor to perpetuating stigma around mental health, Bernard championed and voice. This idea that a total health perspective incorporates mental health and, you know, one really concrete result of this is that under Bernard's leadership, we develop the, find your words campaign in 2016, which is our public health awareness effort to really normalize talking about mental health. Um, and it really works to end the silence around mental health and empower people to spread hope and, um, to have core conversations, um, with each other, um, about our mental health issues.

Speaker 4 ([11:35](#)):

The find your word website is incredible. It features information in both English and Spanish to help people learn how to have the conversation. Like if you are concerned about someone in your life that might be struggling with mental health conditions to have that conversation with them, if you yourself struggling and need to, um, be able to talk to others about it helps with scripts and tools around that it has mental health screeners, all kinds of things like online communities to find support for people. Um,

that includes, um, things for young people and teenagers as well. And I think they're today more than a hundred thousand people have taken the self screening tools for depression on the website. I think also related to this is, you know, as the pandemic continues to really impact our lives, we have recently, um, also there's evidence to really support how physical health again is tied to mental health. So there's a recent study that, um, I just read this week published in the Lancet psychiatry journal, where after analyzing the electronic medical records of, of 69 million people in the United States, including more than 62,000 cases of COVID-19, they found that within three months following testing positive for COVID-19 one in five survivors recorded having a first time ever diagnosis of anxiety, depression, or insomnia. So it was really, you know, a stark reminder to us about how our physical health and our emotional health are intertwined. And Bernard was really the trailblazer. Um, in regards to this,

Speaker 2 ([13:19](#)):

Thank you for talking about how related this is to the current climate. Um, in one of the other interviews, we talk about that too, that this mental health awareness, right? This, this awareness to focus on that, particularly those who are impacted by COVID and, or, um, you know, having I live in New York city as, as people have heard in the other interviews and what that has meant right. Living in New York city with people around me, either being positive or losing people to COVID. So how do we keep that top of mind versus saying, Oh, no, I have to keep going. That that's part of my wellness and awareness. So you said this, and I think you talked about his leadership and pioneering leadership. What do you think his legacy will be as it relates to mental health? And how could we build upon it, this website that you mentioned, and I'm so glad you sort of, you know, talked about it because I hope that people will go and look for it after they listened to you. I'm curious, what else do you think his legacy will be and how can we continue in our own lives to build on it?

Speaker 4 ([14:16](#)):

I love this question because for an AR really did, um, set up a legacy. He really challenged the greater Kaiser Permanente community to think outside of the norm. And he asked everyone to submit ideas for how the organization could have a truly big impact on the community. And after receiving thousands of ideas, mental health, and wellness really Rose to the top, and it became a strategic priority and a focal point, um, especially from some very new and exciting work focused on adverse childhood experiences or what we call ACEs. So the national data shows that at least 38% of children have experienced at least one adverse childhood experience. And we know that preventing ACEs supports children's and families across racial, ethnic, and socioeconomic groups that earlier Seminoe research that Kaiser Permanente did showed us how these negative and traumatic experiences during childhood have that direct relationship with poor health later in life.

Speaker 4 ([15:24](#)):

So for instance, we, a few of the things that we learned, those with four or more ACEs are 10 times more likely to use IB drugs. Those with six or more ACEs have a 20 year shorter life expectancy that's big. And those with four or more ACEs are 12.2 times more likely to attempt suicide. And in addition to that, these childhood trauma is associated with all kinds of health, things like higher rates of cardiovascular disease, diabetes, liver disease, alcohol dependence, et cetera. So we, this is an important area that Bernard really launched and will be a part of, of his legacy. Um, we also know that experiencing ACEs, it doesn't happen in isolation and while ACEs across, you know, they occur across all income levels and, uh, races and ethnicities. We know that they accumulate in environments that are not able to offer so much protection as we would like environments where poverty or systemic racism or violence are

affecting not only the children, but also, um, the adults who are working really hard to care for those children.

Speaker 4 ([16:40](#)):

So, you know, solutions aimed at preventing ACEs, um, really exists at this intersection of efforts to combat systemic racism, to confront the intergenerational transfer of poverty and to eliminate persistent health disparities, addressing all of those issues really tied back directly to Bernard's vision. And I think will be a really big part of his legacy. In 2019, before you passed, we pledged 2.7, \$5 million for new East research. And, um, part of the goal of that is to really identify the most promising interventions and innovations in, um, in preventing ACEs. And so his legacy is just, it's vast, you know, as he deeply supported so many causes and communities, I think the American heart association is a great example of that. Um, so from my perspective, he'll be remembered as a passionate leader who really used his influence to champion mental health and wellness. Thank you for that will be interesting for us to see the research from 2019 as it comes out in terms of just helping us learn more. And yes, as you were talking, I was thinking about how the American heart association has new sort of paper that was just released talks about health disparities and talks about structural racism and really names it. And I think this has come up in several interviews on how the courage of Bernard Tyson, one of the ways in which we see the courage was the naming of things like mental health and homelessness and sort of, um, ACEs or trauma as barriers to health. And I think it's a good way for all of us. Um,

Speaker 5 ([18:31](#)):

Before you go onto your next question, just interrupting for a quick second and asking cassette if you could define ACEs for the audience.

Speaker 4 ([18:38](#)):

So yeah, so ACEs stands for adverse childhood experiences and there are a set there's actually a tool that you can, that can be used to assess whether people have experienced some traumatic or negative experiences in their childhood that then we know are connected to these, um, poor health outcomes later on. It includes things like whether there was divorced in a family, whether there were substance use issues, whether there were, um, mental health conditions, you know, whether there were incarcerated parents and whether there was different types of neglect, you know, emotional or physical. Um, so there's, there are a variety of questions and there are actually tools online for people to take those assessments because we know just being aware of, do I have ACEs? Did I experience adverse childhood experiences, raising awareness for folks helping them understand that they have experienced something like this? It helps them to understand, um, what, how it might affect their health going forward and what they can do to actually heal from those experiences. Thank you for that, uh, definition. I think, you know, we've heard this in some of the other interviews and in conversations internally at American heart association, the more we know about this, I think it also takes away the stigma in the sense of summon someone blaming themselves for chronic conditions that they may have been born into. Sorry about the sirens in New York. One sec. I can't do anything about that. So you wouldn't believe that I live on the 27th floor of a high rise. You still hear the sirens.

Speaker 5 ([20:29](#)):

And I'm wondering while we wait for the sirens, um, is it worth talking about trauma and how that

Speaker 4 ([20:35](#)):

I was just going to do? Let me, let me just come in because, um, I think it's important and I don't know where this fits in, um, DHEA, because we interviewed Churchwell who also talks about social determinants of health. So I just, DIA can you tell me where this fits in? Can I mention that interview and then if so,

Speaker 5 ([20:56](#)):

Absolutely because ultimately we're going to see a through-line of issues and themes happening throughout these conversations. So, um, feel free to it's okay. If things repeat themselves, because they're all still true and everybody may not hear all the episodes, you know,

Speaker 4 ([21:16](#)):

So, cause I thank you for outlining, um, the ACEs so that people have a better understanding of them. You also mentioned trauma a little bit earlier. Can you talk a little bit more about trauma and the impact trauma has on us physically? Sure. So, you know, we know people experienced trauma, they, um, have a physical reaction where, you know, we go into a fight or flight response. Cortisol is dumped into the system and having prolonged trauma or prolonged, you know, um, adversity in this way can cause you to have kind of a chronic reaction, um, of having high levels of cortisol that really affect your overall health and wellbeing and, you know, um, adverse childhood experiences or ACEs really fall into that category of traumatic experiences. And I think it's important to make a distinction between that and mental health conditions because having experienced in your life that was traumatic does not mean that now you have a mental health condition means you had a negative experience and it's affecting you.

Speaker 4 ([22:26](#)):

And, um, so not only most traumatic experiences do not lead to a mental health condition. There's a very small subset that does lead to like a post-traumatic stress syndrome. That would be a mental health condition that you would need treatment and mental health. Most trauma does not. And most of the ways that people heal from trauma are not mental health, um, interventions, either it's things like connecting socially connecting to the community and other peers that have gone through similar types of things, getting involved in altruism and being of service as a way of healing from trauma, connecting back to spiritual practices and you know, your religious groups and also being involved in meaningful work. These are the kinds of things that, um, build resilience and help people to heal from trauma. So that's something I think is really important for people to understand is you may have experienced an event in your life that was traumatic, but it doesn't mean you have a mental health condition, but there are ways that you can optimize your mental wellbeing, uh, through seeking out ways to heal from your trauma. I think you really important. So when we think about, um,

Speaker 2 ([23:46](#)):

Loss and grieving, and we think about, for example, all of the people that I'm speaking to who dealt with the loss of Bernard Tyson, a great leader, I'm curious if you can share some insights on how to support the grieving process for people after a loss like the loss or Bernard Tyson.

Speaker 4 ([24:05](#)):

Yeah. It was just reflecting for myself that this time last year was very, very painful. You know, I had two big losses, Bernard being one of them and my father-in-law being the other. And we were, when Bernard died, we were all thrown into a very acute and powerful grief process in Kaiser Permanente employees really came together along with the wider community and an incredible celebration of life

ceremony for Bernard that was held at the chase center in San Francisco. And the event was produced and staffed and manage all my KP employees and, you know, being able to participate in that way, you know, to, um, it really provided a meaningful Avenue, both for people to honor Bernard, um, but also to begin a very important healing process. So, um, we had other ways that employees were supported as well. We had, um, really encouraged our managers and team leaders and staff meetings to have, we gave them tools to have these kind of carefully curated activities and conversations to share memorable stories about Bernard.

Speaker 4 ([25:23](#)):

Um, there were areas in throughout the organization physically to use post-it notes on boards, um, that were placed, you know, in various areas where people could express their appreciation for his life and his leadership. You know, these things are all reported and, you know, with COVID, we're feeling like some of these ways of honoring and grieving as a community get taken away. And so there are still ways to do that, um, remotely and virtually that we need to encourage people to continue because you know, this is kind of the bedrock of culture, right? How we come together in rituals to honor people to grieve, to celebrate, um, and those things continue. We also have a great, um, employee assistance program because our Permanente where we, you know, make sure that our employees have the right resources to help them cope. Um, and that was available widespread that really stepped in to, to have specific sessions and things available to help people cope with the loss of our leader.

Speaker 4 ([26:29](#)):

These EAP professionals are, they're all licensed trained clinician. Um, they, they address, you know, all kinds of work-related and personal problems for folks. Um, that span things like managing personal stress, family, relationship, difficulties, things like intimate partner violence, um, financial and legal referrals. And then, you know, general mental health things around like depression and anxiety and, um, alcohol and drug use. So as I mentioned today, many of us are now mourning the loss of family and friends due to COVID-19. And, and so, as you just mentioned, you know, remembering this as a part of our everyday lives, that we, that we care for an honor, that we are in a process of grief and that we really stay focused on self care on building resiliency, on connection, connecting with other people, connecting to meaningful spiritual practices and the passage of time, you know, these are all really good medicine for grieving and for healing from loss, and that we acknowledge for each other, that these are real challenges now that we recognize the social and emotional challenges, um, that we're all experiencing with these losses, losses of loved ones,

Speaker 2 ([27:54](#)):

How we can, that could be a whole conversation in itself. I feel like he just gave us so many gifts and ideas. And I'll say that, um, I was cynical, uh, whether or not I could do some of these practices as a mindfulness practitioner for over 15 years virtually. And I did a half day retreat a month or so ago. And, um, this past Saturday I did a full day virtual retreat and it worked, it was about the connection and sharing and breathing and practices. And so I think some of us might be hesitant, but you're giving us some reminders about, um, trying it and that the connection part and the healing practices are really important right now. So thank you for that. Um, in your opinion, what made Bernard Tyson relentless? We talk about this and the title of this series. What made him relentless

Speaker 4 ([28:44](#)):

Bernard was relentless by how he led Kaiser Permanente as he held strongly to the purpose and the mission of the organization. And he married that tightly to his passion for helping people, you know, and I think about Bernard, I think about the Martin Luther King jr. Quote life's most persistent and urgent question is what are you doing for others? This is not just a job for Bernard, uh, or a leadership position. It was about making a significant difference in the lives of people, obviously locally, but also nationally and globally, Bernard hosted a mental health and wellness summit at the 2019 world economic forum, where we witnessed him influencing positive change for future generations across the globe. So at that event, he, the stage with Prince William, the Duke of Cambridge, and during a panel discussion on mental health matters, he also led this mental health and wellness summit at that forum. And he really urged global leaders to take on four important things. The first to reduce stigma around mental health conditions, by encouraging open dialogue and conversation. The second was to tackle inequity and mental health care. The third was to move from sick care to well care by focusing on prevention. And the last was to really integrate mental health care into primary care systems. So he was a relentless, um, in how he led us around this at Kaiser Permanente, but also as a global advocate for mental health.

Speaker 2 ([30:35](#)):

Yeah. That you reminded me, you know, in preparation for these interviews, I watched many videos and the sick care to well care came up in many of the interviews. And it's one of the things that stuck with me, just the language I think alone is such great reframing. So as we end this particular interview, um, is there anything else you would like to share personally or professionally about Barnard that you think would be important for us to take away?

Speaker 4 ([31:01](#)):

Bernard, he had a real passion for mental health and wellness. In my experience, there are all kinds of visionary leaders who can speak eloquently about causes that they're passionate about. And then there are others who can do that, but they can also turn that passion into action. And that's what Bernard did. He didn't just take it on as a cause he really championed it and you see it all over. Um, in January of 2019, Bernard wrote an article for the American heart association CEO round table that was titled it's time to end the stigma surrounding mental health. And in that article, he said, seeking mental health care should be as routine and unremarkable as seeking treatment for high blood pressure diabetes, or a heart condition. He really made sure that there were very specific work streams held up in all of these departments. So his vision is still there at Kaiser Permanente. Today, we have our Institute for health policy, which are holding convenings, and we've had convenings that have address childhood trauma and preventing suicide. As I mentioned, we have the finder words, public health efforts that continues to really serve communities and by providing them resources for people to help themselves and their loved ones. Bernard's wonderful stamp is all over them.

Speaker 2 ([32:30](#)):

Hmm. Thank you so much. Thank you for sharing your memories. I'm sure many of us were impacted. I know I was. It's one thing to hear and about Bernard Tyson. It's another, to be able to spend time with talking to hearing stories and hearing the legacy of Bernard Tyson shared with all of us. So I thank you for being a part of this series. Thank you. And I look forward to connecting with you all in our next conversation.

Speaker 1 ([32:57](#)):



I used to argue early on that it was about equality that everybody has to be treated equally. And I later discovered that's not the right framework. That's not

Speaker 2 ([33:07](#)):

Narrative is about equity. Everybody gets what they

Speaker 1 ([33:11](#)):

Need to get the same outcomes. Thanks for being a part of the American heart associations, Glint list stories. Learn more about the Bernard J Tyson impact fund@heart.org forward slash B J T impact fund. And if you enjoyed what you just heard, please press share, tell a friend and leave us a review. Your next episode is on the way. Stay tuned. As we discuss Bernard's impact on how equity impacts dignity of life.