

Transcript | Help, Hope & Action: Adults, seniors and veterans panel

Gentle piano music plays as photos glide past: people comforting one another, clasping hands, taking notes while listening, and talking with engaged expressions. A purple background with teal lines moves past, followed by a teal background with white lines. Now, against a white background, a purple and teal logo in the shape of a ribbon resembling two clasped hands appears. Black text to the right of the ribbon reads:

ONSCREEN TEXT: Help,
 Hope &
 Action

Beneath the black text, a purple title appears offset by teal lines:

ONSCREEN TEXT: SUICIDE PREVENTION
 TOWN HALL

Logos beneath the text appear for Health Plan of Nevada, UnitedHealthcare, OPTUM, and the American Foundation for Suicide Prevention.

A man with dark hair in a navy suit speaks in front of a potted plant. White text in the bottom left corner and a purple banner show his name and attribution:

ONSCREEN TEXT: Kendall Tenney
 Moderator, 10E Media

KENDALL TENNEY: Welcome back to Help, Hope, & Action, a suicide prevention town hall. I'm Kendall Tenney, along with our second panel of guests that I'll introduce shortly and our audience on hand today, and we're glad you're with us.

On a stage, he gestures to a panel of four guests seated in armchairs in front of a screen featuring the title slide. A small coffee table sits in front of the guests.

KENDALL TENNEY: In our last segment, we heard from those with experience and professional expertise about the challenges that place children and teens and young adults at risk for suicide and how we might be able to help those individuals or help ourselves. In this half hour, we're gonna be talking about the risk of suicide among adult populations and particularly seniors, Veterans, as well as the underserved and marginalized in society. We'll be discussing how to identify those who are struggling and what can be done to support them. And now, it is my pleasure to introduce our second panel.

A woman with black hair and dark eyeliner smiles. White text in the bottom left corner and a

purple banner show her name and attribution:

ONSCREEN TEXT: Rachel Rosensteel
Assoc Dir., Health Equity, Health Plan of Nevada Medicaid Program

KENDALL TENNEY: Rachel Rosensteel is Health Plan of Nevada's Associate Director of Health Equity. Rachel works to ensure the plan's Medicaid members have access to the important services and resources. She has extensive experience supporting those challenged by social determinants of health, the homeless, and the recently incarcerated. Please welcome Rachel.

The audience applauds. A woman with wavy blonde hair smiles, and white text appears in the bottom left with a purple banner:

ONSCREEN TEXT: Michele Freeman
Healing Conversations Coordinator, American Foundation for Suicide Prevention

KENDALL TENNEY: Michele Freeman is a former chief for the City of Las Vegas Department of Public Safety. Michele has her Doctorate of Public Policy, focusing on suicide awareness and prevention for law enforcement officers. She also holds a master's degree in public administration and a bachelor's degree in criminal justice with a strong emphasis in sociology and psychology. Michele is a board member of the American Foundation for Suicide Prevention, one of the sponsors of today's town hall. Please welcome Michele.

The audience applauds, and Michele nods to Kendall and mouths "Thank you." Now a woman with glasses and short, black hair smiles. White text appears in the bottom left with a purple banner:

ONSCREEN TEXT: Dr. Nichole Bauknight-Boles
Psychiatrist & Senior Medical Director, Health Plan of Nevada

KENDALL TENNEY: Next, we have Dr. Nichole Bauknight-Boles, Senior Medical Director of Behavioral Health at Health Plan of Nevada. An Army National Guard veteran, Dr. Bauknight has 22 years of experience and is a double board-certified child and adolescent and adult psychiatrist. She has worked in all levels of mental health care with a wide variety of age groups and populations in both the public and private sector. Please welcome Dr. Bauknight.

Dr. Bauknight nods and smiles to the audience as they clap. Now Kendall introduces a man with grey hair and a moustache and goatee. He wears a purple badge that reads "OSP" in white letters. In the bottom left of the view, white text appears with a purple banner:

ONSCREEN TEXT: Richard Egan

Training & Outreach Facilitator, Nevada Office of Suicide Prevention

KENDALL TENNEY: And finally, we have Richard Egan, is the Southern Nevada Suicide Prevention Training and Outreach Facilitator for the Department of Health and Human Services. A 26-year veteran of the U.S. Air Force, Richard brings 24 years of experience of preventing suicides in Nevada by utilizing awareness, prevention, and intervention certifications. Please welcome Richard and all of our guests.

Richard nods with a smile and mouths "Thank you" to Kendall.

KENDALL TENNEY: All right, before we launch into this segment, let's go over some numbers that are sobering.

A slide with black text on a white background appears, beneath a title in a purple and teal banner:

ONSCREEN TEXT: Latest Statistics on Adult & Senior Suicide

- According to United Health Foundations most recent America's Health Rankings report, suicide rates increased 13% among seniors between 2009 and 2020.

- Nevada has some of the highest suicide rates among seniors of any state in the country; currently ranking 4th in suicide among those 65+

- In 2019, the rate of suicide among Veterans was 52% higher than of non-Veterans

- In 2021, adults with disabilities were three times more likely to report suicidal ideation in the past month compared to persons without disabilities.

KENDALL TENNEY: According to the United Health Foundation's most recent America's Health Rankings report, suicide rates increased 13% among seniors between 2009 and 2020. So that doesn't even take the pandemic into account. Nevada has some of the highest suicide rates among seniors in the country, currently ranking 4th in suicide among those who are 65 and older. In 2019, the rate of suicide among Veterans was 52% higher than non-Veterans. And in 2021, adults with disabilities were three times more likely to report suicidal ideation in the past month compared to persons without disabilities. So, Dr. Bauknight, why? Why are those numbers the way they are?

As Kendall turns to each guest, the view focuses on the speaker and displays their name and attribution in the bottom left corner once more.

DR. BAUKNIGHT: Well, I believe among seniors, one of the major contributors to death by suicide is the fact that there's been changes in life in phases, and there's been a significant

amount of loss and grief. There have been changes in physical abilities and capabilities, and a loss of independence. At that particular point, when someone is 65 and older, they're really looking back on their life and assessing their accomplishments. So when there's a lack of accomplishments and feelings of loss, that can lead to depression, anxiety—which contributes, of course, to suicide.

KENDALL TENNEY: Yeah, it is a time in life when you start to look back and maybe have regrets and maybe think there's no reason to really move forward. Is this a lot of what's going on?

DR. BAUKNIGHT: Yes. Lack of accomplishments in evaluating and reflecting on your life at that point can really lead to depression and anxiety in people. And that could be the housewife that has grown children that are out in the workforce now. They're gonna look back on their life and say, you know, 'Do I have successful children? Are they contributing to society? Have I—have my children—and my primary goal was to raise them to be contributors of society and meaning.' They're going to be looking at it that way, whereas the CEO of a major corporation will be looking at their career aspects and what did they leave as far as legacy is concerned? So a lack of accomplishment can really put a person into a depression or anxiety, and that can lead to thoughts of suicide.

KENDALL TENNEY: A perceived lack of accomplishments, right? All right, social determinants, you mentioned those a little bit. Things like being limited when it comes to transportation or housing, or a job, food. All those sort of things come into play. Rachel, let's talk about that. Let's talk about the impact of social determinants of health and what impact they have on mental health for the Medicaid population, and what's being done to support such individuals?

RACHEL ROSENSTEEL: Right. So as you mentioned, social determinants of health are things like transportation, housing, employment, food insecurity, education. They are the conditions in which we are born, in which we work, we play, we grow, we age. They are also things like the neighborhoods that we live in, our social support systems, our personal safety, domestic violence, involvement in the criminal justice system, and also access to healthcare. So our underserved communities, they have difficulty prioritizing mental health, because they're thinking about, you know, where they're gonna sleep at night, or how they're gonna feed their children, how they're gonna get to work tomorrow, you know, how they're gonna get a ride to their mandated court appearance. So, you know, those things are oftentimes more important than going to a therapy appointment. You know, mental health is one of those things that cannot be seen, so oftentimes, people suffer in silence. And mental health can exacerbate other things, like physical health conditions and social situations. So, you know, our underserved populations, they sometimes have hesitancy around accessing mental health services because the traditional services will address the mental health symptoms but don't necessarily address the social determinants of health issues that contribute to the symptoms. So, you know, the stress around how they're gonna pay their rent, or how they're gonna feed their families, can, you know, can lead to anxiety and depression. And some of the services out there don't, you know, don't pay their bills.

KENDALL TENNEY: Right.

RACHEL ROSENSTEEL: So why would they go, you know, access therapy when they need to go to work? So it's very challenging. And then it—you know, when these individuals live in a toxic or stressful environment, it can be very challenging for them to engage in any form of treatment if they are going to be returning to that same home environment, and there's no change in their social situation. So, you know, if they're going to expect a change in their, you know, if they're gonna expect a change in the outcome, you know, that could be difficult if there's no change in the social situation.

KENDALL TENNEY: The root of the problem is not being addressed in their estimation.

RACHEL ROSENSTEEL: Right, exactly. Exactly. So, you know, I think there has been a big shift in our communities around how this is being addressed. We are seeing more collaboration between all of the organizations, such as our government entities, managed care organizations, our hospital systems, our behavioral health providers, our medical providers, non-profits, our community-based organizations, our faith-based community, our faith-based organizations, you know, our community health workers, peer support specialists. You know, we're seeing more people come together to address social determinants of health in order to improve mental health outcomes among our vulnerable populations. And we are seeing—or I have seen, over the past few years, all of these groups come together to take more of a trauma-informed approach towards addressing mental health in our underserved community members. And there's also been an increased awareness around how important social determinants of health are. You know, social determinants of health can impact health outcomes up to 80%. So, you know, it's significant.

A statistic in white text appears in a purple banner at the bottom of the view:

ONSCREEN TEXT: According to the AMA, 80% of what influences a person's health happens outside of a doctor's office.

KENDALL TENNEY: You know, you talked about vulnerable populations, and another vulnerable population is Veterans, and Richard, you work primarily with Veterans. What can be done, and what needs to be done, to intervene with those who are going through suicide ideation or experiencing some of these mental health challenges?

RICHARD EGAN: Kendall, that's a really good question because our Veterans go through the exact same things that we've talked about here, and the best the thing to do is come along the Veteran, ask him or her, "What got you to this point today?" And listen to those aspects of their lives that is affecting them. Always do remember, though, that it can be something from their military career. Some of the examples might be that they have PTSD from a deployment or a mental health concern from a deployment, but it could also be trauma from a car accident two months ago. It could be trauma from a childhood event. All the normal things that a community member goes through can be there also. But be aware that something else can be there, such

as PTSD. Michele and I were talking before we came up about different populations that have aspects of their life that could come forth because of their profession, or because of their culture, or because of their upbringing that we need to be aware of. So we need to be open to all of those different things that a person can go through.

KENDALL TENNEY: Yeah. Michele, you were talking about the law enforcement population, which suffers some of the same trauma that Veterans would go through as well.

MICHELE FREEMAN: Absolutely, Kendall, and what it is is that law enforcement, a lot of law enforcement, and even other first responder fields, were Veterans or are Veterans, and/or potentially still in the military. So now they have this, they have being a human, right? And then they have being a Veteran, and then they have now being in the first responder field. So now they have more, potentially, trauma or tragedy or devastation that they've been exposed to, which can absolutely add another layer onto the seat that they're sitting in.

KENDALL TENNEY: Well, in the first segment, we talked about intervention when it came to-- when it comes to children. It's different with adults, I would assume, and maybe it's not. What do people need to know about how to intervene with someone in their family, be it an adult or a senior who is going through struggles or they think might be going through struggles?

MICHELE FREEMAN: I think it's very important--we say in AFSP, the American Foundation for Suicide Prevention, to trust your gut. So trust if you feel like somebody is not okay, and ask them. Ask them if they are thinking about killing themselves. And you can say those words. You can say, "Are you thinking about killing yourself?" You can say, "Are you thinking about suicide?" And that's not going to plant a seed in their head. That's going to show compassion, care, and that you're there, potentially to help them and support them. So we want to be able to have these communications. We want to be able to have open communication, be authentic, and make sure that they know that we care about them, whomever the "we" is. And one day, we're all going to be seniors, right? So if we start laying this foundation down now, we'll just keep on building and building and building, so the culture is already changed.

KENDALL TENNEY: Yeah. That's important to remember. Dr. Bauknight, let's discuss medical interventions and treatments and use of medications for severe depression when it comes to the senior population.

DR. BAUKNIGHT: Well, I think when you're dealing with seniors, because there's going to be changes in their physicality over time, as they continue to mature in season, it's always important to have a medical professional kind of at the helm. Having a primary care physician or an APN is really going to be critical in managing those physical needs. But also making sure that the psychotropic medications, if the senior is placed on them, are not interacting with those physical health medicines in a negative way.

White text appears in a purple banner at the bottom of the view:

ONSCREEN TEXT: Supporting Seniors: Ensure psychotropic and physical medications don't conflict.

DR. BAUKNIGHT: Seniors are more sensitive to medication, so lower doses are always recommended. Once-a-day dosing for simplifying how to take their medications is important, but it's not always necessary to start with medications. I think starting with a good physical exam by a primary care physician, ruling out any medical conditions that can cause psychiatric problems, or have psychiatric manifestations, is important to rule out before you're looking at putting someone on psychotropic medicines. And with seniors, we can also look at what other treatment modalities would be—could be more successful in treating their depression or anxiety. We can't rule out psychotherapy as being the primary or only source of treatment for depression or anxiety in a senior, especially a more seasoned senior that is on a complicated medical regimen for their physical health. So psychotherapy can be very important. Individual psychotherapy and family psychotherapy.

White text appears in a purple banner at the bottom of the view:

ONSCREEN TEXT: Supporting Seniors: Consider individual and family psychotherapy

DR. BAUKNIGHT: I like to always think about, when you're dealing with a senior, you have to think about what is their village? What is their village looking like? What is their family looking like? What are their friends looking like? Who are their peer support?

White text appears in a purple banner at the bottom of the view:

ONSCREEN TEXT: Supporting Seniors: Who's in their "village"?

DR. BAUKNIGHT: Let's not rule out having mental health peer support specialists working as well. That can be a very powerful tool that helps seniors. I also like to always question seniors about volunteering.

White text appears in a purple banner at the bottom of the view:

ONSCREEN TEXT: Supporting Seniors: Are they volunteering?

DR. BAUKNIGHT: Get yourself out of your own environment, your isolation, your rut, and giving back to the community can be very, very empowering. So we can't negate the importance of volunteerism. Every senior has had numerous experiences. They have something that they've learned through those experiences, and they have something to contribute to society and help us all learn. So whether it's through church, sororities, fraternities, volunteer organizations like food banks and clothing banks, those can all be very powerful ways to help a senior get out of depression and put themselves back into the community, to connect with the community in order to get out of that depression and anxiety.

White text appears in a purple banner at the bottom of the view:

ONSCREEN TEXT: Supporting Seniors: Is there an opportunity for a senior to work with youth?

DR. BAUKNIGHT: Working with youth can be very powerful for seniors because they can always feel like they're contributing to impart wisdom. So those are non-medication ways that can be very successful in helping seniors. But if they have to be on medication, a mental health professional is going to be the key in actually doing a proper evaluation and coming up with a treatment plan that's best for that senior. So I would recommend going to an APN—an advanced nurse practitioner—or a psychiatrist that specializes in behavioral health to actually get medications prescribed.

DR. BAUKNIGHT: I love that you touched on keys to resiliency as we did with the youth. And let's continue along that thread. Richard, what are some other ways to inject resiliency into the adult population, those who are struggling, be it Veterans or seniors or others?

RICHARD EGAN: So resiliency is, as it was said earlier, is a learned experience basically. But what we can do is we can increase connectivity amongst our adults, help them and support them through any life issues that they may be going through. Those life issues could be medical situations. Those life issues can be financial. Or something we talked about a little while ago: the difference between an elderly individual who has had self-esteem throughout their life, like a Veteran who has served his country for many years. His self-esteem or her self-esteem may be very high, and going into the elderly age, that self-esteem may not be there anymore. They may feel that they're not giving back to the community or supporting their family like they used to, and that can be very detrimental to them. And getting involved in these community organizations along with connectivity with their doctor, with the supports, being able to have people around them can help them build that resiliency to those life issues.

KENDALL TENNEY: What are some other ways, Rachel, to build resiliency?

RACHEL ROSENSTEEL: Yeah, so I think it's really important that we listen to people, we ask them questions to understand their experiences. And I also think it's important that we empower them through their journeys. You know, we don't dictate their journeys for them. We just help them through the journeys that they decide to take on their own.

KENDALL TENNEY: Yeah. Going back to the listening part of this is critical.

RACHEL ROSENSTEEL: Yeah.

KENDALL TENNEY: Michele? Oh, sorry.

DR. BAUKNIGHT: I'm sorry...

MICHELE FREEMAN: No, please.

DR. BAUKNIGHT: I was just gonna piggyback on what Rachel was saying. The greatest gift that we can give any individual is validation, right? So if we can listen and be empathic and validate a person's experience—their past experience, their present condition, and any hopes that they have for the future—it's gonna be very important.

MICHELE FREEMAN: Yeah and I think what we heard too—Dr. B said it beautifully: we don't have a cookie-cutter approach, so kinda the same thing with resiliency, right? We wanna go ahead and have these people feel like they have the “why,” they have the purpose, like Richard said: ‘What's my purpose? What can I do?’ So build into your resiliency toolbox, and then take out what's gonna work best for whomever that person is you're working with. So if the senior can just do things like have a schedule—things that we would say for anyone: exercise, eat healthy, get enough sleep, have connectivity. So important to maintain your social connection, even in the time where we had the pandemic. We wanna stay socially connected, even if we have to be physically distanced, right? There's a difference. We don't want to be socially distanced. We wanna be physically connected at the same time. Or, excuse me, socially connected at the same time. So you can do this in so many platforms, right? We can do things together that we never knew we could do together before. We could literally do reading a book with somebody cross-country. So you can have an elderly person in another country and literally read the same book. Get on a social media—or, excuse me, a virtual platform and be able to have a discussion about the book. You can have a beautiful walk outside. You can be with them, and you talk about that afterwards as well. So you can build all these wonderful things into their daily pattern, and even if they can't necessarily walk, they can go sit outside and still have a sense of being and a sense of purpose and see the beauty and the outside environment is so important for our health. All of us. Particularly our seniors as well, because a lot of times, like we've already heard, isolation may set in, because a lot of the people that they grew up with are no longer here. And even their friends and family members, animals, play a big part in that too. So when they have a lot of that death surrounding them, that even compiles more, so it's so important to build that resiliency muscle, and you have to continue to practice it.

KENDALL TENNEY: You touched on something I think is so important, and I just wanna see if anybody wants to jump on that topic. Earlier, we discussed the importance of breathing and what a difference that can make for our mental and physical health. You just talked about nutrition, and it does have a direct link to our mental health. Anyone else? Or would you like to add to that?

MICHELE FREEMAN: I'm more than happy to add. I mean, even just, you know, things that are things that are resilience--resiliency tools can be breathing. Have nice, good belly breathing. Not just from up here, right?

Michele gestures to her chest and throat.

MICHELE FREEMAN: 'Cause that enters our fight or flight or freeze. But down here, so we get these good breathing, and that can help self-regulate and be part of resiliency when you're not feeling well, when you're alone, or if you're with someone else.

Michele gestures to her belly.

MICHELE FREEMAN: Meditation is a beautiful way to build into your resiliency. And meditation's something that seniors can do, as well as all of us. And so there's so many different things that can be—and they'll be different for different seniors, as well as different humans, for all of us.

KENDALL TENNEY: What I love about my discussions with you and the previous panel is feeling your passion for this. Why is it so important for you to make a difference? Richard, why is it important in your world?

RICHARD EGAN: I am a firm believer that one person can make a difference in this world if they put their mind to it. And with suicide prevention efforts across this state, over the past decade, this state has moved forward. We're the only state to reduce our suicide rate between 1999 and 2016. We're only 1 of 17 states that reduced their suicide numbers in 2019 and 2020. We are making a difference. It's not just me. I'm just part of it. It's not just you. You're part of it. We are all part of going down this highway to prevent suicides. The Office of Suicide Prevention is just helping to maintain that highway, or giving you gas for your car so you can drive what you do down that highway. And we can all do this in our own world, in our own area, with the help of each and every one of us, doing our part of it. Whether it's in the elderly community or in our youth community, or in our adults—where we lose so many of our adults because they get into that area that they think that there's no other option but suicide. And we can reach out to them and make a difference.

KENDALL TENNEY: Dr. Bauknight, same question for you. Where does the passion come from, and why is it so important for you to fulfill this mission?

DR. BAUKNIGHT: Well, part of the reason I chose to go out of clinical practice and go into managed care and be part of a managed care organization and a health care plan was to be able to reach large volumes of people quickly, instead of actually having to reach a person individually, one at a time. That was my passion. But individually reaching out is equally as important. I love the work that we do at the health care plan and being able to come up with policies and also coming up with programs that can help large groups of people at once time and offer services and coordinate those services for mental health reasons. I did want to add that part of the resiliency and part of the planning for seniors is making sure that we incorporate them into the plan. It should not be me, as the mental health provider, dictating to a person what they need to do only. Seniors have opinions. They have lived a very long life, and they can contribute to the plan that is going to affect them. So they have a voice. Allow them to tell you how and what they feel like they can do and accomplish. You have to listen, you have to be empathic, but make sure that they have a voice in planning that. Whether you're a family

member or friend or a medical professional giving, you know, assistance to a senior. Make sure they're part of the plan.

KENDALL TENNEY: Because they're likely already feeling stripped of some independence that they have experienced their entire lives.

DR. BAUKNIGHT: Correct. Correct. Correct.

KENDALL TENNEY: And so they have that--

DR. BAUKNIGHT: There's change in independence throughout a senior's life, right? As the mental health issues become more, as the physical health issues grow for them, they're gonna feel more losses. And they can be quickly, like someone having a stroke and their life changes immediately, or it can be insidious, like someone developing dementia over time. But having them have a voice and be part of that plan is so important.

KENDALL TENNEY: 100%. Michele, why is it so important for you to make a difference?

MICHELE FREEMAN: Well, Dr. B just reminded of a story, and I think that not all seniors, of course, are the same, and so it's really important to listen and to authentically give them your time and pay attention. So, I ran into Whole Foods not too long ago. Well, it was long ago now that I think about it, because we had the pandemic, so it was pre-pandemic.

Michele smiles and makes a backpedaling motion with her hands as the audience and panelists chuckle.

MICHELE FREEMAN: And this gentleman—I went up to the juice bar, and all I was gonna do—it was a day off. And I needed to just go quickly in there, get my juice, and then go run my errands. As I was standing up at the juice bar, figuring out what I was gonna order, I placed my order, and I could feel somebody over my shoulder. And all the sudden, I hear a gentleman say, "Is this your favorite drink?" And I said, "I don't know, I've never had it before, but it could be my new favorite drink." So he—I get my drink, he gets his drink, and he says, "Will you come and sit with me?" So I knew that I had a lot of things that I needed to do, "needed to do," right?

Michele makes air quotation marks with her hands.

MICHELE FREEMAN: My errands before I went back to work. However, I'm gonna sit with this gentleman. We shared about an hour and a half together of—I listened to these beautiful stories, and the biggest thing that my takeaway was, is that he said, 'My daughter is very concerned about me. She doesn't live here, I live by myself' –and by the way, he was over 80, so he had told me his age. He says, 'I live by myself, and she thinks that I don't get out and do things enough, and I don't invite people over to my house. My house is my sanctuary, and so what I do, is today'—the day of the week that we were there, he goes to Whole Foods, and that's his socialization. And so I was able to learn that his socialization may not look the same as

others. And what a beautiful time I had to listen and learn from somebody that had years on me and a lot of wisdom to be shared. So I'm grateful that I was able to have that interaction and that connection, which is so important.

KENDALL TENNEY: Isn't it interesting that you think about—it's been two plus years probably since that took place. If you'd just gone about your daily task, you would have no recollection of that day, in all likelihood. And instead, it's one of those life-changing events.

MICHELE FREEMAN: Absolutely. Which allows me to have gratitude, and I'm sure, him, some company.

KENDALL TENNEY: Yeah. It's beautiful too. I think a lot of us, just seeing each other, so many of the problems we have right now. Rachel, why is it so important for you to make a difference?

RACHEL ROSENSTEEL: So...so I'm a single mom. My daughter is seven, and her father fell victim to the opioid epidemic. And when she was a year old, we spent every weekend for a year driving six hours away to visit him in prison. And what I learned from that experience is that the prison system is not supportive of people with substance use disorders and mental health issues. So when he got out, he struggled. And I searched far and wide throughout the community to get him help and services, and...and there was nothing. And through my time here at Health Plan of Nevada, I have had the absolute honor of working with—I'm sorry, I get all emotional whenever I talk about it.

Rachel blinks away tears and tosses her hair out of her face as she speaks with emotion in her voice.

RACHEL ROSENSTEEL: You know, I've had...the honor of working out in the field with our Medicaid members, and—you know, who are homeless, who are being released from jail and prison, and, you know, it's so hard. It's so hard for them to get their lives back on track because the system is just not conducive to their situation. And I've seen how impactful it is to just hold your hand out to someone who has lost all hope and, you know, and just has no direction, and, you know, I think that it is so powerful to just be there for someone and, you know, the power of human connection can really change the course of a life. And...everyone deserves that.

KENDALL TENNEY: Thanks—that is so powerful and so true. Thank you, Rachel, for sharing that and for being vulnerable as well. And like Emma and Solomon and Martha on the previous panel, you've taken something that was horrific and changed it and turned it into good. And I think that inspires so many people, so thank you very much for doing that. And thank you to all four of you for being tremendous panelists and for sharing with us today. It's much, much appreciated. Let's thank our panel.

Kendall smiles and turns to the audience, who begin to clap.

KENDALL TENNEY: We wanna, again, invite anyone who is experiencing this kind of mental challenge to take advantage of some of the tools that are available. If you are in a crisis right

now, there are some numbers you can call to get help right away.

White text appears in a purple banner at the bottom of the view as Kendall reads out the numbers:

ONSCREEN TEXT: Call 1-800-273-T-A-L-K, text 7-4-1-7-4-1, or dial 9-8-8.

KENDALL TENNEY: You can call 1-800-273-TALK. That's one way. You can text 7-4-1-7-4-1, or there's a new national crisis number, it is 988. Any of these numbers will put you in touch with a crisis counselor, 24 hours a day, 7 days a week. Now in just a moment, we're going to share some other important resources onscreen: phone numbers, websites, organizations, places where you can get help or get help for a loved one. But first, a personal message about the importance of mental health awareness from UnitedHealthcare's Chief Executive Officer in Nevada, Don Giancursio.

A video plays, beginning with a view of a pale sunrise over Las Vegas. Inspiring piano music plays as a grey-haired man in a black suit and bright blue tie speaks in an office:

DON GIANCURSIO: Hi, I'm Don Giancursio, President and CEO for Health Plan of Nevada and Sierra Health and Life Insurance Company. I think we'd all agree that we live in extraordinary times.

Views of the empty Vegas strip and landmarks glide past, including a mask hanging from the rearview mirror of a vehicle.

DON GIANCURSIO: Our great state of Nevada: it's weathered one of its greatest challenges during this pandemic, yet here we are, strong and determined, resilient, to thrive once again. I wish I could say that that was the case for everyone facing challenges in their lives.

A woman sits on the floor of a dark living room with her knees curled up to her chest and her head lowered. A man clutches his head at a dim kitchen table with a glass of liquor nearby.

DON GIANCURSIO: Unfortunately, too many people feel anxious. They feel depressed, isolated, lonely, even when they're in a room filled with people.

A woman shakes out her hands as she paces into a bedroom, and a man braces himself over the kitchen sink with a glass of liquor in his hand. A woman drinks on the couch. arms against the kitchen sink, and a man sits in a gym with his chin in his hand.

DON GIANCURSIO: And unfortunately that severe depression and hopelessness can lead to thoughts of suicide. As a health care company, we know the danger is all too real, and I believe we have a responsibility.

A person takes notes on a clipboard while another person tensely crosses their arms. A young person's hands caress an elderly person's hands, and a sign on a grassy lawn reads: "Depressed?"

Let's Talk." A young woman in a backpack walks along a desert highway and throws her arms out wide.

DON GIANCURSIO: A responsibility to bring the discussion out from the shadows so that we can all learn how to better deal with it.

A family holds hands as they watch the sunset near a child's bicycle. An enormous cross rises into a blue sky over mountaintops. A person carries a briefcase down a hallway.

DON GIANCURSIO: Help those families among our friends, individuals at our churches, workplaces, schools, and businesses who need intervention. They need communication, and most importantly, they need help.

A young person holds a senior's hand as the sun sets over Las Vegas in the distance. A person types at a desk with a coffee mug, and a hand scrolls through an email platform on a phone. A person clicks a "share" button on their smartphone. Hands types on a wireless keyboard, and person texts on a phone. A person's smartphone lights up while they work on a laptop, and an adult takes a child's hand against a sunlit sky.

DON GIANCURSIO: So thank you for watching this town hall video. Thank you for socializing it with your employees, with your clients, with your students, neighbors, anyone you think might benefit. Share the website, the links, the resources with others. This is a problem that none of us can tackle alone. One life lost is one life too many. Thank you.

Don nods and the view fades to black. A slide appears as soft classical guitar music plays:

ONSCREEN TEXT: Crisis Resources
National Suicide Prevention Lifeline

24/7 Crisis Support: 1-800-273-TALK (8255) or 988
3-digit phone number Introduced in July 2022

Spanish Language
Suicide Prevention Hotline
1-888-628-9454

A QR code appears to the left of a URL at the bottom of the view:

ONSCREEN TEXT: crisistextline.org

To the right of the URL, more text reads:

ONSCREEN TEXT: Crisis Text Line: Text to 741741
Online Chat: suicidepreventionlifeline.org

A new slide arrives onscreen:

ONSCREEN TEXT: Senior Resources

Institute on Aging Friendship Line
24-hr. toll-free crisis line for adults 60+ and adults living with disabilities

1-800-971-0016
www.ioaging.org/services

Two columns appear at the bottom of the slide. The left column reads:

ONSCREEN TEXT: The LGBT National Hotline
1-888-843-4564
www.glbthotline.org/hotline.html
Email: help@glbthotline.org

The right column reads:

ONSCREEN TEXT: Sage LGBT Elder Hotline
1-877-360-LGBT (5428)
Trans Lifeline
1-877-565-8860, Option 2 for Spanish

A new slide appears:

ONSCREEN TEXT: Senior Resources

National Council on Problem Gambling Helpline
Call or text to 1-800-522-4700
Chat on Website: www.ncpgambling.org

Text appears to the right of another QR code:

ONSCREEN TEXT: National Alliance on Mental Illness (NAMI) Help Line
Monday thru Friday/10 a.m. – 10 p.m. Eastern
1-800-950-NAMI (6265)
www.nami.org

Email: helpline@nami.org Text “NAMI” to 741741 (24/7 confidential crisis counselling)

The view changes to a new slide:

ONSCREEN TEXT: Veterans Resources

Veterans Crisis Line
Available to Veterans and Families
1-800-273-TALK (8255) option 1

Next to a QR code in the bottom left corner, a URL reads:

ONSCREEN TEXT: veteranscrisisline.com

To the right of the URL, more text reads:

ONSCREEN TEXT: Crisis Text Line: Text to 838255
Online Chat: www.veteranscrisisline.net

The view changes to another slide:

ONSCREEN TEXT: Other Mental Health Resources

National Sexual Assault Hotline Rape Abuse and Incest National Network
1-800-656-HOPE (4673)
24/7 Live Chat at: www.rainn.org

National Domestic Violence Hotline
1-800-799-SAFE (7233) TTY 1-800-787-3224
Crisis Text Line: Text to 88788 Online Chat: www.thehotline.org

A new slide appears:

ONSCREEN TEXT: Other Mental Health Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health & Human Services
www.samsha.gov

Disaster Distress Helpline
Call or Text 1-800-985-5990, Press 2 for Spanish
www.DisasterDistress.samhsa.gov

Beneath a QR code on the left-hand side, text reads:

ONSCREEN TEXT: American Foundation for Suicide Prevention
afsp.org
www.afsp.org

A new slide appears:

ONSCREEN TEXT: Educational Resources

Health Plan of Nevada
www.healthplanofnevada.com

UnitedHealthcare
www.uhc.com

Below a QR code on the left, text reads:

ONSCREEN TEXT: optumconversation.com

Optum – *Free* Conversation Starter
Cards for Parents/Caregivers
www.OptumConversation.com

A new slide appears:

ONSCREEN TEXT: Mental Health Mobile Self-Help App

Sanvello
FREE to Download
(Premium version requires a fee for non-UnitedHealthcare users)

Helps navigate difficult emotions with daily mood tracking, personalized progress tracks, personalized coaching, and community support.

www.sanvello.com

Download at the Apple App Store or through Google Play

The slide fades to black.