

Transcript for Episode 309: “Barriers to Help with Denny Kolsch, LMHC”

Please note: This transcript has been lightly edited to remove filler words or sounds.

DENNY: “So I always recommend for people to approach mental health counseling not from almost like a triage kind of approach but rather to to address it as you would anything else in treating your body. So going to the gym, exercising, things like that. Just staying on top of it is usually a more effective approach than waiting till it becomes severe enough. Because when it becomes severe enough, that's when you have to start unraveling a lot. And that's when the severity of the issue is a lot more difficult and challenging to find healing from.”

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LINDSAY KOLSCH: You're listening to the To Write Love on Her Arms podcast, a show about mental health and the things that make us human. Each episode we'll be talking about the things that can often feel hard to talk about, like depression, addiction, self-injury, and suicide. We'll be sharing stories and exploring big themes like hope, healing, and recovery.

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CHAD MOSES: Hi everyone, this is Chad Moses. TWLOHA's Director of Outreach. Two weeks ago we launched our Worth Living For Campaign in honor of World Suicide Prevention Day— which is coming up on September 10th. It's no secret that suicide is a complex social and public health issue. And as we face a global pandemic, we believe that this conversation is more urgent than ever. In fact, just this past week research from the CDC reports that one in four young adults between the ages of 18 and 24, say they've considered suicide in the past month because of the pandemic.

We are in a moment where hope needs to be seen, heard, shared, and believed now more than ever. The goal is simple but life-saving: help people see that there is so much **WORTH LIVING FOR.**

There are so many ways to get involved in this campaign. If you follow us on social media, you can tune in to LIVE conversations with special guests each Tuesday on Instagram at 4pm ET and on Thursdays you can find us hosting special roundtable conversations on Facebook also at 4pm ET. We hope you'll check it all out at [WorthLivingFor.com](https://www.WorthLivingFor.com).

On today's episode, we wanted to focus our conversation on the challenges and barriers people face when trying to access professional mental health care. We know that most people who die by suicide have a diagnosable mental health condition. When we talk about changing the numbers, we need to understand what gets in the way of people finding the help they need and deserve, and what we can do to be a part of eliminating those barriers. To help me do this,

I'll be joined by my friend Denny Kolsch. Denny is a Licensed Mental Health Counselor and the Clinical Director of Peace Club based in Central Florida. Here's our conversation.

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CHAD: So here we have Denny Kolsch. He's a long-time friend personally and of the organization. He used to work for To Write Love on Her Arms, but now he serves as a licensed mental health counselor. So today we're going to be talking about barriers to help. A few weeks ago, we sent out a call to our audience on social media asking you to relay some of your questions and concerns about what has prevented you or your loved ones from seeking help. Here we have the perspective of a care provider. And throughout this episode, we're going to be reading off some of the literal questions that y'all submitted and hopefully learn a little bit along the way.

So one of our supporters on social media said, "My campus offers excellent mental health services, but the waitlist to see a therapist is so long that it takes almost an entire semester to get in there. Definitely over capacity, and our university's in a rural area that isn't equipped otherwise to handle the volume of people." So our question to you, Denny, is what options do people have when they live in underserved communities? And can you talk a little bit about teletherapy and other digital ways that people can access help?

DENNY: This is definitely an issue in the behavioral health community and people trying to access help professionally in the rural communities. I will say that what people are leaning on mostly at this point is telehealth. That's really blossomed even more so since the pandemic began. But telehealth has been trying to make its way into the behavioral health world probably for the past 10 to 20 years, but it's really starting to vamp up now. So with telehealth, you're not going to get the full experience that you would get in traditional, face-to-face talk therapy. But at the end of the day, it is evidence-based and in a lot of ways it's better than nothing and it connects people to a place to be able to explore mental health issues and to work through some issues. Often there are mental health professionals in rural communities, but again, there's not nearly as many. So you have to rely on some search engines that can help with that. I know To Write Love has the Find Help search engine that can help. But beyond that, I would say that the deeper issue is really an issue of connecting with people that can help you along the process of healing. I'm pretty sure that mental health issues have existed before mental health professionals existed. And I'm pretty sure that people have experienced healing from mental health issues before mental health professionals existed. So to some degree, while I'm not going to advocate for just going to nonprofessionals, I will say that, essentially, people need other people and people can help other people. So at the core people need to find somebody that they can trust that has some wisdom, that cares about them, that they feel comfortable with. And ultimately, that they can be open and transparent with.

CHAD: I think, you know, as you were talking, I was just imagining some other benefits to teletherapy where if people don't have access to a reliable vehicle, this takes the physical

transit out of the equation. In much the same way, I now don't have to budget time to get to and from an appointment if all I have to do is be close to a phone or close to a computer. So people that work hourly paid jobs, or maybe you're a student, or maybe you work in the gig economy and you don't have a reliable weekly schedule, maybe that's something that changes often. Telehealth can be a really great service. I am a proponent. I'm someone that has used telehealth services before because my job takes me on the road for weeks and months at a time. These are options, and I was doing that before Zoom was even a thing. So I imagine that telehealth has gotten better over the years.

DENNY: And I found that telehealth is really the most effective after there's already a rapport that's been established between the client and the counselor. The hardest part about telehealth and the most difficult issue that people have in accessing it and engaging it and making it work for them is really the lack of connection upfront when you're trying to get to meet somebody and build rapport with somebody. It's not that you can't do it, it's just that that's the area that I've found is the most uncomfortable and becomes a hurdle for people to really want to continue with it. So it works best when you have the rapport with somebody, and then it is still evidence-based in the situation where you're beginning the therapeutic process with somebody. It's just a little bit more challenging to connect for some people.

CHAD: Yeah, and I think that leads in well to what you were mentioning before with mental health challenges existing before mental health professionals came on the scene and how communities, natural organic communities, can play such a role in one's mental health. I think with any of these strategies for addressing mental health concerns, they're all pieces to a puzzle, right? Not one thing is going to be a one stop shop for everyone's mental health. So if you feel like you're lacking that personal connection, yet telehealth is the only viable option for you to see counseling, then do the counseling, but certainly be sure you reach out to physical people, like Denny said and like To Write Love has said for years, people need other people.

So moving on, we have another social media responder who said, "I think one huge boundary is that people don't know what kind of mental health assistance they need. They may have an appointment with a counselor or a therapist, but think they have an appointment with a psychiatrist. And they don't understand that until they are in the appointment and they're asked for a prescription. Conversely, people want to use their psychiatrist as their therapist. While these services are indeed very much related, they are in fact separate services with specialized clinicians for each scenario. So the question here is, can you talk a little bit about the difference between mental health professionals and how people can best address their needs through those varied options?"

DENNY: Yeah, so this is definitely something that can confuse people. Often they will start a search online and type in "therapist" or "counselor" and a lot of times what will come up are maybe a social worker, maybe a mental health counselor depending on the state. They'll call it a licensed professional counselor or a licensed mental health counselor. And there's probably even variations from that that I'm not aware of. There are mental health interns, there are social

worker interns. There are psychiatrists, there are psychologists. There's people who are doctors, but then you're like, Okay, what kind of doctor are you? Are you a psychiatrist, which is a medical doctor or an MD or a DO? Anyway, it can get really confusing. Ultimately, once you start your first session or you're going through the intake process, the professional should disclose the type of treatment they're getting and they should disclose what kind of professional they are. When you're looking for a therapist or someone to do talk therapy with, honestly, it could be a social worker, it could be a mental health counselor, it could be a marriage and family counselor. Yes, a licensed mental health therapist, for example, in Florida, which is where I'm licensed, that professional license is one of the newer licenses in the field of mental health counseling or behavioral health. And it was really designed to be more of a straightforward like talk therapist at a master's level. But, I've had people that have gone to marriage and family therapists for individual therapy at times even and they've found it effective. Traditionally, though, a marriage and family therapist is obviously more specialized in marriage and family issues. And they approach counseling from often different philosophies. So ultimately it's just a matter of asking questions, maybe even the pre-screening or the initial phone consultation stage of connecting with a therapist and just asking them what is their license and what is their specialty? You can tell them a little bit about what you're going through and ask them if they think you'd be a good fit. They shouldn't feel awkward asking those questions because therapists should be ready for those questions and it should help people feel comfortable along the way.

CHAD: Yeah, I love that. You know, in the same way that a counselor, a therapist, a psychoanalyst, psychiatrist, they're not basing their treatment plan for an individual based on assumptions, right? They're asking questions of the individual to make sure that they're given the best care plan possible. The same is true on the other side of the coin that you, as someone seeking help, don't need to make assumptions of what the professional is licensed to do. You can ask these questions outright, up front. And from there, you know, build a team to make sure that you're getting the care that you deserve.

DENNY: I would agree. It's definitely about asking questions, which really is easier said than done. It's pretty challenging, whether you're trying to get medical care or really any kind of service outside of behavioral health or medicine. When you're coming at the service with a misunderstanding or lack of knowledge about that service. Sometimes it can feel pretty uncomfortable and you can feel a bit insecure about even asking questions. But ultimately you do have to ask the questions to know, but also lean on the fact that the professional should be disclosing.

CHAD: So we had one person write in on social media saying that a barrier to their help was "feeling like I'm not sick enough to need it, and that it would just be a waste of the care provider's time." So the question is, how would you dispel the myth that only people who are at "rock bottom" need a counselor? Maybe making a bit more personal, have there been times in your life where you've sought counseling for a variety of reasons?

DENNY: You definitely see this rock bottom terminology show up pretty heavily in substance misuse or substance use disorders and treatment where families and even professionals will say, "Well, you know what, they just need to hit rock bottom before they reach out for help." Whether it's substance use or just mental health in general, prognosis is going to be more promising if you address the issues before they become worse. It's not much different than a machine or a vehicle. Obviously if you keep your vehicle maintained, then your issues are usually going to be less. Yes, you're going to have some of the wear and tear and all that that happens and occasional unexpected issues that occur, but ultimately if you're treating something and maintaining something in a healthy way, then you're going to stay on top of any issues for the most part. You'll see this show up in marriages a lot where couples won't engage in couples therapy until usually it's too late. It's usually a couple of years, too late often. So, by that point, couples will find themselves just going to a therapist to usually just find an exit strategy. So I always recommend for people to approach mental health counseling not from almost like a triage kind of approach but rather to address it as you would anything else in treating your body. So going to the gym, exercising, things like that. Just staying on top of it is usually a more effective approach than waiting till it becomes severe enough. Because when it becomes severe enough, that's when you have to start unraveling a lot. And that's when the severity of the issue is a lot more difficult and challenging to find healing from.

CHAD: We hear these kinds of questions a lot. And I think it generally falls under this theme of comparative trauma or comparative pain. That, well, what I'm going through isn't as bad as what my friend went through or what my sister went through. And at the end of the day, if life is hard, you don't need to explain, necessarily, why it's hard. You don't need outside verification that this isn't a competition of pain. And at the same time, you don't have this certain level of messed up that you need to be in order to ask for help. Like you said, allow counseling to be part of your routine. You don't need to be in crisis to seek counseling. Not everyone's rock bottom looks the exact same. And if we're going to equate mental health and physical health, if someone says that they've been diagnosed with cancer, that cancer needs to be addressed whether it's stage 1, 2, 3, or four, right? You don't need to wait until it's stage three in order to get help for physical illness. Just equate that with mental health. You don't need to be in the midst of a crisis or tragedy in order to benefit from having an expert opinion help you craft a strategy to make life a little bit easier.

DENNY: Yeah. And I mean, that's the whole thing with preventative care. Preventative care isn't simply addressing something that doesn't exist yet. It's more so addressing something that's on the less severe side of the spectrum or the continuum. Life is difficult. Life is overwhelming. And it can make sense to treat it early and to begin to pay attention to it before it worsens and becomes even more overwhelming. You're seeing this show up a lot more in culture. We started seeing it through the Affordable Care Act or Obamacare, where annual mental health screenings were covered by insurances. Really they're just realizing that across the board, preventative care is the way to ultimately keep society healthier. So this extends into medical care and mental health care equally.

CHAD: Just to play off that metaphor of rock bottom one more time... Your bottom is wherever you decide to bounce. So it doesn't have to be at a certain depth. Wherever you take that first step towards finding help, that's when you get to begin your return on an upward trajectory. So not everyone's "bottom" is going to look the same. And we don't need to explore the depths to see how far that goes. But any point that you're prepared to start making that journey towards health, those options will be available for you.

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LINDSAY: Hey podcast family, Lindsay Kolsch here. We wanted to invite you to be a part of the Worth Living For campaign over the next few weeks as we work to help prevent suicide and remind people that there is so much worth living for. One way you can do this is through our World Suicide Prevention Day 2020 pack.

Each pack comes with an exclusive campaign T-shirt and instructions on how to get active in your community, both online and in-person. The pack also includes things like posters, stickers, and a set of postcards for you to personalize and send to those in your life who may need some encouragement or a reminder that they matter. There are also some really awesome items you can add on including key tags, hats, and even some limited-edition custom TWLOHA x Skullcandy wireless earbuds.

And on World Suicide Prevention Day, which is September 10th, we'll be asking supporters to elevate conversations about suicide prevention by wearing their Worth Living For merch and using their voices to spread hope and help online.

You can purchase your WSPD pack today at the TWLOHA Online Store by going to store.twloha.com. And as a thank you for listening, we're giving our podcast family 20% off your pack plus a special free WSPD gift when you use the code PODCAST20 at checkout by August 31st. Thanks so much for helping us share this important, life-saving message.

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CHAD: We had another member of our audience who wrote in saying, "In my professional experience, the biggest obstacle I saw was a lack of awareness of what resources were available to those with little to no income. I saw families who were willing to do anything to get help but didn't even know what services were available to them." So Denny, what can we do to help share resources in our community? Maybe even more systemically, how could we look for agencies or resources to help make the search easier for people?

DENNY: So this is a pretty challenging one. I take phone calls almost every day of family members typically reaching out and trying to find some kind of help for their child or a family member. They don't really know even what to ask. They know that, in many cases, they may not have insurance. They may not have very much money. They don't even know what exactly

kind of facility or treatment the individual really needs. So the whole thing is just confusing and messy, and logistically, sort of a nightmare. So this is where we really lean on the agencies locally and nationally to be creating resources and search engines, and promoting these so that people can access the treatment that they need more easily. But systemically, there for sure is an inherent barrier as it relates to the financial component and accessing treatment, whether it's outpatient treatment or some form of inpatient treatment. Especially with inpatient treatment, it's like okay, most people can't afford it unless they have insurance. And then, well, does my insurance even work, and what's the deductible? Well, I can't afford the deductible. All those things come into play. So yeah, overall, our communities across the country and beyond need to become more creative and put more resources into educating people on how to get help and the different kinds of help and how to get help when you don't have much money and where you can find ways to get assistance in that way.

CHAD: I think in the same way, the listeners here on the podcast can be a piece of that solution. We live in an age where it's easier than ever to share information, whether that's through social media or through a phone call. So sharing what you found, it doesn't even have to be anecdotal, you don't need to divulge a piece of your personal story if you don't want to. But simply sharing a link to our [FIND HELP Tool](#) and encouraging people to share that. I'm thinking about other public service announcements that have remained with me like I do not remember the first time I was told or by whom I was first told about “stop, drop and roll.” If you are on fire, stop, drop and roll. Someone told me that and that stuck with me for over 30 years of my life. So all that to say, repetition can create a sort of culture. If you maybe make a commitment that once a week, you highlight a resource for mental health, that can go a long way in getting that message out there. You never know when someone is waiting for that one more sign before they seek help. And maybe just what you're sharing can be a piece of that equation.

DENNY: Yeah. That's the organic grassroots approach to changing the system, which is ultimately what's going to change it. I initially was pushing pretty heavy on the idea of the system itself or the agencies, the organizations, the government, etc., to make the change by investing more into these resources and sharing these resources and being more accountable to the budgets that they have. But yeah, at the core, I mean, we have billions of people in this world who have a unique platform through social media to share ways that have helped them, to share links, and you never know where those are going to wind up. So, I would definitely encourage the listeners to realize that they have probably a more effective voice in helping people than even a lot of these agencies that are pretty constrained by budgets and red tape.

CHAD: You know, what you're hinting at there... There is a place for organized conversation, as well. Back in the 90s, we saw what Mothers Against Drunk Driving did for the national call to action for substance abuse and motor vehicles. That was a group of concerned people who said a change is possible and we're gonna fight for that, whether that's calling our elected representatives or just organizing vigils and protests. And more recently, in the Black Lives Matter protests. I was super encouraged in my neck of the woods with mental health. Seeing

how vocal certain organizations and agencies and entities were in saying, “Look, if we're going to say that Black Lives Matter, then we need to say that Black mental health matters, as well.” And it was such an educational experience, not just to learn about systemic racism, but also about what organizations are already in operation to meet specific needs, in this case, mental health for specific communities. So I would encourage the listeners to also do some research at the intersections. Find what conversations are currently going on in your communities and maybe at the wider community on a national level, and see where your passions fit into that. If you see a conversation unfolding, and you think that mental health has an angle in that conversation or a seat at that table, then push your way in. See if there's going to be other people that are willing to join you in that conversation.

DENNY: Yeah, and a little hot tip: locate your local health department and ask them if they have a resource page for any local task forces, because there's usually a mental health task force in the community. Most communities now have opioid task forces, behavioral health task forces, and then even very specific, domestic violence task forces, child advocacy task forces. That's really where the change at an organic and bureaucratic and political level happen within communities. So I would encourage listeners if they really want to make some change in their local community to identify some task forces.

CHAD: And if at any point you're inclined to devalue a grassroots conversation level of involvement can cause, just take a look at To Write Love on Her Arms. We did not evolve overnight and we didn't evolve with massive grants of money. So much of what we've become has been built on private conversations between friends and co-workers and classmates of people saying, “Have you heard about this? You should read this blog. Check this out. There's people that feel like we do.” You're listening to this podcast, not because Denny or I told you to listen to it, but likely because someone in your life had recommended it to you. So if you can find a nonprofit that way, then surely you can find a mental health resource that way as well. So just keep on sharing. The next statement that we had come in about barriers to help was someone being concerned that finding help, in their experience, had seemed to involve a lot of religion-based counseling. So the question is, what if someone is looking for counseling that is not faith based or does not incorporate a religious setting? What would you recommend? And relatedly, what should people be looking for in even discussing with a counselor to set them up clearly for that first session?

DENNY: Yeah, so this one is definitely going to be an applicable issue for people that are involved in different faith communities who are starting to reach out to help. They may ask a friend and the friend might say, “Oh, you need to talk to this person. Yeah, they're a counselor.” And then you go see them and sit down with them, and then you may not even know that they're not a professional counselor, and that they don't have the education and skills to treat mental health issues or whatever you may specifically be struggling with. And in some cases, they can often worsen things especially in the area of treating trauma. So, the most clear way to do this, aside from hopefully professional or whoever going to for help disclosing this (which doesn't always happen) is to do a little research on the person, to

actually look up the individual in the Department of Health for your state. You can actually find whether they have an active license or not. You can find whether they have any disciplinary actions. And then you can ultimately find out if they are a professionally licensed individual, as opposed to just a pastor who calls themselves a counselor, or a lay counselor or something like that.

CHAD: I think the bottom line is that you deserve—in all relationships but especially in one that the context is your health—you deserve to connect with someone that makes you feel seen, valued, and heard, independent of whatever circumstance you're navigating. You're allowed to fight for that. You're allowed to seek that out. Not every counselor is going to be a perfect fit for every individual. In my own life, the first several counselors that I saw came from my faith tradition that I was raised in and I just wasn't there at that point spiritually, cognitively, philosophically. And I left those counseling relationships feeling as if I was worse off, like, man, I don't belong here. Not knowing that there were other counselors. There were other traditions. There were other perspectives and philosophies and modes of treatment that were available to me. So just because one counseling relationship wasn't a good fit for you, it does not mean that counseling relationships as a whole are not a good fit for you. You're allowed to discuss these issues at your initial intake meeting and say, you know, these are topics that I am happy to discuss and these are some that I don't think are conducive to my health right now.

DENNY: I would just add that, if you're not signing any paperwork, then that's a good indication that you're not seeing a professional counselor. Whether that's a social worker, mental health counselor, marriage/family counselors, psychiatrist, psychologist, etc. If you're not signing any paperwork, and that's a good indicator that you're probably getting counseling by somebody who either just doesn't follow the law or who isn't working under the state as a professional.

CHAD: And to that end, Denny, when does that paperwork come into play?

DENNY: The first time you go, the first thing you should be doing is signing consents, consenting to treatment. You should be signing disclosures, reading disclosures about what kind of services that person offers, etc. So yeah, absolutely, that should be happening in the first session.

CHAD: And I'd also say that there is such a thing as a licensed mental health professional that does approach their modes of treatment through a spiritual lens. And if you are looking for such a thing, they do exist. But at no point are mental health counseling and religion intertwined by necessity. These are complimentary bits at points, but there is no philosophy or religion that has ownership over the conversation of mental health.

DENNY: Last thing I would add on that is that it's worth asking what approach they take in treating whatever it is that you're struggling with, and then asking them specifically if they use evidence based approaches or practices.

CHAD: We had someone from our audience say that, “Honestly, just telling my parents is the biggest barrier to treatment. I understand that they love me, but I don't want to talk to them about what's going on. My mom will grill me until I tell her and there's things that I don't feel comfortable talking to her about. So the question that we're kind of pulling from that is, what are some ways that people can address their mental health needs and still maintain some privacy? What are some ideas on ways to set healthy boundaries?”

DENNY: So for the first question, I would say if your parents, for example, are people that you feel uncomfortable talking to about this, then, assuming you are an adult, you don't have to tell them. You can reach out to other people, you can do your own research. You can lean on friends, you can lean on mentors, that kind of thing. You don't have to feel the obligation to disclose everything to your family as it relates to your healing process. And sometimes, our families are very much a part of our pain, so it can be really challenging to even share about that, because, well, they have their own opinions and they can often be barriers themselves in the voicing of their opinions. I would just say that to start. People should feel the permission to not share everything with their family. But then as it relates to healthy boundaries, often there are dynamics especially within families where certain relationships in the family are what we would call poorly differentiated. So, that would essentially mean there is this overlap of emotions that tend to blur the boundaries in the relationship. A typical scenario would be the “helicopter mom” who's genuinely loving and concerned for their child, but is so driven by anxiety that they become domineering and start to push over into the territory of their child's ability to be independent and make their own choices and to have their own agency. And then you have the child who who has just grown up in that dynamic for so long that they just sort of don't know how to operate in it and exist to appease the family member or they completely buck against it and then there's even more conflict. So it's 100% okay and healthy to set the boundary, and often getting to a counselor who can help you with being assertive and working through that is often how you can grow in those areas. So yeah, it's definitely a challenge.

CHAD: What would you say, Denny, to someone who is under the age of 18, still living in the same house as one or maybe both parents who thinks they could benefit from counseling, but perhaps their parents have voiced non-supportive views on counseling. How does this young person take steps to maintaining their emotional and mental well-being? How can they seek help without maybe even stoking feelings of betrayal within that family?

DENNY: Okay so, in all states, the age of consent for receiving mental health treatment is different. So in some states, you don't necessarily have to be 18 to receive mental health treatment. With that said, there's some ambiguity in the statutes in most states, to where most mental health professionals are going to require there to be a guardian or parent or you to be 18. But there are some cases where the parents are extremely toxic and unhealthy, and have their opinions about therapy and don't want their child to get help for various reasons. That, we would say is... it can often turn into a form of psychological abuse where you're actually neglecting the child from getting help. So this can get pretty messy and can become a pretty

severe situation. But to simplify it, I would say, if you feel like your parents are just not supportive of it or they don't believe that you actually have depression or that you're actually struggling, then talk to someone else first. And then maybe that person you talk to, maybe they have a relationship with your family, and they can talk to them. But you at the core, you have to reach out to somebody and just start there. Just reach out to somebody, just one person to verbalize this and work through this struggle with and go from there.

CHAD: You mentioned earlier in this podcast that, in the world of mental healthcare, there are social workers. So these are people who are often assigned to cases of young people who are struggling with a domestic environment. For those of you that are at the age of 17 or lower, there is a national directory called National Safe Place. If you go to nationalsafeplace.org, you can find what areas are safe for you to go to if you feel as if home is no longer a safe place. So with that little Google search for National Safe Place, you can see what the placard looks like, and you're probably going to find that you've noticed this sign all across your town. So again, if at any point you feel like you are not in a supportive environment, if you are in danger and you don't know where to go, there are options for you. This may take some time to find resolution, but know that your life, know that your well-being is worth the fight, and there will be people to show up in your corner to help you along the way.

DENNY: Yep.

CHAD: Denny, thank you so much for joining us today. Thank you for the wisdom and the knowledge that you gave us. We know that we didn't answer every single question that came in, so if we didn't get to the question or a related question to yours, definitely feel free to send us an email to info@twloha.com and from there someone from our team will be happy to respond to you and make sure that you are seen, that you are heard, that you are valued, and point you in a direction where we can continue to make sure that you find the care that you deserve.

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CHAD: I'd like to thank our guest Denny Kolsch for joining us today and for offering some direction and insight when it comes to accessing life-saving mental health care. I'd also like to thank you, our listeners and supporters, for providing the topics that we covered in this episode. We want to remind you that your experience and voice matters. We hope that through this conversation you found some guidance and clarity. If you have additional questions that weren't addressed here, or are curious about more info on the topics discussed, send us an email at info@twloha.com.

We'll see you back here next week with another episode in honor of the Worth Living For campaign where we'll be joined by author Jamie Agresta to talk about her experience with attempting and surviving suicide. Until then, know that if you or someone you know is struggling, you can use our [FIND HELP Tool](#) to locate free or reduced-cost resources in your

area by going to twloha.com/findhelp. You are worthy of hope. You are deserving of help. Please reach out. We're glad you're here.

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LINDSAY: We hope this episode has been a reminder that your story is important, you matter, and you're not alone.

If you're struggling right now, know that it is okay to reach out and that there are people who want to help. Part of our mission is to connect people to the help they need and deserve. You can find local mental health resources on our website, twloha.com. And Click FIND HELP at the top of the page.

Or, if you need to talk to someone right now, you can always text our friends at Crisis Text Line.

Simply text the word TWLOHA to 741741. And you'll be connected to a crisis counselor. It's free, confidential, and available 24/7.

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It'll help more people find this podcast and the mission of TWLOHA. If you have any feedback or questions, please send us an email to podcast@twloha.com.

A big thank you to our friends at Copeland for the original music on this episode. The To Write Love on Her Arms podcast is produced by Lindsay Kolsch, with editorial support by Rebecca Ebert. Music assistance was provided by James Likeness and Ben Tichenor.

I'm Lindsay Kolsch, thank you so much for listening.

To Write Love on Her Arms is a non-profit movement dedicated to presenting hope and finding help for people struggling with depression, addiction, self-injury, and suicide. TWLOHA exists to encourage, inform, inspire, and also to invest directly into treatment and recovery.