

#AAS20 Paper – Statement  
Re: Health Equity and Suicide Prevention  
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**Research Aims:**

Blogging to Connect and Empower Those Who Are Able to Work and Write, While Staying Sober and Providing Advocacy to Those in Recovery from Mental Health Issues.

\*My Research Proposal has been submitted to FEMA as a Student, Posted and Approved:  
<https://fema.ideascale.com/a/dtd/Aftercare-Books-Blogs-by-mymollydoll-com/547910-14692>  
<https://fema.ideascale.com/a/dtd/dontdodrugs/551784-14692>

**Methods:**

Blogging on Social Media and Maintaining a Following on my Website, Ranked Among the Top 100 Personal Development Websites an Alexa Ranked Website 76,521 in the US.

**Results:**

I have written two manuscripts and one book, between my last hospitalization 2017 and most recent hospitalization August 2019, and wrote the first draft of my Dissertation, and will graduating from Law School 2020, with a Masters in Law in Financial Compliance and Risk Management. I have been hospitalized a total of 9 times, following my first suicide attempt February 2009, doing my best to remain sober, while attending two Law Schools. If I am not able to get a job, I blog and write online, and if I can work I intern until a paid position is offered. I have not yet filed for social security disability, and continue to be supported by my family, as a writer, blogger, and law student. I am very grateful for FEMA's approval of my research, and continue to work towards finishing my Certificate in Social Media, and need to get Certified as a Crisis Worker with suicidology.org, first Certified a Crisis Counselor (2004).

**Conclusions:**

With enough help and support from medical professionals, one can overcome the condition of suicide, and ramifications of harm suffered by those who continue to suffer, the longer you isolate the more difficult the process of recovery becomes, the more you integrate, attend AA meetings, and complete IOP Programs, the less you suffer, learning to instead accomplish goals which guide you through the recovery process, without continuing to suffer pain from failure.

**Statement:**

Although Behavioral Health Equity has been defined to protect the following groups those with mental health and substance use conditions and disorders, it does not account for all those who have been affected by this debilitating disease. In terms of Health Equity, it has been advocated that “reducing and ultimately eliminating disparities in health and its determinants” with

ultimately protect those who have been “adversely affect[ed] [and] excluded or marginalized.” [1] That means that “everyone has a fair and just opportunity to be as healthy as possible.” [2] That means as a service to all, what is required is more than mere advocacy for those immediately affected by suicide, but also to secondary victims of suicide who may also be affected, due to these losses. The bigger the problem, the more clear it becomes that a careful balance be maintained between punishing those who have suffered due to their own merits, get the help that they need, and not wasting precious resources responsible for helping to maintain the balance between care and punishment. Recovery is a process. And much like recovery from substance use disorders takes time, so does healing from the aftermath of suicide. When someone important dies due to suicide, who advocates for the best interests of those suffering from mental health issues, we ask ourselves, why? How could someone who is an advocate to the community, be to blame for their own suicide, which brings into question, social responsibility, how much of the fault of suicide, goes to society, and how much of the fault of suicide goes to the person who commits suicide. We have been trained under the false premise that it is the fault of the person who commits suicide and that it is a selfish act on their part, we are trained to think similarly that substance use disorders are a selfish means for coping too. At what point do we all accept the conditions as they are, and start providing resources to those in need, in which they are not blamed for their troubles, and so that blame does not further perpetuate the need to prove existing, yes we know that you are not feeling well, and while we may also not be happy with the present conditions facing our Country, we do not likewise act on those feelings and cause harm to ourselves or to others. How do we normalize feelings associated with those who use and abuse substances and self-harm, or become suicidal, without enabling them to do so, and turn a blind eye to those conditions, it has been said that “Inequities are created when barriers prevent individuals and communities from accessing these conditions and reaching their full potential.” [3] If everyone’s full potential is living in good health, then how can we define poor health, without further marginalizing those groups in society, from functioning as normal, even if they cannot achieve the same level of wellness as those around them, the solution lies in social acceptance, but from an educated stand point, how to deter others from paths which may lead them to causing more harm than good to themselves, and their relationships, which may prevent them from opportunities for wellness in the future, how can we instead empower people to believe in themselves, and that if they do their best, take meds as directed, and seek treatment, that they too can recover from what’s ailing them, and not become optionless. Health Equity to me means not leaving those who are suffering without options, it means affording those in need with opportunities, to achieve, and to better themselves, without affecting those in their immediate surroundings, it means being able to live life, free from interference from those who are doing well, not judging those because of their disabilities in life, and continue to turn victims into survivors, and continue to empower those who are well, without worry for the future of their well being, even if they are affected by the health of others, personally, recognize that what bothers one may bother all, and just because something is bothering you, does not mean that that bothersome condition was caused by those who’s health has failed them, not be limited by our fears for our own health, and out of fear limit the abilities of those who are not well from getting better.

Reference:

[1] <https://www.samhsa.gov/behavioral-health-equity>

[2] Id at 1.

[3] <https://www.apha.org/topics-and-issues/health-equity>

Learning Objective One:

How can one's personal experience if shared, help deter others from following through with their plans to self-harm, or rebel from current curriculums aimed at helping them to remain sober, free of substances, so that they can begin the healing process, and benefit from the stages of their recovery. How can the success of one, transfer to the success of more?

Tools and Techniques to be used to meet Learning Objective One:

- (1) Get a Sponsor
- (2) Meet with a Psychiatrist Monthly
- (3) Meet with a Therapist Weekly
- (4) Blog Weekly, Keep Track of my Following
- (5) Continue to Maintain a Positive Outlook, with or without a Paycheck.

Learning Objective Two:

Is it okay to volunteer for organizations that highlight the exact issue that baffles or alarms your state of well being, can you face challenges head on, during the recovery process. Yes, and based on personal experience, the more I connected with those who cared, the more I felt understood, and the more understood I felt, the more normal it felt to care, not a big deal.

Tools and Techniques to be used to Meet Learning Objective 2:

- (1) Volunteer for Brady United
- (2) Volunteer for Moms Demand
- (3) Attend Monthly Meetings, when Well, and if Able.
- (4) Find Other Avenues for Helping those in Need, as it relates to the Politics behind affording assistance to those in need of Monetary and Political Support, and learn the Political Systems that elect those in Positions of Power who Vote and Pass Bills Needed.

Learning Objective Three:

Keep track of my analytics, over the past year as I have improved mental health wise, my following has grown, and whether or not I was able to actively combat the conditions that surrounded me at those times of illness, or points of suffering, the goals I set for myself in the process of recovery, has enabled me to be a voice of reason online, to those who maybe have yet to cope with the issues plaguing them, see how one has efficiently been of service to others, without affecting the health of others, in fact becoming more popular having done so, helped.

### Tools and Techniques for Learning Objective 3:

- (1) Create a #dontdodrugs page, which earned 563 Followers, promoted posts by me.
- (2) Maintain a quotes blog on Instagram, writing quotes to include in a book one day.
- (3) Created a #mynews page, to express everything hard to say, exposed to in the news.
- (4) Attended, Spoke, and Lead Discussions in AA meetings.
- (5) Worked with Sponsors through the Steps once, and now a Second time.
- (6) Call LAPD whenever Im not feeling well, and if necessary hospitalized by them.
- (7) Fingerprinted with LAPD to apply and volunteer for their organization.
- (8) Submitted my initial topics for study to FEMA's ideascale for review and approval.

What the work adds to our knowledge on the topic?

I have attempted suicide (2009), and I have been diagnosed as bipolar, and as someone who has mental health issues on meds, I know to take medications as directed, and not to drink on meds. I know that if I drink, I have to regain trust, I self-sabotage, and my writing suffers.

### **Background Information (About Me):**

I have attempted suicide (2009), and I have been diagnosed as bipolar, hospitalized 9 times. As someone who has mental health issues on meds, exposed to fame as a child, I am aware of both those who have suffered from the knowings of their conditions, as well as can relate to those who while successful are scared to share their condition out loud. This is why health equity is so important, not to discriminate those currently suffering who have yet to share their stories out loud, with acceptance from others, and find comfort again being themselves. I know to take medications as directed, and not to drink on meds. I know that if I drink, I have to regain trust, self-sabotage, and suffer mentally. These changes were not only evident in my writing and postings online, but felt on an interpersonal level having difficulty wanting to connect with others, and upon connecting feeling less than others, because I was not presentable online. It has always been my dream to be a writer, and to graduate from Law School, and hope that upon achieving my goals in life, I hope to similarly inspire others who have yet to find and accept themselves, new found pride in their conditions, say as they feel, without regret.