

TRANSCRIPT: Spotlight on mental health (S3 E16)

Nandini Ray:

Hello friends. Welcome to the Maitri podcast between friends, conversations with Maitri. This is your host, Nandini Ray, and today we will focus on the issue of mental health wellbeing. Generally, most of us in the South Asian community tend to ignore to take care of our mental health. But this global COVID-19 pandemic showed us how our fear, anxiety, and uncertainty about so many things are impacting our mental health. And now more than ever, it became obvious that all of us need to learn, understand, and educate ourselves about mental health so that we get timely help. And at the same time, we can remove the stigma associated with health saving. So to discuss this topic, we reached out to the Hume Center and two of their representatives are here with us today. And it's my privilege to introduce Dr. Preet Kaur Sabharwal and Dr. Sheetal Siledar-Lee. Dr. Preet has been providing clinical services at the Hume Center for the past eight years, working with South Asian youth, adults, and families. Preet is working relentlessly in breaking stigmas associated with mental health and in increasing utilization of mental health services in the South Asian community. She has presented at several South Asian mental health conferences. In 2019, Preet received an award from the Asian American Psychological Association for her outstanding contributions to Asian American psychology. Dr. Sheetal Siledar-Lee is a licensed clinical psychologist and she is also an author. She has a doctorate in clinical psychology from California School of Professional Psychology, and she has been trained in working with children and families with focus on trauma and substance use. Dr. Siledar-Lee provides services in two different Indian languages. Welcome, Dr. Sheetal and welcome Dr. Preet, I'm so happy to have you here today.

Dr. Preet & Dr. Sheetal:

Thank you Nandini for having us.

Nandini Ray:

So let's talk about this issue. First, would you please introduce the Hume Center to our audience?

Dr. Preet:

Absolutely. So the Hume Center, also known as Portia Bell Hume Behavioral Health and Training Center, was founded in 1993. It started as an outpatient program, primarily in Central Contra Costa County, but it quickly expanded. And now currently we have over 15 programs across five clinics and we serve folks in Alameda, Contra Costa, San Francisco, and Santa Clara County. In 2009, we were approached by Alameda County Behavioral Health, and they wanted us to do a needs assessment to see why the South Asian community was not seeking out mental health services and why they were so under-represented in mental health care. During that needs assessment, we went out into the community here in Alameda County, primarily Fremont, Union City, Hayward, and Newark, and talked to community members; we went to Mandirs, Masjids Gurudwaras; we talked to community leaders to try to understand what were the barriers and why folks were not seeking out services. We brought all this information back to Alameda County and they provided us a grant where we were able to serve this community for up to an

entire year. We can do preventative counseling at no charge. They wanted to break some of those stigmas, one of which is the financial burden that mental health care can bring on to a family or an individual, and also provide services that were linguistically and culturally appropriate. So since 2009, the Hume Center has been providing services to the South Asian community to withhold and uphold our missions, which is to strengthen existing and develop new resources for the community and provide the highest caliber of culturally sensitive behavioral health care, professional training, clinical research, as well as program evaluation.

Nandini Ray:

Wow, so much information. Can you give any website so that people who are interested, they can go to the website and find any information they need?

Dr. Preet:

Sure, absolutely. So our website is humecenter.org and then also if you have any questions, you can also call directly to our clinic and we can provide you more information about the different programs we have. Our phone number is 510-745-9151.

Nandini Ray:

Wonderful. So I'm seeing that both of you have a lot of experience working with the South Asian community and for several years. So what are the most common mental health related issues you see in our community?

Dr. Sheetal:

Nandini, I think one of the most common issues that we're seeing is the unwillingness to seek help and accept that there is an emotional wellness challenge. A lot of South Asian community focuses primarily on physical wellness, and emotional wellness has taken a backseat, and there's a lot of ignorance around emotional wellness in general. There's also a lot of depression and anxiety symptoms that we observe, a lot of isolation, especially for South Asian communities where language is a barrier; there's a lot of isolation because they cannot communicate with other people, they cannot talk to even their own providers, they have to use either interpretation or a family member to help them. We also are seeing a lot of substance use in this community, domestic violence issues, immigration stress, it's always been prevailing in this community, but I think in the past few years it has taken forefront with the changes in the government and the policies. A lot of high functioning adults who have been in the United States for a while and who have been independent and able to manage things, have suddenly gone through this intense stress because of their immigration status in the country and the anxiety around what would happen next and how would it impact them and their families. So that has brought up a lot of stress, and linked with substance use also to cope with that stress. These are definitely some of the common issues that we're seeing, challenges that we're observing in the community.

Nandini Ray:

Yeah, the funny thing is many people still think that South Asians are moral minority and they don't have substance use, they don't have domestic violence, they don't have poverty or

anything bad, they don't have; everything is perfect. But so many things are happening in our community and unless we talk about it, we cannot solve the problem. But I don't know how to reach out to all community members so that together we can talk about this issue and find solutions. Because mental health, as you say, that is a taboo topic. No one wants to talk about it. And in our community, it's rarely discussed. But we forget that if we don't talk about it, about this problem, that doesn't mean that it will go away. Our problem will increase, it will stay and it will increase and it will affect people, especially young folks. I remember one college student once told me that she actually wanted to see a mental health therapist, but her parents didn't let her take any professional help as they thought that it will bring shame to their family. And so community of stress is playing a huge barrier for South Asian youth to seek help. But there are research, since I want to do this podcast, this topic, and so I was reading some research and it says that South Asian youth have increased risk of committing self harm and suicide. And not only this, but South Asian female youth are five to seven times more likely than South Asian male youth to commit self harm. But why is that so? What are the challenges South Asian youth face and what are the risk factors do you see that can be mitigated with sound thinking?

Dr. Sheetal:

Nandini, you brought up some really good points there. The statistics that you gave is pretty important to keep in mind because we are definitely seeing an increase in suicide rates and self harm rates for South Asian community. And like you mentioned, the model minority myth exists where people think we have this perfect life and we don't talk about it, so it stays in the house, in wraps. We are seeing a lot of people in our clinic, where parents are not willing to permit them to seek services, and so they are doing that without parental consent and we go ahead with minor consent and we provide services because they definitely need that help. A lot of the youth are struggling between trying to find an identity for themselves in the western world because parents are more focused on continuing the culture and the traditions and making sure that their children are not Americanized, as a lot of parents say it. So the intercultural differences between parents and the youth is causing a lot of conflict, a lot of misunderstandings, a lot of stress in the household. There are so many movies that have depicted that and I think one of the things that comes to my mind is *Bend it like Beckham*, where just even playing a sport was considered something that's not appropriate for an Indian girl to be doing and things like that. So it's not even for major issues, for small things or choosing an elective subject, or choosing your extracurricular activity. Even those things become so stressful because of the difference in the cultures and the thought process between parents and youth, then the expectation to follow those traditions and cultures sometimes puts too much pressure on the youth. There's always the pressure to perform, right? South Asians are known to be smart and intelligent and have these white collar jobs and make a lot of money. Again, the model minority myth. So there's always that pressure to perform; parents are putting more and more pressure; schools are expecting that. In the East Bay, if you see there's an expectation from teachers, if they see it's a South Asian kid, they somehow have this set expectation, oh, okay, I don't have to worry about this kid. They're going to perform well. So there's just so much pressure on you and going through puberty or teenage years and going through the identity crisis and exploring themselves, that it puts challenges on the youth internally. And when you have all these external challenges, it just makes it even more harder to determine how to move forward and how do

you figure out what to do and what's appropriate and what's not appropriate, because you're getting mixed messages, something else from home and something from the community. So it's definitely a really hard challenge to be a youth in this culture right now and be a South Asian youth in the Western culture and try to find your identity and to make yourself visible and to still be able to satisfy your needs and expectations and also your families.

Nandini Ray:

Dr. Sheetal, I am a parent of two teenage boys, and hearing whatever you shared just now, I'm thinking that, am I doing the right thing? How do I support my teen boys? I don't know whether they feel that kind of pressure or how do I make sure that I'm supporting them and I'm supporting their mental health well being? Is there anything I can do as a mom?

Dr. Sheetal:

As a professional, and as a mother myself, I think one of the biggest advice I constantly give myself, and I remind myself to do it too, is asking your children; asking them what they need and having open conversations with them. Sometimes it's important to sit down, especially if you have older kids, to have a conversation with them and be like, okay, hey, let's talk about this. Do you think we can do something differently as a family, or there's something that might be helpful? Is there something that's working, something that we need to change on? Something that might be helpful, and keeping that open conversations and not keeping the typical South Asian family, always has that Parents are superior and there's a power difference, and you want your child to obey everything that you say, they cannot question you. I think those are challenges that we need to overcome, and we need to understand that our kids have a voice, they have their opinions, and sometimes we need to take a step back and listen to them. Maybe it's time that we start doing that as parents, so that we understand what our kids need.

Nandini Ray:

Yeah. So what I'm hearing is that mutual respect and open communication is very important. And thank you for sharing the tips. Not only we are talking about youth, but not only youth in our community. We have seen we are seeing that immigrant population is aging. Whoever came 30 years back, they're aging. And also, many of us, we are bringing our elderly parents, so that they can to this country, so that they can stay with us. But what are the potential risk factors for depression among our older adults because they are leaving their country, their people back home and coming here, or some older immigrants who came here probably 30 years back, but now they're aging. So what kind of risk factors should we watch out for depression among those population?

Dr. Sheetal:

And Nandini, this is such a huge concern right now. We definitely have a large sum of population, which is older adults. Either they migrated or they came here because their kids were here. And it has been a challenge for them, I think, for the set of people that came in here 30, 40 years ago, they were busy working and making a lifestyle and trying to provide for themselves and their families here and back home. So they were very focused on working, working, working, and then they reach a point where they retire, or they start having physical

health issues, so they need to take a step back, and then suddenly they start missing homeland, their families, their friends, the lifestyle back there, and it hits them at like four decades down. Again, if you lose a partner, that's, again, very isolating, very depressing. For older adults who move here, either permanently or temporarily, because they have family here, there's another challenge because there's a constant switch between if they're temporary here, there's a switch between going back and forth between the two cultures, trying to get adjusted to that. Health issues that come up, language barriers. Unable to go to your doctor like you do back home in India, like, hey, I don't feel good. I'll go see my doctor, and you just go have a chat with your doctor and you talk about things, you feel better. But that's not how things work here. You have to make an appointment. You have to specifically state what is the issue you want to talk to your doctor and address, and they will not address anything beyond that one. If there's another issue, make another appointment, come in later. Sometimes you cannot even talk to your own doctor because of language barriers. We have so many providers that are South Asian, but not everybody speaks the languages. There's a lot of isolation that happens because the younger population goes to work. There may be kids or grandkids in the house, they go to school and work. The older adults are left alone at home. They have to navigate things. They cannot just go knock on the neighbor's door and start talking like they would have done back home. So there's a lot of restrictions, there's a lot of limitations. And what they can do, they experience loss because they've lived a life in a very different environment and coming here is a loss for them. In some ways they're grieving losing all that. The extended family, the lifestyle. You don't have some lady selling fish or vegetables coming to your door with whom you have a conversation here. Back home you have all these small conversations, small talk. You see ten people in the day and here they might not see anybody else except themselves.

Nandini Ray:

They're used to it and they are used to it. And so many small things are coming together to create that kind of effect on their mental health that they are feeling so low, so depressed when they don't have anyone to share their feelings. Absolutely. What you said that every young members in the family, they are busy with their work, schools and sometimes the older people, they don't have anyone to talk to or share their emotions. I don't know how to solve that problem. Probably we need more older people's center so that they can come and they can meet with each other. Maybe government should arrange some transportation so that they can pick up all the older folks, so that they can go take them to some center so that they can meet. And it's not easy. It's not easy. And so many things are affecting. And you know what? Sometimes when we were talking about youth, young kids and older parents, and adults are there also, all of us, we can have mental health, illness and depression, sadness, but we don't know that we need help. Sometimes we don't understand because this topic we don't talk about this topic much often. So there are so many misconceptions, so many misunderstandings about this issue that we don't know if this is the right time to get help. So how can one know that they need help? And is there any red flag? How do I know that I need help?

Dr. Preet:

It's a great question, Nandini. So as a provider I always tell folks that have this question that everyone can benefit from emotional wellness care. So every year we go to our doctor and we

do our physical. There may not be anything necessarily wrong in that moment. We may not be struggling with our health in any way, but we still go do our physical every year to make sure that things are going well. We should be doing the same for our emotional wellness. We should have an emotional wellness check up every year. We should meet with someone, talk about what our current stresses are, what our current challenges are, how are our coping strategies are fairing for us. Are we able to cope with the things that are going on in our lives or around us in the world? We've gone through a collective trauma as a society; we are all struggling in some way with our emotional wellness. So I think the number one message I want to send out there is that we can all benefit. We all would benefit from getting some sort of emotional wellness care. It doesn't mean that we were going to be put on medication or we're going to be hospitalized. Because I think that's where our minds go when we think about mental health care; is it's not on a spectrum. It's either we're great, we're normal, we don't need to talk to anyone, or we're crazy and we need to be institutionalized. So I do want to start there and say that I feel that everybody can benefit from some mental health care, some emotional wellness support. Where Doctor described what that looks like culturally for our communities is when we have a community around us, we're able to talk. We're able to get support from all of the people that are part of our lives, which isn't the case in the Western world as much as it has been back home in India, Pakistan, all the South Asian countries. So when those coping strategies, those ways of us dealing with day to day life are not working anymore, and we're finding ourselves having changes in our mood, for instance, we're feeling excessively angry, there's violent behavior, we may have been someone that had a lot of patience, and now we're running out of patience quite often. There are things around having thoughts of hurting ourselves or hurting someone else. The self harm and suicidal ideation that may come when our sadness or depression or anxiety lasts for a long period of time. And if we're talking in diagnosable terminology, that would be like, have we felt sad or depressed or anxious for more than two weeks? And those feelings, are they interfering in our ability to do our daily activities? So are we not able to go to work? Are we not able to maintain relationships with our family, with our friends? Are we not able to function in social settings or work settings or school settings? Those are some of the red flags that we start looking at. Like, are there marked changes in personality and eating and sleeping patterns? That's when we really want to support someone or support ourselves in reaching out to get help, because that means that you're not able to cope with whatever is going on around you. And then also being mindful is just situational, like, has there been a loss in the family? And trying to understand why am I feeling this way? And sometimes it's just environmental or situational, and with time, those things will go away. But if this has been prolonging and it seems to not be going away, that would be a time for you to reach out to someone, and that could be your physician. That could be a great first place to go is your physician. And then talking to them to see what are other supports out there that may be helpful for me.

Nandini Ray:

So much stigma associated with health seeking, so that people, even if they understand that something is wrong, they are not feeling well, but they are hesitating to talk to someone about this mental health. And hopefully we will be able to break that stigma if we continuously talk about this issue. And I'm thankful to you, both of you, that you came to our show and are sharing so much good information, your knowledge, your experience. And I'm sure that who will

be listening to this show, they will share this information with their friends and family so that we can engage more people to understand that how important it is to take care of our mental health. I was talking to someone a couple of months back and she was sharing that after she gave birth, she didn't feel okay and she didn't want to take care of her baby. And she was not feeling happy. But she was feeling so guilty that she thought it was her fault that she's not happy after having the kid. But actually I told her that, have you considered to talk to some mental health professional? It's not your fault. It's our physical health. And mental health can get affected with so many things. And it is always good to take care of our mental health and physical health when it's at the right time. Because most of the South Asians, we wait till last minute when our mental health is really bad, but that shouldn't be the case. And another thing, many people think that mental health consultation can be so expensive. I don't know. A, there is stigma and B, the cost. Many people, they don't have enough idea that they can; they think that is very expensive. So can you share some free or low cost resources?

Dr. Preet:

Yeah, absolutely. One of the biggest stigmas within the South Asian community around, and if you've noticed, me and Dr. Sheetal have been trying to say emotional wellness rather than mental health, because even mental health, that word holds a lot of stigma in our languages. When we say in any South Asian language, when we say, oh, that person is mental, that means that they're crazy and they need to be institutionalized. So at the hearing center, we're trying to work on changing the language so that we're even destigmatizing the language we use to talk about these things. So when we talk about emotional wellness-

Nandini Ray:

I love that phrase "emotional wellness," very nice-

Dr. Preet:

...because we want to highlight that again, I'm going to use mental health, but that physical health and emotional health are all a part of wellness. So we believe in wellness as a society, in order for us to have positive wellness, we have to pay attention to both of those things: our physical health and our emotional health. Emotional health care, there's so many different avenues that you can get emotional health care. So for kids, we always support parents that you're going to your pediatrician for annual check ups. If there's something going on, check in with your pediatrician, or check in with your physician every year when you have your annual physical, talk to them about what's been going on, and they can also support you and guide you to what the next steps should be or can be. The schools have school counselors, they have psychologists on campus, oftentimes at the Hume Center, we are providing services at a lot of the schools in Fremont and Union City, and our services are free at the school. And so reaching out to a school counselor, letting them know that you're concerned that your child has expressed perhaps feeling really overwhelmed with academic stress, or has expressed that they've been harming themselves, and the school counselors can support you in getting connected to some of those outside providers that are on campus and that can see your child, and it's usually at no cost to you. There's also a lot of community support. So having an emotional wellness challenge doesn't necessarily mean you need one to one counseling. You can maybe benefit from a

support group or attending a workshop around coping strategies, taking a yoga class, maybe you don't even have coping strategies. You know you're stressed, you haven't been making time for yourself, or taking breaks. How can we support you in finding those community led practices that may help you cope with whatever stresses you're going through? Let's say all of those things don't work, and you do need to meet with someone one-on-one. We at the Human Center offer these services to the South Asian community at no charge. But you have to be a resident of Alameda County. So if you're not a resident of Alameda County, we always encourage you to reach out to your health insurance company. A lot of your health plans include mental health care, and it will be just like a regular copay. Like, if you were going to your doctor, you can go and eat with the psychologist for just a simple copay. Also, employers, most larger companies have employee assistance programs which also offer time limited mental health care or emotional wellness care. But there's also this fear of if we reach out to our school, if we reach out to services through our employer, they'll find out that there's something wrong with us. So we do do a lot of education around the component of confidentiality that, as psychologists, we are not allowed to share anything you tell us in the room with anyone else unless you give us permission. So school counselors will not find out what your child is sharing with us, what's happening at home. All of that will be kept in confidence. It won't be on your child's transcript that they received emotional wellness or they met with the psychologist on campus. All of that information will not be on their transcript. And similarly, your employer, unless your employer said you need to go to therapy, they will not have any access to your medical records. And so all of this information you share with your psychologist or your provider will be kept in confidence.

Nandini Ray:

And that's a very important piece, that confidentiality. I believe that many people, when they know that it will be confidential, probably they will have some courage to take the decision of seeing someone if they need mental health well being or emotional well being support, right?

Dr. Preet:

Yes. And then if all of those things don't work and you're still hesitant in reaching out to your health insurance or the schools, there's also private practitioners out there that sometimes offer services on a sliding scale so dependent on your income, they have lower fees for folks that your income is not that high. So I always encourage the community to go on to websites like Psychology Today that can offer a list of providers, because we also do understand that you may not want to go to a South Asian provider. You may be South Asian, but you feel you want to meet with someone that's not South Asian. Psychology Today has providers from all different communities, and you can even break it down; like, if you want a male therapist rather than a female therapist, you want someone that works with couples or works with children, you can break all of those things down on that website and find a provider, give them a call, see what their fees look like. There are a lot of services out there, so I encourage folks; they can always reach out to us at the human center, we do have time, limited support where we can help you find a provider. For instance, if you're not in Alameda County and you need some support, we can always help support you in finding a provider in whatever county you're in.

Nandini Ray:

Oh, that's a very good information. Anyone can reach out to you to find out information, right?

Dr. Preet:

Correct, yes.

Nandini Ray:

Okay, that's a very good information you shared. So whatever we discussed today, the main thing is that we South Asians, we have some barriers in general in help seeking. In your work, in your experience, what other barriers have you seen?

Dr. Preet:

We could do a whole podcast about the barriers. There's so many barriers. So I'm going to try to minimize because a lot of them have already been discussed. Both you, Nandini, and Dr. Sheetal have mentioned a lot of stigmas and barriers that our community has, the model minority myth being one of them, and the feelings of shame and guilt that are associated with wanting to live up to that model minority myth. And then when we do need help, we don't seek out that help because we're afraid. This notion of "log kya kahenge," what will people think if we reach out for support? And then because we're not seeking out for support, it's portrayed in media, in the society that the South Asian community is very successful; they don't need any help. But that's not true. Emotional wellness does not look at your income. It does not look at, do you drive a nice car? Do you have a great job? We can all experience an emotional wellness challenge. And I think that's the biggest myth that we live with, is we shouldn't be sad or we shouldn't be anxious if we're living a successful life, and if we are feeling these things, that it's a character flaw, and that we should just try harder, or we're being lazy. So it's really important for us to change that narrative: it's not about us not being successful or being successful. Emotional wellness can be a challenge in so many different ways. We can all experience an emotional wellness challenge. It's not because we're weak. It's not because there's something of a character flaw in ourselves.

Nandini Ray:

It's like, all of us can have fever, right?

Dr. Preet:

Exactly. Great example. Yeah.

Nandini Ray:

So what all of us can do to destigmatize mental health services?

Dr. Preet:

I think the biggest thing is increasing the awareness and the knowledge, which having podcasts like this, having these types of conversations, the more we talk about it, the less stigma will be attached to it. So if we think 20-30 years ago, for the South Asian community here in the Bay Area, particularly, people were afraid to talk about heart care and diabetes and all the physical health things that were happening around us, we didn't talk about it. Nobody wanted to share

with anyone that they had heart issues or they struggled with their diabetes. But we as a community, we had a lot of South Asian doctors who would come and do presentations at the Mandirs and the Masjits and Gurudwaras, they would do radio shows. And so through that, having those conversations over and over again, we've now become a society that loves to talk about our physical health and wants to find ways to make sure that we are physically well. One of the examples I use is we exchange recipes of food: "You should cook this, it's great for your heart," or "if you have diabetes, it's a great dish to create for dessert." My hope is that we can talk about emotional wellness in a similar way. Having presentations, talking about it at the dinner table with our families to a point where we can also exchange emotional wellness recipes; "I was feeling really down, and these are the things that I did to help myself feel more motivated at work," or "I was struggling with not doing so well at school and just having all of this academic stress, but I decided to organize things in a different way, and that really helped me feel more positive about my academic performance." So we're not having those conversations. And so I'm hoping we can get to that point where we can have more knowledge, have more awareness, not worry about "log kya kahenge," "what will people say" in a different way. I'm going to go see a mental health provider and I'm going to tell my community that I'm doing that so that I can normalize it, that there is a change in going and talking to someone; there isn't any guilt around going and talking to someone.

Nandini Ray:

So with all our responsibility to destigmatize that mental health services and listeners, you can help, all of us can help those who are suffering. And simply giving someone space to talk and listening to how they're feeling can be really helpful in itself. And regardless of cultural background, what I'm hearing from you, Dr. Sheetal, and Dr. Preet, that when it comes to treating mental health, illness or emotional wellbeing, knowledge is power. And early detection and support are critical to helping a loved one cope and eventually thrive. So I would request all our listeners to share this podcast on your personal social media platforms. Share this with your friends and family so that we can educate more people to find the information and to join us to break the stigma. A reduction in stigma surrounding mental health would allow for more people to feel comfortable reaching out for help. And one way to do this, to increase education and awareness, as you said Preet, about mental health in the South Asian community as a whole. I hope all of us, and we'll do our part, all the listeners will help us in raising awareness. So thank you so much Preet and thank you so much, Dr. Sheetal for coming to our show and sharing your wealth of knowledge.

Dr. Preet:

Thank you for having us and thank you for being a part of the stigma breaking around this topic. Because the more folks trust in you, they trust in your organization. And the more that you talk about it, the more they're going to trust that we can do this, that we can get emotional wellness support. And there's nothing wrong with that.

Nandini Ray:

Yeah, I'm hoping so. Yeah.

Dr. Sheetal:

Thank you, Nandini. I would like to end with an analogy I like to tell a lot of people, especially when educating around emotional wellness, is that when you have a splinter in your finger and you decide to not do anything about it because it's going to hurt or it's going to cause more pain, you leave it there and what happens is it gets infected and it becomes inflamed. Then you have to probably go into the emergency room and have it taken out and it becomes very severe to address. Rather if in the moment you pull the splinter out, you might feel the pain, but then it starts healing and it subsides, so it prevents crisis from happening. And I think that's something I really want our listeners to keep in mind, that emotional wellness is something that needs to be addressed. And as soon as you can address it, you identify the need and address it, the healthier it is, the more helpful it will be to address the needs and get it addressed right away, so it does not get inflamed and infected and it prevents the crisis from happening.

Nandini Ray:

Absolutely, absolutely, thank you. Listeners, I'm your host Nandini Ray signing off today. But today with this episode, I would like to share this information with you that today with this episode, we are ending our season three, and soon we will be starting our season four. We have done already more than 45 episodes and so please catch up with our past seasons, if you have missed any of these episodes. Please share and like Maitri podcast and find our podcast between friends on SoundCloud, Apple, Google, Spotify, and wherever you listen to your podcast. Maitri podcast shares stories of brave survivors, information, and resources from field experts and advocates, and many such discussions. We do many such discussions that matter to our community. Hopefully we will share and like. Thank you for listening, bye today.