[Greg Jones]: I've always from the beginning embraced the art of nursing. My ability to understand the science is probably what has seen me through to where I am today, to where I can apply that science in very artful ways.

When I got into nursing, I didn't necessarily know exactly how I would make my way. As I trudged through undergrad and made sure that I put my best foot forward, I was exposed to so many different things and so many people who really showed me that nursing is what you make it. And I continued to lean into that. I continued to trust that light in me that I felt was guiding me to something pretty interesting. I saw nursing as a platform that would not only be spiritually rewarding, but something that could really push our country forward into something better.

[Welcome to A Nurse First. This is Greg Jones telling his own A Nurse First story.]

I'm an experiential artist across the board, and I'm doing everything I can to bring innovation to the realm of health promotion and disease prevention through a variety of mediums.

Getting to the point where we're able to open the first mental health peer respite center in the Pacific Northwest was a gradual process because really it started with me leaving the East Coast after graduating college and working with the Navajo Nation. And when I was out there being a field clinic nurse and a nurse in their urgent care, they gave me kind of like a psych ED wing because I was showing some efficacy there. They were like, you're good at this. We want to water that in you. Things started to flower for me in psych nursing. And I started to explore the different opportunities that were happening in the West.

One of those things was crisis stabilization. So I called an experimental crisis stabilization and jail diversion program up in Washington and said, hey, I'm interested in what's going on. They're like, we're interested in having you here. When can you get here? And they got me there and I piloted a crisis stabilization and jail diversion program in Thurston County, Washington for about three years.

And one motif I saw across these emergency settings was people would get discharged with little to no support at all, end up getting readmitted shortly thereafter, and they would come back each time more tumultuous, sometimes more violent, more disorganized. It would be harder for us to stabilize them. Their families were heartbroken and the community was gradually more and more wounded. And it was heartbreaking.

It burned a lot of people out. A lot of people got really hurt emotionally, physically. The systemic breakdown was negligent. And I didn't want to be a part of that anymore. So in 2018, we started Lucid Living to make sure that we could stand in the gap for people when they got out of the hospital, on less restrictive alternative orders, conditional releases. We say, hey, we'll come in the hospital. We'll meet

with Brad. We'll sit with him, go through his meds, make sure he understands what his red flags are, make sure he has somebody to call when he gets out.

But I was naive even when I started this living in 2018 because shortly after printing up my little brochures and starting to go into the hospital and say, hey, we got some nurses that are willing to volunteer and come in. They wouldn't let us work with Brad. They wouldn't let us do transitional care. They wouldn't give us referrals. So we started lobbying and we started writing opinion papers and we started arming families with these papers. And the families started to gather around us and we started throwing candlelight vigils to commemorate children that had been failed by the system and family members that had been failed by the system. And we started to bring attention to these breakdowns so that we could gain critical mass in the community with the families. And that's what got us a reputation and eventually got us into spaces where we could garner that authority to influence legislation and eventually get funding to build out spaces in neighborhoods that are accessible, that can stand in the gap.

We're essentially a social care delivery system that exists in the community. It's like a community care hub of our community health agency. That's a behavioral health agency and a home health agency combined. It's duly licensed. But we have like Safety Net, these places where people can go and seek refuge when they need a chance to get away and workshop their wellness. And we work with them to help them drill into their individualized needs, put them in the driver's seat of their recovery and use our connections across the community as a community health agency to help drive those outcomes that typically aren't supported by the traditional medical system in partnership with other community-based organizations and primary care providers. And therapists and all types of things like that. Habitat for Humanity, the Mixed Martial Arts Studio. We're hanging out with the Pohl Fitness Studio. You know, these are people in our network. So if someone has something that they're doing their best to work through in a particular way, we can meet them where they are by deploying members of our own community to affect the type of change we yearn to see. And that's what a social care delivery system is all about.

[Actually getting into hospitals was just one hurdle Greg had to overcome. Finding funding and a team of volunteers was another. With Greg at the helm, Lucid Living officially opened its physical doors in 2022. But his work is far from complete.]

[Greg Jones]: Right now, we have five bedrooms. Right now until we can afford to hire a whole squad of peer counselors, it's just been me and a handful of volunteers. It's just been me and a handful of volunteers over there making it happen.

A debilitated community is profitable to a select few. And then you also have people who are just so conditioned to seeing things a certain way. They're so conditioned to be playing their role in a broken system that it's hard for them to think outside the box and understand that hope is possible. That a better alternative is possible.

A big part of the reason we got to the table and what really brought us to the table were the families. I gave free consultation to the families. I helped navigate the system. And I'm here to tell you, some of those people didn't survive. You know, some of their family members that they were looking after, they were trying to save, they did not survive. They're gone. Last month, I went out to eat with a young man's

dad that I took care of a handful of times. And I would spend nights on the floor in his room with him just talking through some of the tumultuous, terrorizing thoughts he was having. Doing my best to assist him in his efforts to recover from his addiction and the darkness he was dealing with. He would go out and tell his parents about me. And eventually he got clean and I grew to know his parents. And I started doing stuff with them. But what's interesting about that is he got so clean that when he got kicked out of a group living home, he OD'd. And his parents, they lost their son, you know. And at the best point he had been at for a while, he's gone now.

One of the families that I've been working with as well, their son, ended up going to prison because he just didn't have the support he needed. He was out in the street disorganized, assaulting people. And he recently did some time for one of those assaults. And I had done case studies on him and assisted his mother in helping him navigate the system and regain and reclaim his liberty but also stability. And he just recently got out of prison last week. And we're doing our best to make sure that he has the support he needs so that he doesn't get caught back up in the vicious cycle.

There's such a behavioral health workforce shortage. Typically, behavioral health hospitals have maybe one or two discharge planners going across all the different floors. And they have these templates that they work from to put less restrictive alternatives and conditional release orders together. Right. So they make sure they got an outpatient office appointment. They make sure they, you know, whatever. They give that person the paperwork and they move on to the next person. Right. So I realized along the way that we're going to have to make that way more easier, make more sophisticated linkages way more easier for the discharge planners. But moving forward, that person discharges and they could be what, two weeks to maybe six weeks away from seeing anybody. Before they can, they can even get an intake and they just got discharged after being stabilized in the hospital on probably a pretty sophisticated cocktail of medication. Oftentimes that cocktail runs out the meds they left with. They don't always get to their therapist appointment with all the refills they need or they just don't have anybody to talk to. It gets dark and they don't have anywhere to go. They didn't have anywhere to go until at least in Washington, until we opened safety net. I'm going to help the respite center. So, you know, that's like a place where someone who's trying to regain their footing can go to receive the support from people who have likely traversed similar challenges or at least have the capacity to better understand what they may be going through.

It's so essential that its peer run because when someone comes into peer services, they're being assisted by someone who has traversed similar challenges, someone who has walked a similar road, someone who can speak from the experience of what it took for them to get to where they are. To have the capacity to assist you in your journey to getting to where you want to be, you know, someone who can transmute those tools and strategies that give people an opportunity to thrive. And we can't pump out enough therapists and psychiatric mental health nurse practitioners to fix the emergent need of psychiatric care deficits that exist in our country.

If we really want to gain critical mass and affect change in the way that we need to in order for us to survive as a country, we're going to have to start deploying people in these communities to heal themselves and stand in the gap for themselves. So when you get some people who have done their best to walk into the best version of themselves at the same table, you say, hey, you guys are the people who are doing the work on yourselves in this community. We believe in your capacity to be leaders in this community, and we're counting on you to stand in the gap for your community. They're most often really excited to do that and be a part of the restoration of their area. Right. And to be a peer counselor is really only a two-to-three-week course. So not only does that deploy the members of this community

who can speak the language that has had that shared experience of people in that community, but it's also less expensive.

Man, it gets really cool when people start sitting around and having those conversations about where we're headed and what's possible for our community. It gets really magical because they're like, wow, it's finally happening. You know, things are finally changing. We finally have a place in a community of people around us that want to be the best version of us as individuals, us as families, us as a nation, us as a community. We're moving towards that. We're part of the future.

[That is probably what refills your cup after pouring from it day after day. But is that enough? The mental health crisis we're facing today has to weigh on you, even as you do your part to change the system. What's your advice for maintaining your passion and avoiding burnout?]

[Greg Jones]: Some people say if not you, who? If not now, when? Because nobody's coming to save us. If you've been blessed with the opportunity to see a gap in care and you have the capacity to affect change, you are honestly, in my personal opinion, as a nurse who took the oath of nursing, obliged to stand in that gap.

That's nursing. We see gaps. We have the capacity through our flexibility and our holistic perspective to affect change and we do something about it. And that's why we are where we are. That's why we do what we do. Remember that the people you are taking care of, they're your neighbors. These are the people in your community that when they leave, more than likely, they're going to end up walking around the streets of your community. You're going to be like bumping to them at the grocery store. These are your neighbors. Build relationships with the community-based organizations. Be a linkage to people you know, who are willing to affect change outside of the traditional medical system so that we as nurses can contribute to the evolution of health care through driving social determinants of health outcomes.

Making sure that people have those connections they need coming out of the hospital. Making sure that people know what the resources are. Even if you aren't making a direct linkage, get to know what the resources are in your community so that you could be a resource to the people you serve in your role. More than likely, there's somebody in your community that's trying to do something positive. So help people leverage those resources that are already existing in your community and become a a hub of information in that regard and you'll be able to offer value not only to the people you serve but your organization and your neighbors in the community that are outside the health care system.

[I know you are currently working towards your doctorate. What are you focusing your research on? How do you hope this will impact lucid living over the next five years?]

[Greg Jones]: Right now, I'm in the process of conducting root cause analysis to inform and optimize depression treatment in an area with socioeconomic deprivation. There's so many socioeconomic drivers of depression that are typically unaccounted for in depression treatment and we're doing our best to really better understand those factors that underpin and exacerbate depressive symptomology. One good thing for everybody to kind of get started with when you're interested in this is to look at

something called the area deprivation index by the neighborhood atlas and it shows block groups across our country that have problems in the theoretical domains of housing quality education income and employment.

And what's interesting about that is all four of those things contribute to depression like housing quality deficits education deficits income deficits employment deficits all that contributes to depression. So when we started to understand that and we started looking at these areas, especially where my project is focused on Pierce County, Washington a city called Tacoma. Pierce County has a higher rate of depression than statewide average and suicide is one of the top 10 leading causes of death. And you know these socioeconomic drivers perpetuate depression and contribute to poor diagnoses irrespective of you know treatment provided and all these things. So we have to really get into what are these drivers and what's driving these drivers in a way what is what's conditioning the population to perpetuate these drivers and the interviews have been interesting thus far. You'd be surprised what people talk to me about.

So we have to be more novel as a care system to meet people especially in these disenfranchised communities where they are so that we can engineer capacity to thrive. What kind of protections and support are we giving people to help them navigate their way out of those challenges? You know, what kind of partnerships can we have? It just really gives me a platform to bridge theory to practice and generate evidence around some of the more experimental social care delivery modalities I'm a part of.

You know, I can really bring more evidence to these budding evidence-based practices that come across my way as I'm outside interacting with people learning about what already exists the strengths of these communities and doing my best to empower these communities. Building out more social care delivery system hubs and expanding the safety net franchise of peer respite centers to stand in the gap for people who need that explicitly voluntary option in communities in neighborhoods more specifically neighborhoods that have high area deprivation index scores so that we could truly restore America and contribute to the renaissance of mental health in America.

We're going across America, man. We want this country to continue to thrive and be a beacon of liberty and justice for all people across the world. When it starts with us as America, you know putting our best foot forward in healing ourselves and restoring ourselves.

[Thank you for listening to *A Nurse First* from Sigma. If you loved this episode, do us a favor and subscribe, rate, and leave us a review. It is very much appreciated. For more information about *A Nurse First* and Sigma, visit sigmanursing.org. Until next time.]