

July 2024

Below are answers to the questions asked in the Q and A that we didn't have time for during the webinar:

- Q: Do we know if eating issues being the 2nd leading cause of death is in the world or strictly to the USA?
 - Answer: This is data is just for United states [Eating Disorders | Psychology Today](#)
- Q: What is the difference between self-harm and self-destructive behavior?
 - Answer: The intent behind the actions is the difference. Self- about finding a way to cope with difficult circumstances (ex: cutting arms and feeling a relief). Self-destructive is intending to hurt yourself on purpose knowing you could die from the - destructive. [Self-Harm vs. Self-Destruction and Suicide | HealthyPlace](#)
- Q: Can you repeat the things that can activate schizophrenia later in life?
 - Answer: Childhood trauma, sex abuse, physical abuse emotional abuse, bullying or having a parent to die during childhood is the trauma that triggers it, people might not address it until later in life. Women tend to be diagnosed late and men they tend to catch it early in life possible due to all the other mental health issues overlap and being overlooked with women. Drug use (cannabis, LSD and other hallucinogens triggers and activates schizophrenia as well so if they are experimenting with different drug is another way). [Schizophrenia Onset: When It Happens and Early Warning Signs \(webmd.com\)](#)
- Q: Can you speak to those diagnosed with neurodivergent conditions being inaccurately labeled as narcissism?
 - Answer: Yes, this is another issue with staying up to date with society and for those who are not familiar with neurodivergent vs. narcissism. Neurodivergent might have a health issue or learning disabilities that provide them with unique strengths and challenges. Narcissism is not the same [Narcissism Is Not Neurodivergence: Why We Need to Stop Grouping Them Together - Kim Saeed](#)

- Q: When we are using de-escalation strategies, is this with those who harm or both?
 - Answer: If this is utilized with survivors, what behaviors are we de-escalating? De-escalating can be applied to works with everyone no matter the mental health issue. With survivors, many are frustrated going to hearing shelters having programs that offer a lot of accessibility for hearing people but not deaf. Some survivors arrive angry frustrated can't communicate and just experienced trauma and are currently being re-traumatized by the lack of access. All of these frustrations on top of already trauma events while trying to seek help is enough to make anyone "act out". Once you reach your limit you will "explode or implode".
- Q: Under SLEEP ISSUES it says 'often confused with times of the day' - will you please explain that, again?
 - Answer: People who work overnight disrupt the body's natural circadian rhythm or sleep-wake cycle, which can lead to fatigue, stress, depression, and other physical and mental health issues. Normal sleep cycle is sleep during the night and work during the day when you are doing the opposite it is very easy to be confused with the time of the day (ex: you take a nap during the day and wake up and it is night it is the most common short term confusing sleep wake cycle that people experiences and you will be trying to figure out what time it is, even if you don't work nights [Working Nights and Mental Health - PMAC](#))
- Q: I struggle with the MH diagnosis of those who harm as making excuses for the harmful behaviors. This might account for survivors remaining with partners who harm. How do we educate and support our survivors in making those difficult decisions?
 - Answer: Educate them on healthy relationships vs unhealthy, try to understand why they stay, empower them to check and see if their relationship is health or not and discuss what happens to their brain and physical body after staying several years being mistreated. (This is community accountability in my perspective we must continue to empower them with education and still let them make the final decision by giving them their power back, which they probably didn't know they had to start with.) [Using Mental Health as an Excuse for Bad Behavior | Psychology Today](#)

