MARYLAND EIP FALL NEWSLETTER

CONTENTS

THE OUTREACH & EDUCATION TEAM

The Maryland Early Intervention Program: A Collaborative for the Early Identification and Treatment of Mental Illness with Psychosis (Maryland EIP; MEIP) offers specialized programs with expertise in the early identification, evaluation, and comprehensive psychiatric treatment of adolescents and young adults with, or at risk for, psychotic disorders. The Maryland EIP uses an integrated approach to address the health and mental health needs of young adults, including providing support for co-occurring substance use disorders, and metabolic and other co-occurring medical conditions. **For more information, contact us:**

www.MarylandEIP.com
1-877-277-MEIP (6347)
MarylandEIP@som.umaryland.edu
@MarylandEIP
6-minute introduction video

WELCOMING FALL WITH THE MARYLAND EIP

There is a perceptible breeze in the air, daylight is fading faster, leaves are changing color, and the new academic year has begun — fall is in full swing! Some may enjoy the more comfortable outdoor temperatures after such a hot summer, the coziness of fall traditions, and the anticipation of upcoming holidays. However, these transitions and yearly markers can also come with challenges and anxieties. **Below, we provide a helpful tool for managing moments of stress** as they arise. Also in this edition of our newsletter, we highlight a fantastic **interview that Margo Menkes, our new predoctoral intern, conducted with Shannon Pagdon**, a nationally certified peer specialist and leading researcher using participatory methods in the area of early psychosis. We are also looking forward to our upcoming **in-person fall Advisory Council Meeting** on **November 13th from 12-3pm ET**, which will center around opportunities and future directions for peer support within early psychosis care.

PROGRESSIVE MUSCLE RELAXATION

Progressive muscle relaxation (PMR) is an activity that can help you to relax and reduce stress in your body and mind. It involves tightening and relaxing different muscle groups, one at a time, and observing the differences between the tension and release. One method of this practice is described below. Click here for more information and in-depth instructions. For a guided exercise, follow this 14-minute video.

** If you have a history of muscle spasms, serious injuries, or chronic pain, talk with your health care team before practicing PMR.*

Before starting, find a comfortable position in a quiet place either sitting or lying down. Take several slow and deep breaths. For each of the specified muscle groups:

1. **Inhale and tighten the muscles for approximately 5 seconds.**
2. **Note how your body feels and what thoughts you have.**
3. **Exhale and release the muscles for approximately 5 seconds.**
4. **Notice how your body and mind feel.**
5. **Move onto the next group of muscles and repeat steps 1-4.**

Muscle groups (if you can, do left and right at the same time):

- **Hands**: Make fists and clench them.
- **Arms (biceps)**: Bend your elbows and make a muscle.
- **Arms (triceps)**: Straighten your arms and tighten the backs of your arms.
- **Shoulders**: Shrug your shoulders.
- **Forehead**: Wrinkle your forehead.
- **Eyes**: Close your eyes as tight as you can.
- **Jaw**: Clench your jaw.
- **Mouth**: Smile as big as you can.
- **Neck**: Move your chin down to your chest then, on your next breath, look up above your head.
- **Lower back**: Arch your back away from the ground or chair.
- **Thighs**: Tighten your thighs.
- **Lower legs**: Point your toes away from your head then, on your next breath, point them toward your head.

KEEP MARYLAND EIP SERVICES IN MIND THIS SEASON

OUTREACH & EDUCATION SERVICES

For behavioral health providers, schools, primary care settings, and consumer organizations. For more information or to schedule a presentation to your organization, **contact Cameron Sheedy: csheedy@som.umaryland.edu**

CLINICAL SERVICES

For 12-30-year-olds who present with clinical high-risk symptoms that may be predictive of future psychosis, who have early signs of psychosis, or are in the initial stages of psychosis. Providers include the **Strive for Wellness Clinic**, the **MPRC First Episode Clinic (FEC)**, the **Division of Community Psychiatry's RAISE Connection Program**, **Johns Hopkins Early Psychosis Intervention Clinic (EPIC)**, and **OnTrack Maryland at Family Services, Inc.**

CONSULTATION SERVICES

For providers regarding identification and treatment for individuals that may be experiencing symptoms that may be predictive of future psychosis, who have early signs of psychosis, or are in the initial stages of psychosis.

TRAINING & IMPLEMENTATION SUPPORT SERVICES

Early Intervention Teams (EITs) throughout the state create a learning collaborative such that EITs and others providing services to those with early psychosis can collaborate, share resources, and provide support and coordination of service delivery.

NEW STAFF SPOTLIGHT

JACQUELINE CLAUSS, MD, PHD

***Assistant Professor**, Maryland Psychiatric Research Center*
***Psychiatrist**, First Episode Clinic*

Dr. Clauss' current work focuses on understanding how differences in brain networks may contribute to risk and resilience in psychosis-risk and early psychosis, using neuroimaging, clinical data, and large scale datasets. She is also involved in research understanding how we might improve screening and treatment for early symptoms of psychosis. She enjoys working in psychosis risk and early psychosis as she can partner with patients and families to improve their long-term trajectories and help patients maintain relationships, finish school, and find meaningful employment.

MADELINE JONZ MCCARTHY, LCSW-C

***Recovery Coach**, RAISE Connection Program*

Madeline (Mady) joined the RAISE Connection Program this summer. She previously worked in community mental health with young people and adults experiencing housing insecurity. As a Recovery Coach, she provides individual therapy and skills training to program participants as well as support for families.

MARGO MENKES, MS

Clinical High-Risk for Psychosis (CHiRP) Predoctoral Psychology Intern

Margo is a clinical psychology PhD candidate at the University of Michigan, Ann Arbor. Her research has examined how neurocognitive processes are affected in individuals with bipolar disorders and psychotic disorders. This year she is providing clinical services at the First Episode Clinic and Strive For Wellness Clinic. She is also working with the MEIP's Outreach & Education team and research programs.

Additionally, **DR. COQUILLA CROSS**, MD, joined OnTrack Maryland (Montgomery County & Prince George's County) as their Prescriber; **BIANCA EKE** joined OnTrack Maryland, Prince George's County as a Supported Employment and Education Specialist (SEES); and **BLANCA CASTILLO MACHADO** joined OnTrack Maryland, Montgomery County as a SEES!

PSYCHOSIS THROUGH A NUANCED AND AUTHENTIC LENS:
AN INTERVIEW WITH SHANNON PAGDON

Shannon Pagdon, BA (she/they), is a joint masters and doctoral student at the University of Pittsburgh School of Social Work, completing a specialization in Community Organizing and Social Advocacy (COSA). Shannon's work is grounded in lived experience of psychosis and they have a background in peer support. She is the co-creator of Psychosis Outside the Box and serves as the Vice President of lived experience research within The International Early Intervention and Prevention in Mental Health Association (IEPA). Shannon works in Dr. Nev Jones' lab at the University of Pittsburgh and is currently leading a national investigation of the implementation of peer support and perspectives of peer specialists in US early psychosis programs.

Can you tell us a little bit about your background and experiences related to early intervention services for psychosis?

Certainly! I grew up in a rural area of Northern California and began experiencing psychosis around the age of 17. Unfortunately, I missed out on early intervention services by a few years, so I saw a private psychiatrist and therapist for several years instead. I was diagnosed with schizophrenia at 18, and although parts of the diagnosis resonated with me, it always felt like an imperfect description of my experiences. **Terms like "hallucinations," "delusions," and "paranoia" seemed like oversimplified outlines that didn't capture the colorful meaning and nuance my experiences held.**

After graduating high school, I moved to New York to live with family, intending it to be a short-term stay but ended up staying for six years. During that time, I got involved in peer support through Fountain House's College Reentry program and then worked as a peer specialist with OnTrackNY. While there, I was introduced to my long-term mentor, Dr. Nev Jones, by the peer trainer, Sascha DuBrul. **Together, Nev and I co-developed Psychosis Outside the Box, which became a powerful example of peer support for me.** Nev validated my less-understood experiences of psychosis and continues to support me as I update anonymous narratives over the years and through all of my research and ongoing work. I feel very grateful to work with her.

I've always felt drawn to the early psychosis space. I briefly worked for some peer-run mental health nonprofits, but when an opportunity arose to work at OnTrack Central as a peer specialist research assistant in 2020, I knew I had found my calling. **I'm passionate about improving early psychosis services so that others don't have to go through what I did.** At this point, I can't imagine ever wanting to leave this field.

Our upcoming Advisory Council meeting will explore future directions for peer support in early psychosis. Having previously worked as a peer support specialist, what improvements would you like to see in peer support practices and/or the role of peer support specialists in early intervention services?

Great question; there's a lot to unpack. Over the years I've worked in peer support, I've seen a lot of changes in the role, including an increase in peer support positions and more certification opportunities across the states. I have mixed feelings about this. **On one hand, I'm glad to see peer support being taken more seriously as a discipline and as an essential part of early psychosis support. However, there remains a significant lack of clarity around role boundaries and what certifications should or shouldn't entail.**

(continued)

> **Overcoming tokenism means actively involving lived experience experts in decision-making and recognizing them as co-researchers whose insights are crucial.**

Ideally, peer support initiatives, trainings, supervision, research, and certifications would be developed directly by peer specialists, but that often isn't the case. Above all, I would love to see higher pay for peer supporters and professional development pathways that allow them to advance without moving away from direct peer support. When I left my job, it was the last thing I wanted to do, but I had to make the change for financial reasons. I went back to higher education to be taken more seriously in the field and to access more research jobs, which is unfortunate.

It's disappointing that peer support lacks more opportunities for advancement into roles like peer supervisor, trainer, or researcher. Many peer supporters end up leaving the role for similar reasons—financial need, the lack of upward mobility, or simply because there's nowhere else to go. I've seen jobs that prioritize lived experience receive numerous applicants, which underscores just how important it is for people to utilize their lived experience.

Your program of research centers the perspectives of those with lived experience of psychosis; what are the benefits of conducting and disseminating this kind of research? Likewise, what are some of the barriers or challenges you have faced?

Centering the perspectives of those with lived experience of psychosis in my research has profound benefits. **It allows for a more nuanced and authentic understanding of experiences that are often oversimplified in clinical settings, such as felt presence, visions, and alterations in perceptions of space and time. These experiences, while historically neglected, hold significant meaning for those who go through them and can deeply influence their engagement (or disengagement) with early psychosis services.** By foregrounding these perspectives, my research can contribute to tailoring services that are more responsive and attuned to individuals' unique needs, while seeking to make them more effective ultimately.

Emphasizing participatory methods is essential to my areas of interest. Involving lived experience experts in all stages of research—from design to dissemination—not only strengthens the validity of the findings but also ensures that the work remains grounded in real-world experiences. **This approach can help dismantle stigma by amplifying voices that are often marginalized in traditional research and by giving these individuals an active role in shaping knowledge and solutions.**

However, there are notable challenges. One major barrier is the risk of tokenism, where lived experience experts are superficially included for optics rather than being fully integrated into the research process in meaningful ways. True participatory research requires a commitment to equality and shared power, which can be difficult to achieve in settings that are accustomed to hierarchical structures. **Overcoming tokenism means actively involving lived experience experts in decision-making and recognizing them as co-researchers whose insights are crucial.**

In addition, participatory methods demand more time, resources, and often involve navigating institutional resistance. There can be skepticism about the value of lived experience, which sometimes results in a need to constantly justify the approach. Furthermore, the ethical compensation of lived experience experts is often overlooked, with many not being paid fairly for their contributions, which can hinder genuine engagement and limit the diversity of voices involved.

Despite these challenges, I'm committed to advocating for this approach because I believe that research grounded in lived experience is not only more authentic but also more transformative, certainly it has been for me. **By demonstrating the value of participatory methods, I hope to pave the way for more inclusive and compassionate mental health services that resonate deeply with those they aim to support.**

(continued)

How are your academic pursuits and interests informed by your work in peer-led spaces and your community engagement efforts?

My work in peer-led spaces and community engagement has been instrumental in shaping my academic pursuits and interests, particularly in the early psychosis field. Through roles at different organizations I've witnessed firsthand the profound impact that peer support can have on individuals navigating complex mental health experiences. Engaging directly with others who have lived experience has allowed me to see beyond traditional clinical frameworks and appreciate the full spectrum of what people go through, especially aspects like felt presence, visions, and temporal or spatial shifts that are often overlooked. Additionally, this work has validated my own experiences that I didn't used to have language for.

This grounding in peer-led work has not only deepened my understanding of psychosis but has also highlighted the urgent need for research that respects and incorporates these often-neglected experiences. In these community roles, I've also seen how vital it is for individuals to feel truly understood and validated, which is a major driver behind my interest in developing research that is inclusive and participatory. I want to contribute to an academic landscape that genuinely listens to and learns from the people it serves, rather than imposing definitions or solutions from a distance.

I want to contribute to an academic landscape that genuinely listens to and learns from the people it serves, rather than imposing definitions or solutions from a distance.

Additionally, community engagement has reinforced my commitment to addressing systemic issues within mental health care, such as stigma, coercive practices, and the limitations of diagnostic criteria. Being part of peer-led spaces has shown me the strength of grassroots efforts and the importance of involving lived experience experts in creating change. This informs my approach to research as I strive to prioritize participatory methodologies that meaningfully include people with lived experience as co-researchers and co-creators. I believe this collaborative approach not only enriches the research process but also helps to build a more compassionate, holistic understanding of mental health that can lead to more effective and empowering interventions. **Ultimately, my work in these spaces serves as a constant reminder that my academic pursuits must remain grounded in the realities of those I aim to support. By bridging community engagement with research, I hope to contribute to a more inclusive and responsive mental health system.**

What are your next research questions as you continue your work?

Now that I've started my doctorate, I'm working to narrow down my interests within the early psychosis space, which is often easier said than done! **Currently, I'm most interested in exploring historically neglected experiences of psychosis such as those mentioned earlier—felt presence, visions, and alterations in perceptions of space and time—and examining how these experiences might influence disengagement (or engagement) with early psychosis services.** I'm also interested in peer support, stigma, and understanding the impact of coercive care in mental health. A major priority for me is involving other lived experience experts in my research and emphasizing participatory methodology.

Is there anything else you would like our readers to know?

One thing I'd like to emphasize is the power of research to inform and shape policy, especially when it centers lived experiences. **Research that accurately reflects the nuanced realities of psychosis can drive changes in policy that make mental health services more accessible, compassionate, and effective.** By highlighting areas often overlooked in traditional frameworks, such as unique perceptual experiences, we can advocate for policies that genuinely address the needs of those they aim to serve. My hope is that by bridging research and policy, we can create a mental health system that's more attuned to individuals' diverse experiences and ultimately more impactful.

RESEARCH HIGHLIGHTS FROM THE MEIP NETWORK

1. **This study examines data from Coordinated Specialty Care (CSC) programs in Maryland and Pennsylvania relating to self-reported tobacco use and vaping among 445 clients with first-episode psychosis.** Among 13-35 year olds, 28% had smoked or vaped in the 30 days before program admission; smokers/vapers were disproportionately male, had lower negative symptom severity, and were more likely to also use cannabis. Vapers had higher role and social functioning, and both smoking and vaping were related to a longer time from psychosis onset to program enrollment. Given the many serious health consequences, low-burden ways for CSC staff to help clients stop or reduce smoking and vaping include discussing nicotine replacement therapies with clients, offering web-based interventions, or implementing digital- or text message-based approaches.
Bennett, M. E., Medoff, D., Cowan, T., Fang, L., Kacmarek, C., Oikonomou, M. T., Calkins, M. E., Baker, K. K., Bencivengo, D., Boumaiz, Y., Buchanan, R. W., Campbell, P., Chengappa, K. N. R., Conroy, C. G., Cooke, A., Dong, F., Fauble, M., Goldberg, R. W., Harvin, A., Jumper, M. B. E., ... Dickerson, F. (2024).

2. Psychotic-like symptoms are less severe than psychotic symptoms but still distressing and potentially indicative of risk for the development of serious mental illnesses, including psychosis. **Researchers across multiple sites recruited a racially diverse community sample of 3,234 young people age 16-30 through outreach and online platforms, and surveyed them about their experiences of psychotic-like symptoms and their intention to seek treatment.** Four items on the PRIME, a psychosis-risk screening tool, were most predictive of intention to seek treatment: concerned about "going crazy," wondering if people may hurt me, confused if things are real or only imagination/dreams, and odd/unusual things going on. Subjective distress experienced by these symptoms was also predictive of treatment intentions for some but not all of these items, as was feelings of depression and anxiety. These findings have implications for the development of brief screening tools to help more young people engage in services.
Bridgwater, M. A., Klaunig, M. J., Petti, E., Pitts, S. C., Rouhakhtar, P. R., Ered, A., Kuhney, F., Boos, A., Andorko, N. D., Ellman, Lauren M., Mittal, V., & Schiffman, J. (2023).

3. **This article analyzes data from two large longitudinal studies of non-clinical samples to see how reports of psychotic-like symptoms and distress from symptoms change across development among youth ages 9-24.** Younger youth showed gradual (annual) decreases in their report of a range of psychotic-like symptoms from age 9 through age 13. Relative to these younger youth, young adults age 16-24 were 2 - 4 times more likely to report having difficulty organizing thoughts, worries that something was wrong with their minds, and concerns that others were watching them, not understanding them, or were untrustworthy. Categorically, feelings of being persecuted and that others were not understanding you were commonly endorsed by youth age 16-24, with prevalence rates as high as 73%, suggesting that these are normative experiences unrelated to psychosis. Improvements to screening measures for psychosis are recommended.
Capizzi, R., Korenic, S. A., Klugman, J., Damme, K. S., Vargas, T., Mittal, V. A., Schiffman, J., & Ellman, L. M. (2024).

4. **This qualitative study of 25 former early intervention in psychosis services (EIS) clients and 5 family members examined their experiences with vocational attainment and vocational identity.** At the time of interviews, 13 of 30 former clients (age 19-36) were not in any education, employment, or training activity. Former clients reported that their psychosis had triggered a cascade of disruptions, had derailed work or school activities, and had lowered their family's expectations for them. Using a modified grounded theory approach, researchers identified several themes related to clients vocational trajectories. Themes included lowered self-expectations, weakened vocational identities, and viewing disability benefits or low-wage work as temporary "placeholders." Most participants reported that if they received any supported education and employment services (SEES) as part of their EIS care, the assistance tended to be focused on short-term and entry-level support (e.g., completing college applications), rather than longer-term or career-oriented needs (e.g., developing study habits, choosing a career). Study results point to multiple ways to improve both EIS and SEES services to better support vocational attainment.
Jones, N., Pagdon, S., Ebuenyi, I., Goldman, H., & Dixon, L. (2023).

MONTHLY SUPPORT GROUPS

CONNECTION LEARNING HEALTHCARE SYSTEM
Maryland & Pennsylvania

The Collective:

Lived Experience & Family Councils

Please join CLHS* leadership for our Monthly Lived Experience Council and Family Council meetings. All current and former participants of Pennsylvania and Maryland early psychosis services are invited to take part in the Monthly Lived Experience Council. All family members of current and former clients are invited to take part in the Monthly Family Council. At these meetings, you will discuss opportunities for involvement in different initiatives related to the PA/MD Connection Learning Health System, Coordinated specialty care (CSC) access, CSC services, and related research.

*Connection Learning Healthcare System (CLHS) is a collaboration between state, academic, and community program partners in Pennsylvania and Maryland to support and, where needed, improve early psychosis services for young people and families. Learning happens through shared education, training, research, and discussion.

LIVED EXPERIENCE COUNCIL**

Second Monday of the Month
5pm-6:30pm ET

FAMILY MEMBER COUNCIL

Second Wednesday of the Month
5pm-6:30pm ET

**Please note that this meeting is specifically for current/former clients, peer specialists, and individuals involved with CLHS with personal experiences of psychosis. If you identify as a family member, please attend the family member collective instead.

TO REGISTER FOR EITHER COUNCIL:

CLICK HERE or scan this QR code:

JOB POSTINGS

TEAM LEAD

- **OnTrack Prince George's County** is seeking a ***Program Supervisor***, who will oversee operations, provide consultation to team members on early psychosis intervention principles, and coordinate key services such as client screening, treatment planning, and referral pathways. This position requires two years of experience as a licensed clinician — either Maryland Licensed Certified Social Worker-Clinical (LCSW-C) or Maryland Licensed Clinical Professional Counselor (LCPC) — and dedicated experience supporting individuals with experience of psychosis. **Click here for more information and to apply.**

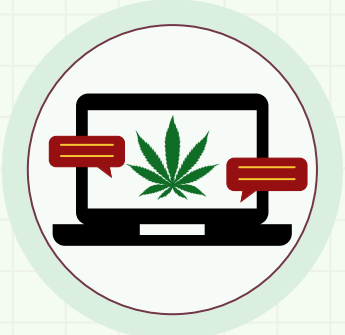
SUPPORTED EMPLOYMENT AND EDUCATION SPECIALIST (SEES)

- **OnTrack Prince George's County** is seeking a full-time ***Supported Employment and Education Specialist (SEES)***, who will assist clients to establish, maintain, or adapt their academic or vocational activities. This position requires a bachelor's degree, preferably in Human Services. Applicants must have basic computer skills and a current, valid driver's license with no more than three points on the driving record. **Click here for more information and to apply.**

PEER SPECIALIST

- The University of Maryland's Division of Community Psychiatry's **RAISE Connection Program** is seeking a ***Counseling Associate*** to provide instruction, counseling, and clinical case management in programmatic areas such as, rehabilitation, residential, vocational, case management and community integration to mentally ill and/or homeless clients. Applicants must have a High School diploma or GED, CPR certification, and a minimum of one year working with patients with severe mental illness, assisting in implementing treatment programs, and monitoring client progress. **Click here for more information and to apply.**

RESEARCH OPPORTUNITY



Connection Learning Healthcare System is recruiting for a study to pilot test a brief motivational enhancement therapy intervention to support continued engagement in Coordinated Specialty Care (CSC) for people with first episode psychosis who are frequent cannabis users. They are seeking volunteers who are:

- Aged 13-35;
- Participating in a CSC program; and
- Have used cannabis at least 8 times in the last month.

Participation will include completing surveys, interviews, and two brief meetings — all virtual — to discuss personal reasons for using cannabis and for staying connected to mental health services. Eligible participants can earn up to $90 in gift cards.

This study is based at the University of Maryland School of Medicine (IRB #HP-00093195).

Further details and contact information for the study team can be found here.

COLLABORATOR UPDATES

ON OUR OWN OF MARYLAND'S TAY PROJECT

On Our Own of Maryland (OOOMD) is a statewide peer-operated behavioral health advocacy and education organization which promotes equality, justice, autonomy, and choice about life decisions for individuals with mental health and substance use needs. The Transitional Age Youth (TAY) Project empowers Young Adults 18 to 29 to share their experiences and speak out about the kinds of help and services they'd like to see within the behavioral health system where they receive care.

Here are some upcoming opportunities:

- **Leading with Purpose: Cultivating Safe and Equitable Spaces for Young Adults:** A two-part virtual series of trainings for managers, peer support supervisors, and anyone overseeing or supporting Young Adults to reflect on their leadership practices and foster a workplace that prioritizes inclusivity, mental well-being, and authentic empowerment. November 6th & 12th from 1:30–3 PM.
- **Young Adult Advisory Council:** An opportunity for Young Adults 18 to 29 with lived behavioral health experience to play an active role in the ongoing improvement and growth of OOOMD's TAY Project.
- **Ongoing Free Training Opportunities:** OOOMD covers various topics across behavioral health such as stigma, harm reduction, LGBTQ+ education, and much more! A majority of these trainings offer Certified Peer Recovery Specialist (CPRS) CEUs.

TAY COORDINATOR AND YOUNG ADULT ADVOCATES RECORD FOR THE MHAMD YOUTH VOICES VIDEO

Young Adults aged 18 to 29 in Maryland who have an interest in opportunities to sit on behavioral health councils, attend conferences, speak on panels or present about their passions within the behavioral health space can connect with the TAY Project Coordinator, Kris Locus (krisl@onourownmd.org) to learn how to get involved the TAY Project.

MARYLAND COALITION OF FAMILIES

Maryland Coalition of Families (MCF) connects, supports and empowers individuals and families who care for someone with behavioral health needs. Using personal experience as parents, caregivers, youth and loved ones, our staff provide one-to-one emotional support, resource connection and systems navigation to families and caregivers of individuals who have mental health, substance use or problem gambling challenges.

A Family Peer Support Specialist helps those who care for someone with a behavioral health challenge to:

- Navigate services and systems.
- Access to resources, services and programs to support themselves or their loved one.
- Learn strategies for self-care and well-being.
- Build natural support systems with others on similar journeys.
- Share their story to reduce stigma and raise awareness.
- Use their voice to educate decision-makers and advocate for systems change.

All services are provided free to Maryland families. In addition, MCF offers trainings and support groups. For more information, visit **www.mdcoalition.org**

NAMI MARYLAND

From health care to the economy to criminal justice and more, mental health touches many of the issues that you might care about the most. Whenever you cast your ballot, you #Vote4MentalHealth, whether you realize it or not. Every elected official—from the president and Congress to county commissioners and city councilmembers—has influence on issues impacting people affected by mental health conditions. Your vote matters.

When you take the pledge to #Vote4MentalHealth, you commit to understanding how your vote impacts people with mental health conditions and how you can act. When you pledge, we'll send you information on how to vote in your state and steps you can take to understand where candidates stand on issues you care about.

Take the pledge and find helpful voter resources now at: **https://vote4mentalhealth.org/**