

# The Wayne RESA Roundtable Podcast S1.E2: Voices for Hope with Kevin Fischer and Tom Watkins on Suicide Awareness

September 11, 2025

Length: 33:13

## SUMMARY KEYWORDS

Suicide Prevention Month, mental health, stigma, NAMI Michigan, Kevin Fisher, Tom Watkins, behavioral health, community support, youth mental health, crisis hotline, NAMI walks, mental illness, advocacy, policy issues, collaboration.

## SPEAKERS

Kevin Fischer, Tom Watkins, Beth Santer

### **Beth Santer** 00:00

Beth, welcome to the Wayne Resa Round Table podcast, a space dedicated to sharing valuable resources and insights with our educators and families. I'm Beth Santer, one of the Wayne Resa Facilitators who will be joining you for this conversation. Today, we are truly honored to be joined by two incredible leaders in the mental health community as we recognize Suicide Prevention Month. First, we have Kevin Fisher, Executive Director of NAMI Michigan, and CEO of Everybody Versus Stigma. Kevin's tireless advocacy has brought awareness, education and hope to countless families across our state. Alongside him, we are joined by Tom Watkins, a respected leader whose career spans decades of public service and education. Tom is the former Michigan State Superintendent of Schools was appointed by former Governor James Blanchard to lead the state mental health department from 1983 to 1990 and served as the president and CEO of the Detroit Wayne Mental Health Authority, where he championed mental health services and community based supports. His leadership has had a lasting impact on both education and mental health across Michigan and beyond. Kevin and Tom, thank you both for taking the time to be here today.

### **Kevin Fischer** 01:24

My pleasure.

### **Tom Watkins: 1:26**

Great to be here with Kev

### **Beth Santer** 01:28

Yeah, so suicide prevention is always important, but September is Suicide Prevention Month, and so that gives us a added time to reflect and take action. What does this month personally mean to each of you?

### **Kevin Fischer** 01:42

So for me, of course, it begins with my lived experience. I lost my oldest son, Dominique, to suicide in 2010 after a short um, battle with serious mental illness. And so it's very personal to me, but it's also really important to destigmatize ah, mental illness and suicide, ah, because what's really important for everyone to understand is that suicide is one of the most preventable causes of death that we know. It

is the stigma that prevents us in engaging in these conversations. Um, so we can help people who are struggling and encourage them to get the help that they need, rather than making a decision um, that could result in the loss of life.

**Beth Santer 02:33**

So is that what led you to be part of Nami?

**Kevin Fischer 02:37**

It is um, prior, I call myself a retired businessman. I spent a lot of uh...my professional career in supply chain, logistics and purchasing. I joined Nami, which was, frankly, life changing and life saving for me after we lost Dominique in 2010 as I was struggling with the anger and grief and of losing a child, but also not knowing what I didn't know, you know, not knowing what else I could have done to prevent that tragedy. So I joined Nami as a volunteer. One thing led to another. I never envisioned um., assuming the responsibility that I've had the privilege of leading Nami Michigan for the last 11 years, and I would be remiss if I didn't say this;. If it wasn't for Tom Watkins, I don't know that I'd be here. Um, when I took on this role at Nami, Nami Michigan was struggling. Um, Tom was the CEO at Detroit Wayne at the time, and he was literally one of, if he wasn't the first, he was one of the first supporters of me and my effort to revitalize Nami Michigan. So I literally owe everything that I've been able to do the last 11 plus years to Tom.

**Beth Santer 03:56**

Well, that's a great segue to Tom. So Tom, what does Suicide Prevention Month mean to you?

**Tom Watkins 04:02**

Uh, It means the world to me. I mean, I grew up in the shadows of Washington DC. um, saw kids getting messed over, and I decided I can remember the time sitting and saying I was going to put myself in a position to change the way our children are treated in this world. Um, fast forward. I had an opportunity to start what is now Starfish Human Services a number of years ago, Counterpoint Runaway Shelter. Um...worked in a number of capacities, but I've also experienced ah, the crisis of mental health within my own family. Um, two of my brothers chose to take their own lives, and I'm not a golfer, but people that are, say that in golf, ah, there's a thing called the sweet spot, where that club hits that ball and it literally soars. Now, I haven't experienced that much myself, um, but in..in mental health field, there is a sweet spot. And that is when the individual needs help and wants help and reaches out for help, and that the help is there to meet them. That's the sweet spot, and we need to have more sweet spots in Michigan, um, in Wayne County and across this nation, because too often times ah, we have a mismatch. People are reaching out for help, begging for help, and are put on a waiting list, um, and people mental health issues don't wait.

**Beth Santer 05:31**

Yeah, yeah. And that kind of leads to our next question, because there, there can be a stigma among, across mental health, so suicide often carries that stigma and prevents people from reaching out for help. So from your point of view, what steps are the most critical in breaking down this stigma?

**Kevin Fischer 05:52**

For me, it's simply normalizing the conversation. You know, we talk a lot about the lack of availability of resources. Um, there's a tremendous shortage of behavioral health care professionals. There is a shortage of psychiatric beds available to Tom's point, when a person is ready for help, we need to be ready to receive them, because often we only get one chance. So we have to be ready and encouraging for that. Um, and so while there's a shortage of all these resources and funding and all of that, if we don't de stigmatize mental illness, if we don't stop making people feel ashamed of being

diagnosed with a mental health condition, if we don't stop making feel people feel weak for experiencing suicidal ideation and encourage them to get the help that we need, we can throw all the money at this we want to, and it won't make a difference, because if people are made to feel ashamed, they won't seek the help. That's how we lost Dominique. Dominique was engaged in his treatment. It was only when other people found out about his diagnosis that they would say things to him like, Well, don't let anybody tell you you're crazy. Don't take that medication. You don't know what's in it, and they made him feel ashamed for participating in his treatment. So he stopped. And he stopped...when he stopped taking the medication and going to therapy, he started self medicating with marijuana and alcohol, and that's when we lost them.

**Beth Santer 07:23**

And, you're also CEO of Everybody Versus Stigma. So you know, we're talking about stigma, so why don't you talk a little bit about why you created that brand

**Kevin Fischer 07:33**

So my wife and Sonia and I created Everybody Versus Stigma, and we trademarked it in 2021 at the height of the pandemic, because we became very frustrated with these national stories about the negative impact that the social distancing or isolation was having, not only on young people, but all people. And it wasn't enough to hear people say, you are not alone. It's okay to be okay. All of that's really true, but when you're an individual living with a mental health condition, or if you're a family member or caregiver, that stigma is isolating. Dominique and I felt very much alone, even though we knew there were people around us who loved us and cared for him, I literally remember specific conversations where we would say, it's just us against the world. So I wanted a visual. I wanted something that if people saw me in the grocery store or the airport and you're wearing Everybody Versus Stigma, they would say, what's that all about? And it would start the conversation. And I'll say again, the whole idea behind the Everybody Versus Stigma movement is to de-stigmatize mental illness, but normalize having the conversation. More people are impacted by mental illness every year than people who will be diagnosed with cancer, heart disease ah, and diabetes combined. We're comfortable talking about all of that, but we're not comfortable talking about mental illness and mental health care, and we need to normalize that conversation.

**Beth Santer 09:09**

Yeah, absolutely. So when I see shirts that say Michigan versus stigma, Michigan State versus stigma and Trinity health versus stigma, is that your company?

**Kevin Fischer: 9:19**

That's us.

**Beth Santer: 9:20**

Okay, yep, so that point is getting across. So...

**Tom Watkins 09:24**

There's a lot more work needs to be done. And as Kevin has pointed out, um, talking about these issues are very difficult for people. Um, yeah, people will say, I've got a cancer diagnosis. People will say, I have a heart condition, I have diabetes. Um, but it's very rare where people come out and say that, that I need help with my depression, um, that I have suicidal thoughts, um, and these issues skip no zip code. Um, It doesn't matter if you're rich or poor, black or white, conservative or liberal, um, mental health issues impact us all, and there's very few of us that are going to get out of this life alive, and there's very few of us that are family or ourselves aren't going to be impacted by a mental health or substance use issue. Um, so it's, critically important that we break down the stigma. Um, we have

situations in the state where and you can imagine where people with mental illness may be turned away from a hospital because they're too aggressive, or their mental illness is too strong. Can you imagine somebody saying, we're not going to admit you because your heart attack, your...your heart problem is too much, or your cancer? Um, but that's happening in this day and age, ah, we need to be open, honest about who we are, what we need as human beings, and there needs to be more empathy um, in this country for people that are struggling with an invisible disability oftentimes.

**Beth Santer 10:57**

So why don't we stay with you for a second Tom ah, for our next question, what do you see as some of the biggest challenges society faces today in addressing suicide and mental health?

**Tom Watkins 11:10**

Well, what just happened today, I mean, you know, as we're taping this, it's 9/11, 24, years after a tragic event from outside. Um, It was a time that we should have found to pull together as a nation. And we failed, our leadership failed this nation at that time. Yesterday, we had a tragic ah, murder, perhaps a political suicide, or I'm not suicide, I should say, an assassination of a conservative, ah, certainly not someone that I um, backed, but a young life was taken yesterday, and at a time when we should be talking about pulling together, we're pulling apart. And there's a lot of that. There's a tremendous amount of isolation, as Kevin spoke about a minute ago, with our...particularly with our youth. But here in the state of Michigan, we're, you know, above the national average on suicide that's taking place, I would call on the governor to say that this is a health emergency in the state, particularly when you look at our youth, the highest cause of death is suicide and and um, loss, losing their lives with gun violence in this nation, too many veterans, people that have served this nation and come home and are homeless, we do a lot to intake them into the military, and don't do a lot once they're going out um, and the aging population, and we haven't even begun to talk about um, the other minority groups within the states um, that are taking their lives. That's one of the things that I've been very enthused and proud of Kevin doing, is reaching out and bringing people together that perhaps haven't been together in the past, whether it's our faith based community, um, the Health and Human Services community, ah, others that can rally together. Here in Wayne County, um, we have great work that's going on ah, with growthworks that's pulling together the school districts, ah across this community um, to reach out and bring people together, um, because we can't do it alone. Whether you're an individual struggling ah, with a mental health substance use issue, um, or a family or a community, we all need to rally together to meet the needs of our, of our people that are struggling.

**Beth Santer 13:28**

I think what you're referring to is the Suicide Prevention Coalition with growthworks and that the districts?

**Tom Watkins 13:34**

Yeah, and you know, I mean, imagine that. I mean here in this community, but imagine that taking place across the county, the city, the state and the nation. Um, if we had this kind of loss of life in any other area, there'd be a lot more focus and attention than...than I see happening now.

**Beth Santer 13:54**

Okay, this question is for either one of you, or both of you, are there misconceptions about suicide or mental health that you find yourself addressing often, or how can communities begin to shift those narratives?

**Kevin Fischer 14:07**

So I'll start with the list. We don't have enough time to get into all of it, but I'll start here. Um, you know, one of the things, one of the myths, is that mental illness is a choice, or it's a.. it is a lack of character or faith and I'll...

**Tom Watkins** 14:25

...and hold yourself by your book straps, right? Yeah, get over it.

**Kevin Fischer** 14:29

Mental illness is a medical diagnosis. We have to understand that, just like heart disease and hypertension, it's a medical diagnosis that requires a medical response. Um, we have to de-stigmatize it and stop making people feel like it's their fault or their choice. In the history of the world, I don't think there's been one individual who woke up one day and said, You know what, I want to live with a mental illness. I want to be marginalized by society. I want to be kicked around and looked down upon. I don't think that's ever happened. So we need to move past that. We need to normalize the conversation the community needs to come together and understand the benefit to the entire community of making people aware of behavioral health care resources, encouraging them to seek them out, but also making access as easy as possible ah, for people to be able to engage in behavioral health care help. Um, there's so much more we need to do. I would also call upon parents to listen to your children. Um, you know, we're sitting here, and we're talking about school age kids One of the things that I've learned in the 10 plus years, um, in my work in advocacy is that young people are very engaged in this conversation. They are very open to having this conversation. I spend a lot of time in junior and senior high schools, on college campuses, and young people will disclose, yes, either I've been diagnosed or I suspect I live with a mental health condition. Um, I need treatment. I've been in treatment. I have a therapist. I take medication. I'm a survivor of a suicide attempt. They will have those conversations. But the number one, when I ask young people, what we adults are missing, what we professionals are missing repeatedly, one of the most common responses I receive is, how do we get our parents engaged in this conversation? I try to tell my parent that I have a mental health concern and with no malice, parents push away and they said, "Oh, you're just being dramatic. You just had a bad day. It'll be okay tomorrow". I had one young lady tell me that she knew she had a mental health um...issue for many years. She was in the 10th grade when she was going to bed one night, and she told her mom, I need to talk to somebody, I'm having bad thoughts. And her mom told her, hugged her and said, "You'll be okay. We'll talk about it tomorrow." And she said she wouldn't let go of her mom and said, I might not be here tomorrow. And that's what it took for her mother to listen to her. Now she was in the 10th grade when that happened. When I met her, she was a graduating senior, and she was so proud of herself. She said, My mom got me into treatment. I have a therapist, I take medication. I'm going off to college, and I've never felt better about myself. That's where we need to get to.

**Beth Santer** 17:34

So Tom, What about you? Any misconceptions?

**Tom Watkins** 17:38

I think, yeah, the issue is, is that with ah, support and treatment and help, recovery is possible. Um, that's a message that we need to be getting out there more and more. Um, but there's also some major policy issues that we need to be addressed as we talk about the individual. And Kevin can tell those stories because he lives them, um, personally and professionally, um, and they're very important that we speak out. But there's a debate going on right now at the state and it's been going on for the past 20 years of ah, what people call privatization of the public mental health system, and...and we've seen what privatization has done to education, a lot of promises, ah, not a lot of fulfillment. But it's even broader than privatization, because most of the mental health care in the state is provided by private nonprofits, whether they're hospitals or, ah, community based organizations. I call it the profitization of

the public mental health system, and when you make profit, ah, the...the, you know the motivator, you're going to have a diminishment of care, service, compassion um, that's going to go in, um, because profit always comes off the top. There's an old parable or proverb of a, of a scorpion and a frog, and goes very quickly that ah, the scorpion wanted a ride across the lake. And the frog says, Why would I do that? You'll sting me. And the scorpion says, Why would I do that? If we, if I sting you, we'll both drown. So the frog agrees to take him across the lake, and halfway across, he feels the pincher going into his side, and he says, "Why you do that?" "Why'd you do that?" He said, "It's my nature". When you make profit the motive, then profit is going to become, the nature.

**Beth Santer 19:39**

Hm, so both of you do such a great job in terms of talking about prevention, but prevention requires a network of supports, and you've kind of alluded to that, families, schools, healthcare systems and communities. Where do you think we need to strengthen the connections the most? That's for either one of you.

**Tom Watkins 20:00**

I think that one of the things we need to do is realize we can't do it alone as an individual. Ah, we can't do it alone as a family, and that we need to really rally uh, around again, the work with the school districts are doing here in Wayne County, with Growthworks, ah, where you have the nonprofit ah, agency that's been around for a half a century, ah, working with local schools, not working on but working in a collaborative manner, um, you see very positive things happen. Ah, when people get into... in the health and human service field and education, when they get into turf wars, and it's my bailiwick and who's in charge, and the like, uh then you see service falter uh, because of that. So any way that we can get people to collaborate and cooperate um, around the individual uh, need, I think we see a greater level of success.

**Kevin Fischer 20:55**

Yeah, and I would agree with Tom, it's about collaboration, because there's no one entity that can solve or meet this need anyway. Um, and so it is bringing the schools, the businesses, the places of worship, um, sports teams, all of that stuff, bringing everybody together to again, recognize that it truly does take a community. I am very collaborative oriented. Um, when I first came to this work in advocacy, even in those in our provider agencies, there were so many silos. There were providers that wouldn't even talk to each other because they considered themselves competitors. I'm really proud to say that I've seen significant movement and change in that, but there's still so much more we need to do. Um, it has to become a part of our culture. Um, mental health care needs to become a part of our culture. And in saying that, we need to recognize that we all have mental health, we don't all have mental illness. Mental illness is a medical diagnosis, and I like to make that point, because I don't want the need for mental...for care for people who live with mental illness to get watered down. Um, we need to recognize the difference, but also, in doing so, encourage people who need mental health care to seek it and support them as they go along their journey, and for people who've not been diagnosed, um, let's make sure we're making every effort to protect our mental health.

**Tom Watkins 22:34**

The other piece that I would add to that is... is that too oftentimes, we get complacent. You know, at one time, uh, if somebody was diagnosed with depression, uh, schizophrenia, they were sent off to a state hospital, and that's where they'd live out their lives. Um, I had the experience back in the 70s to attend, to go to the thing, it was a Menninger Museum of mental health, and I saw some things that you know were frightening because I used to bolt people, chain them to the wall. He used to pick them up with a pulley and drop them in ice cold water. There were lobotomies that were provided. Um, we moved from large institutions to more community based care, and people start breaking their arms

patting themselves on the back that we went from large state institutions. I challenge all of us to think about what we're doing today that we think is state of the art, and think 20 years out that people may say, can you believe they thought it was okay for people to live six people to a house, um, that were unrelated and didn't choose to live together? Um, we can't be satisfied, um, with even the good things that we're doing, whether it's a sort of community treatment or emergency programs. We need to continue to work, to innovate, to change, um, to stay up with the times, using technology AI and the future um, is something that we need to be looking at to really meet the needs of human beings, because this is not somebody else. It's not those people. Mental illness is about our mothers, our fathers, our sisters, our brothers, our sons, our daughters. It impacts us all, and we need to act as though the service we're providing is something that somebody we love deeply is going to need, because more than likely it's coming to you too,

**Beth Santer 24:30**

Hm, and that really touches the...the surface of what my next question would have been, which is a little conceptual. So if you can close your eyes and if you could see one big societal change coming over the next decade, what would be the approach to suicide prevention that you'd like to see?

**Kevin Fischer 24:50**

Well, if I can, I'm gonna go back for just a second. I want to add something Tom to what Tom just said, I have the privilege of working with the um, the Michigan Department of Health and Human Services Director Elizabeth Hertel, and I was in a round table with her a couple years ago in West Michigan, and she made a comment that resonated with me, and I challenge us all to make that a reality. And it was, we are charged with the responsibility of building a behavioral health care system of the future. Not be complacent, as Tom mentioned. Don't just be comfortable where we are, but do that for the future. And so when I respond to the question you just asked, if I close my eyes and could wish that's where I would like for us to be, is build a system of the future that was inviting, engaging, inclusive, ah, where we truly meet people where they are, because we say that, but we don't do it. Um, because of stigma. Mental illness affects different cultures, communities very differently, um, whether we're talking about young people or older people. Um, I engage a lot with law enforcement, the stigma is all very different. So when we say we're going to meet people where they are, we have to truly do that. But I want to, at the end of the day, if I could wave my magic wand, it would be to say, we build a behavioral health care system that encourages people to seek the treatment that they need, and then I'm going to steal Tom's line again about the sweet spot that when a person is ready, because you can't make people we can wish it for them all we want, but when a person is ready, then we have the resources available to support them that is inclusive of what they envision their life to be. We use terms like self determination, um, and um, those are those are issues that are really important, that allow us to realize John F Kennedy's dream uh, of the last piece of major legislation he signed in 1963 was the Community Mental Health Act of 1963 because of how his sister was treated. I want to see us fulfill that promise or that vision of his.

**Beth Santer 27:14**

So I know Tom has mentioned, um, growthworks is a nonprofit that does a lot of work with schools, but I know Kevin, you've also done a lot of work with Hegira, which is also a nonprofit that has supported schools. Um, and a lot of what you were talking about is also what I've heard Hegira talking about in terms of what they see the future of mental health care. Um, for those listening, whether educators, parents or community members, what's one immediate action they can take to support suicide prevention and awareness in their own circles?

**Kevin Fischer 27:50**

This will sound a little redundant. Talk about it. We need to talk about it. We need to and it needs to become the...a part of the fabric of the culture on every school campus, whether it's junior or senior high, college campus. Mental health care and suicide prevention needs to become a part of part of the fabric of the culture there, because the more we talk about it, contrary to popular belief, the more we prevent it. It doesn't... having the conversation doesn't lead to I've had a lot of administrators say, "well, you're going to plant the seed, and kids are going to it might lead to an increase in death by suicide." It's actually the reverse. The more we talk about and the more we educate and make people understand the resources that available. We believe, the more we can prevent.

**Tom Watkins** 28:41

It's talking and listening. Um, we need to listen, particularly when it relates to our young people. Um, they'll tell you, if you listen. Um, the one that you see and hear at the airport all the time, if you see something, say something. Um, if you know somebody, whether it's at your school, ah, your place of worship, ah,...at supermarket, you see somebody struggling, um, reach out, see if they can need it. Small things we can do is, be kind. Smile for goodness sake. Um, treat people with the respect that they deserve. Um, if we do these small acts, they can have a..a big outcome. But we also need our policy leaders to step up to the plate and realize that we have a health crisis um, when it relates to people making the choice to take their own life. Um, and the one I think that we should talk about is the, make sure I get it right. Is it 998?

**Kevin Fischer:** 29:51

988,

**Tom Watkins:** 29:52

Thank you, Kevin, I knew I'd probably reverse. It's my reversing numbers there. But you know, there's a place you can call, 24 Hours a day, seven days a week. Um, and the one line that ...I that I like to leave people with is that, if you really believe that today is the worst day of your life by definition, tomorrow can be better if you reach out uh, to ask your family members or professional call um, a crisis hotline. Um, talk with the people in your faith based community. Um, don't suffer in silence. Reach out-people do care.

**Beth Santer** 30:32

Yeah, very powerful...thank you. Before we end, Kevin, um, I know you have a couple of Nami Walks that are coming up. You want to tell us a little bit about that?

**Kevin Fischer** 30:41

Yes, um, we have ah, NAMI walks is the nation's largest mental health awareness events with there are more than 100 of them across the country. Uh, it's all about raising awareness, but also we raise funds to support our local affiliates that provide outstanding education and support in every community we serve in Michigan. I think we touch over 86% of the state's population with education pro..., um, education support programs and advocacy at no cost. Um, our first one is going to be September 20 on the campus of the University of Detroit, Mercy right at McNichols and Puritan I think it is, 10 o'clock. Come down and join us. Uh, we will host another the following week, September 27 in Grand Rapids at Davenport University. Um, great way to get engaged with the mental health movement. Learn what provider resources are available in your community. But just come down and have a good time and support people who are living with mental illness. And, you have no idea how much it means to a person who lives with mental illness to be surrounded by people who support them. So I don't care if you donate, come out and support people. You might say well I...

**Tom Watkins** 31:59

Kevin, if you do care to donate. How would somebody reach out and donate to NAMI?

**Kevin Fischer** 32:04

(laughs) So thank you for correcting me on that so you can donate to the NAMI Michigan walks at Nami walks one word.org, so Nami walks.org/michigan and you can donate. And we do encourage people to donate. I just tend to...I'm more...I'm so focused on what we do, the impact we can have in the community. But fundraising is, and should be, one of my goals.

**Beth Santer** 32:32

So this has truly been an honor for me to talk to both of you. Your voices and leadership are essential as we work together to break down stigma, support those in need and bring attention to the critical issues that are out there regarding mental health. So, I and the RESA community, we want to thank Kevin Fisher and Tom Watkins for sharing all of their insight and for being with us today. Thanks to all of our listeners. We hope you join us again for the Wayne Resa Round Table podcast. Thanks for being here.

**Tom Watkins** 32:58

And thank you and RESA for what you're doing, it's important.

**Beth Santer** 33:02

Thank you.