

8. Prioritizing YOU- taking a leave of absence (Feat. Ali Gold)

Emily: [00:00:00] Welcome back to Stay Tuned, supporting Transition Age Youth. This podcast is brought to you by the Transitions to Adulthood Center for Research at UMass Chan Medical School Department of Psychiatry, and in partnership with our research sponsor at the National Institute for Disability Independent Living and Rehabilitation Research.

I'm your co-host, Emily.

Mei: And I'm your co-host Mei, and today we have a very, very special guest. Our guest of honor today is Ali Gold. Ali and I go way back. So she was actually my old supervisor at my favorite internship . Well a practicum.

In my senior year we worked on a research study together and Ali is the statewide youth and young adult peer coordinator. Today we're mostly gonna be [00:01:00] talking about what it's like taking a leave of absence from work or a medical leave of absence, kind of talking about the stuff no one really talks about, so, like you know, how do you navigate that with coworkers?

, how do you navigate that conversation of where was I? Like, what, what have I been up to? And then also, we're gonna get into Ali's experience with Electroconvulsive Therapy, also known as E C T. So how was your morning Ali?

Ali: My morning was okay so far. Yeah, it was pretty good. Had emails to send.

Mei: How about you, Emily?

Emily: Mine is pretty good. It's like sunny here today, but it's gonna get super cold, like negative five or something tonight, so I'm not excited for that. How was your morning

Mei?

Mei: My morning was good. I've been- [00:02:00] I don't know who cares about this. Um, if anyone listening, actually Ali cares. She raised her hand.

Emily just raised her hand too.

Emily: I care.

Mei: Um, but I've been having this like hyper fixation food recently. I cannot stop eating- I've been calling them breakfast quesadillas. It's literally I throw a tortilla in a pan. And I sprinkle on some cheese, doesn't matter what kind. And I crack an egg straight on top of it and um, I just flip it over and I fold it in half.

And I, I call that a breakfast quesadilla, but I can't stop eating it. I've ate it for the last four meals straight, really getting in all my nutrients. Um,

Emily: that sounds good. You need your eggs. You can't have your breakfast quesadilla with out eggs with you.

Mei: Well, yeah. This is why I'm out of eggs. Exactly. So that was my morning.

Yeah. Breakfast quesadilla, out of eggs. Sad about it. Um, and now we're here. Oh. And answering emails and other things at work, but [00:03:00] those are boring. The breakfast quesadilla is the most interesting thing, right?

Emily: That's the highlight of your morning so far.

Mei: It honestly was.

Emily: I have bagels from Trader Joe's right now and that's the highlight of my morning, so,

Mei: oh yeah.

Emily: I really understand.

Mei: I'm definitely gonna get sick of these breakfast quesadillas very soon, I can already tell you. But speaking of getting sick, Ali, as a state employee , you're entitled to three months of family and medical leave without being fired. So that's eight weeks paid in Massachusetts, and then federal is unpaid for three months.

However, typically people end up using their accrued sick or vacation time, like I know that's what I do. So were you gone long enough that you had to do this?

Ali: Yeah, yeah, I was. So I had to take sick and vacation time off. And then I also had to take family and medical leave [00:04:00] as well.

Mei: How did you go about having those conversations, like bringing up the fact that you would need to take a significant chunk of time off?

Ali: Yeah, so in the beginning, I wasn't sure exactly how much time I would need off, so I kind of started by just taking off sick time and vacation time and just kind of

doing what I needed to do. But eventually I started when I was out for longer. I started having conversations, um, with, with my, my supervisor who was super supportive with everything going on, and I feel really grateful that I had colleagues who were really supportive and understanding, and so I started having those conversations about taking more time off.

And I had colleagues that were, and my [00:05:00] supervisor who's really helpful in navigating some of those conversations with human resources and, um, the people who are in charge of kind of the family and medical leave. So I started having those conversations with, people, and I had a lot of support with that.

So I feel really grateful because I had people who helped me kind of navigate some of those conversations and eventually kind of crossed that bridge when, when I got there.

Mei: I've known you for a good amount of time and worked with you and I've known like you're really close with your supervisors and colleagues and you know, being

a little newer to the workforce than you, I always wondered like, how did you cultivate that relationship with your supervisor to feel, you know, close enough to be so open? Cuz I know you're like relatively open about when you need time off, that sort of thing.

Ali: Yeah, I mean, I think part of that is.

[00:06:00] I think my personality a little bit, I tend to be someone who is more open, so I wanna just recognize that cuz I know not everyone feels as comfortable being as open about certain things. So, um, I think I tend to be a more open person. But I think I wanna recognize the nature of my job.

Um, in my position, I am someone who has lived in living experience of navigating mental health, whether it be challenges or experiences, and so, I think in some way that's a privilege because I'm able to have some of those

conversations a bit more openly than, than maybe some people might feel comfortable doing in some of their jobs.

Um, but I think how I cultivated those relationships is I had really supportive people supervisors and colleagues who were really open and, um, really [00:07:00] embracing of some of, some of my past and some of my story and really created that space that I felt comfortable enough to share. So it's, it's kind of a combination because some of it definitely was a little bit on my part of, of having, I guess, a little bit of courage to have some of those more difficult conversations about, especially, mental health and some of those maybe less talked about topics, but also some of it, I wanna recognize them for being really just kind in embracing people and creating those spaces that I felt comfortable enough to share.

Emily: That's great that they're so supportive. Um, and I'm sure it helps that you work at DMH too, cuz you know, I know at UMass, like we're pretty good about making sure that people take care of their mental health and everything. Do you have any like, advice for someone who might be working [00:08:00] somewhere where it's not quite as easy for them to disclose this sort of stuff or like go to their supervisor?

Ali: That's a really good question. If it's about taking time off and it's like talking to someone, like a supervisor and the conversation needs to happen at some point, I think it's a little different than like, oh, are you thinking of sharing? Just because you think it would open up discussion with this person and you both could connect about this topic.

Like I think it's a little different if it's a conversation that needs to happen and it's something you don't wanna do versus something that you're, you know what I mean?

Emily: Cause like if you have to, you know, take a certain amount of time off and like you're getting like a certain type of treatment, like what you did rather than like, if you're just sort of disclosing about your mental health in general, then I guess it would make sense to like go about both of those [00:09:00] a little bit differently.

Mei: Part of me wants to just blame the corporate side of things. I think we're so fortunate to work in mental health where, you know, it'd be kind of crazy if you weren't understanding if your employee were to come to you and be like, "hey, I need to take time off, like for my mental health". But like you were saying in

other, fields, their priority definitely is not caring for their employees but making money.

Emily: Right. And it is definitely different if it's not corporate and like, or you know, if it's not in mental health, cuz like I know if I needed to take a significant amount of time off, like for this job, it would probably be a little bit easier. But if it was for like my restaurant job, like I would probably honestly either.

You know, depending on how long I was gone, either eventually like be fired or I would have to like think about just quitting upfront because you [00:10:00] know, that's definitely not like the reality if you work in like the service industry, like you're very replaceable. Oh yeah. And they really do just care about like, you know, making money and making sure that they have employees they need at that moment.

So yeah, it's definitely a lot different depending on where you work.

Mei: I'm sure the amount of stigma you would face too.

Emily: Right.

Mei: Who knows what, what your boss is thinking in the back, in the back of their head. So that's a scary thing as well. So yeah, we know that you ended up taking time off to receive a new treatment for you. Um, and I know you said it was very, very effective. We were hoping you would share your story with us if, that's something you're comfortable with.

Ali: Yeah. Yeah. I, so growing up I was a kid who I always, from the outside looked like I kind of had it all together. Like I, [00:11:00] I played sports and, was always kind of doing well in school.

Like school wasn't as, uh, too much of a struggle for me and, um, Was close with my friends. So from like from the outside, things kind of looked like they were fine, and meanwhile, under the surface they weren't. So it was kind of in my sophomore year of high school a little bit that I really started struggling with anxiety and panic attacks and O C D.

And later what I would find out to be bipolar disorder. But I didn't know at the time, and I was also struggling with self-harm. And so from the outside I kind of still looked like I was doing okay, but underneath the surface I really wasn't.

And so. Eventually [00:12:00] people did find out, and I started to be a bit more open about some of my experiences and it became a bit harder to hide honestly.

And so people found out and I started eventually receiving treatment for some of these things that I was struggling with. So I finally started seeing therapists and a psychiatrist. And, um, at one point too, it became a bit unmanageable for me to kind of contain at that point. And I did end up going into some treatment, um, in hospital settings when I was in high school to manage some of my emotions and some of the things I was struggling with.

And so I ended up being very privileged to get the support and the, the help that I [00:13:00] needed. But it took a little bit of time and it took a little bit of trial and error to figure out exactly what kind of help I was looking for. And so I ended up getting the help I needed, and I.

Kind of ended up taking a non-traditional, whatever that means. Right? A non-traditional journey in high school. And I ended up actually doing City Year, Boston, which is an AmeriCorps program. So I took a gap year and so I ended up working in an InnerCity school in, um, inner city Boston. And I ended up loving it.

And I did that. And I worked and I gained a, a ton of new skills and learned a lot about myself and learned a lot about just the world. And I did that AmeriCorps program and then I ended up, while I was in that program, applying to college. So I applied to [00:14:00] college and I ended up doing a year at Trinity College in Hartford, Connecticut.

And while I was at Trinity College, um, I was gonna play lacrosse and I decided not to within the first semester, and I decided not to play lacrosse and I ended up kind of having. Some difficulties. That was gonna be my core friend group. Um, and I was really close with the, with the lacrosse girls. And that was also kind of what I was doing for my fitness.

And when I decided not to play, it kind of threw a, a curve ball in some of my college experience and I ended up actually beginning to really struggle again. Uh, my anxiety really picked up in [00:15:00] O C D and different things, and I actually developed an eating disorder when I was at Trinity and that became really kind of out of control and unmanageable.

And, um, again, I didn't really see it coming and then it just kind of, Popped up and it was, I think, the perfect storm of events, um, with just deciding not to play lacrosse and then not having as much structure anymore. And so I kind of,

so working out and controlling the things that I could control in my life became that structure and became what kind of started consuming me in my.

So I developed an eating disorder and after that year at Trinity College, I ended up actually. Doing more treatment, um, for [00:16:00] the eating disorder specifically in managing that, and I ended up getting more support in treatment and eventually I kind of made my way working through that and took some time off and kind of figured out how to get back.

Track for, for me. Um, and I ended up eventually after I took time off, I ended up. Transferring colleges and going to Boston University. So I ended up going to BU. And I am so grateful for that because I ended up loving the experience and

I ended up, um, going to BU and majoring in health science and I was in Sargent College there, Halla, [00:17:00] Mei Hallah, and I ended up, um, and yeah, I ended up at BU and then kind of figuring out my path and figuring it out as, as I went. Um, And so I ended up, yeah, at BU and while I was at BU I got involved with some mental health advocacy work.

Um, Like this is my brave and some other really cool organizations. Um, I started working as, at one point while I was still in school, I ended up working as a mental health specialist at a children's hospital, um, where I was actually a patient when I, or actually I don't even like to say the word patient.

I was gonna say where I was a person who received services [00:18:00] when I was younger, and I also started working as a young adult peer mentor for my practicum, Mei mentioned her practicum. In my practicum, I worked as a young adult peer mentor. At that same, um, children's hospital in their adolescent unit. So it was cool to be able to be on the other side in supporting young people and working and being able to really utilize and that kind of set the stage for the work I'm doing now.

It was really cool and really meaningful to be able to set the stage. To have that lived experience and that living experience and be able to really connect with young people on that deeper level of being like, I may not know exactly what you're going through. This is, this is actually a quote, I didn't make this quote up.[00:19:00]

Um, this was a quote that actually I'm debating if I share it because I don't know the author of the quote and I don't wanna plagiarize.

Mei: That's fair. We had like two minutes of wondering if we were plagiarizing in our last episode.

Ali: The struggle's real.

Mei: I don't wanna go to jail.

Ali: Yeah. Not today. But anyways, so it was really cool and meaningful to be able to connect with some of those young people on a deeper level. And be able to be like, I, I can relate to some capacity what you're going through, and I, I don't know exactly what you're going through.

Only you do, but I can relate to some extent like what, what it must feel like or be like, so, anyways, so I was working, I was at [00:20:00] BU and I was working, I was doing mental health advocacy work. I was working as a young adult peer mentor and a mental health specialist. Um, and eventually I ended up graduating from BU and, um, ended up finding my way to this position that I'm in now.

It, I mean, there was a, there was a few, you know, pivots along the way, but, but overall, I, I got to this place and I'm really grateful for it and I've met a lot of really cool people. Um, and it's really special to be able to work in a field where I can be open about, my lived experience and living experience and like part of why I do this work is because of that [00:21:00] experience.

And so it's just really special to be able to be in a place where I can just really utilize some of those, what were challenges at the time, but have become things that I've worked through . And then there have been some hiccups along the way, as you know, because I took time off recently for work and um, it was because I had a manic episode and so I ended up needing to take some time off so I could kind of focus on my mental health and heal and do the things I needed to do to take care of myself. And that involved sharing with some people like that we, we have talked about in who I work with, who know, um, who, who have been really supportive and helpful [00:22:00] and helps me navigate some of those next steps with human resources and, um, taking time off and leave and all of those different challenges. So I've, I've had some people who helped me navigate those steps and I ended up taking some time off in the hospital and that was a little bit ago. I have taken time. For a few different times.

With, with this job, again, I feel really privileged that part of my job is being a person with lived in living experience because it allows me to like have my

living experience. I've, had a few pivots along the journey where I've had to take some time off and then I've come back and I've taken some time off and come back.

But this most recent [00:23:00] experience that you are referring to is when I started, um, a new treatment approach. And actually, I should say I started, I tried Ketamine first. Um, I don't know if you've heard of Ketamine, but that's like another novel treatment approach. And I ended up transitioning to thinking that E C T might actually be something that might work a little better for me.

So I ended up taking time off. I was in the hospital, I was focusing on myself, my mental health and doing the things I needed to do to take care of myself. And I ended up, while I was in the hospital, um, starting E C T and I can't believe it's taken this long for me to start E C T and I, I should [00:24:00] say, I'm not an expert.

I'm not a professional. This is only my personal experience, so I have no idea how this experience, how it works for other people except I, I know other people who have done E C T who have found it very effective. Um, and I only know people who have found it very helpful. I can't speak for any listeners or people on this podcast who I have no idea.

Mei: Um, do you wanna take a second to explain what E C T is?

Ali: Sure, I'll try. Give it your best shot. So I actually have a little like, handout here of what it is. So first of all, I just wanna say that E C T, I think like a lot of movies and TV shows do not provide an accurate depiction of E C T. I think a lot of people see it and they see it and it's very, [00:25:00] um, I mean, intense.

It, it's not that it's not intense, but people depict it in a very, almost like violent way sometimes. Like it's a very, like extreme in that way and it's, I don't wanna sit here and say like, oh, it's super safe, but. My experience has been, it's always been very safe. Mm-hmm. Um, and, and not painful in any way for me.

My experience has always been very pleasant with E C T. So I just, I just wanna share that because I think a lot of movies and TV shows don't depict it in that way. So I just wanna share I think there's a lot of misconceptions in, the world about E C T, um, from I think some of [00:26:00] how it used to be, and I think like how it used to be I wanna acknowledge that, you know, we've come a long way and we still have a long way to go, but we've come a long way in kind of this whole mental health world that we live in. But anyways, so I just wanted to

share that. Yeah. But E C T is, from my understanding, from my understanding, the person undergoing E C T will receive anesthesia.

And so I always get like, you know, anesthesia whenever I go in, so they don't feel any pain or anything. And, you go in and they actually produce, like, I think it's like a modified seizure, and they think that it kind of resets some of almost like the chemicals in your brain in [00:27:00] a, in a way that some medication does.

They don't know exactly how ECT works, but the current theory is that it changes the amount of chemicals in the brain.

Mei: Interesting.

Ali: So yeah. And E C T, like it took so long for me to try it because I have tried so many different meds throughout my journey and I've had a lot of side effects from meds too.

And so like and E C T is kind of known to potentially be helpful for people who have tried a lot of meds and tried a lot of different treatment approaches and have a lot of side effects from meds and stuff like that, so it just, I can't believe it took so long for me to actually try it, but I have had over 20 appointments, I wanna say probably over 25 at this point. Where [00:28:00] I go they're the most kind, friendliest, most wonderful people. Like at this point I go in and I feel like a celebrity because they're like, like a song. Cause I've been going for so long. But they're just so wonderful and it's honestly like a pleasant experience. Mm-hmm. And so, you, you kind of rest and recover after, and there's like a recovery lounge and so you have a snack and a drink or a coffee and you kind of hang out.

They just make sure that. You're good. You know, just induced a seizure. They wanna make sure that everything's okay and then you meet with a doctor and then you go on your way. I guess I, if I were to speak to listeners about E C T, I guess what I'd love to say is just if you've heard really [00:29:00] like violent or intense things in that way about E C T, just know that what you see on TV might.

Be true. Like,

Mei: yeah.

Ali: Just, just know that like there are people who do it, who have a very pleasant experience and, and it can be really helpful for some people and for me it happened to be extremely, extremely helpful and I'm so grateful that I tried it and that, um, my, my doctor and people in my life recommended trying it, and I just think that, I know it's changed a lot of people's lives and for the better. Just if, if you had this, like this idea of E C T being like this really aggressive thing, just know that that might not be, that might not be true.

Mei: Yeah. Well, I know the [00:30:00] depictions I've seen of E C T have been on shows, psychological thrillers, or even horror movies where they're depicting like 1950s style psychiatric wards and, you know, giving women lobotomies to fix their witch like tendencies and

you know, E C T was just shoved into that corner with all that stuff, and that's how I've seen it depicted in the media. And I think up until you told me about E C T, I had never really thought of it as a modern treatment method. Like this was truly the first I've heard of it. So thank you for sharing and I'm so happy you found something that really worked

for you.

Emily: Yeah. And I know historically, you know, Yeah, there, there's definitely a lot of stigma around it historically, and it wasn't always used in the most positive way. Right. Uh, which unfortunately is true for a lot of stuff in this field in like psychology. [00:31:00] But you know, with, as with everything else, it seems like it is definitely moving in a much more positive direction and like the modern version of it, you know, obviously, you know, like Ali, your story like this, this seems like it's doing a lot of good for a lot of people at this point. Um, so yeah, thank you for sharing that and for helping clear up that stigma too, because I know that, you know, like I, I also felt the same way. I've always seen it in TV shows and movies and like, it's always a very negative, very like violent sort of thing, but you know, it, it is a lot more modern now and it is more, I guess, handled with care really.

Mei: I know you said, you know, you've kind of had your ups and downs while working at this job and having to go back to inpatient at certain points in time. My question is, you know, when you do feel yourself spiraling, how do you get yourself out of it? Or like, what are your first steps?

Emily: Oh, how do you catch [00:32:00] it And like, do something about.

Or do you do something about it before? It's like quote on quote too late, I guess, you know?

Ali: Yeah. I mean, I think talking to people, like I try to be honest with people in my life, and so if that's like my treatment team or that's, um, Like one of my, like I'm really close with one of my colleagues who I talk to all the time, um, may, you might know who I'm talking about.

Um, and so like I talk to him all the time and like I, I'll be honest about how I'm doing and, um, so I think it, it's trying to be, be real about what's going on is, is how I [00:33:00] try to kind of catch it and, and like face it.

Mei: I guess the, the best way is to literally just face it and attack it head on cuz it's, it's not healthy to ignore your emotions and just like pretend they don't exist and then suddenly they attack you from behind.

That's not fun.

Ali: It sometimes feels easier to do that.

Mei: Oh yeah. And then you quickly realize, boy, was that a mistake. I think recognizing your successes too is so important and , You know, trying to remember that when you feel yourself getting to that place, remembering like, I've crawled out of it before, you know, may have lost a nail or two, but I, I got out.

Emily: Right. It's one of those things, it always feels like, it's like this is the end, like it's never gonna end. And then it does, and then it'll happen again. Probably. But like [00:34:00] you've got out of it before.

Mei: Just reminding yourself that you're still standing, you're successful, you've, you've gotten out before you can do it again.

And even like when you're in a good place, looking back at your successes, that feels really good. I think the whole point of this podcast is recognizing that you can have a mental health condition, but also meet your goals and work towards your goals and still work towards your version of success, um, whatever that looks like for you.

And, you know, it's certainly not easy having these struggles and keeping a full-time job, but here we are, doing it,

Emily: doing it.

Mei: Ali, threw up her peace sign.

Emily: You were talking about, you know, like how you have all the support at work. Um, Which I guess sort of [00:35:00] brings us into one of our questions cuz we were wondering, like, and I know you said you were surprised that it took you so long to even realize that E C T was an option or like, you know, taking, taking your leave of absence and like, we were just wondering, you know, like how did you realize that was an option for you and like, How did you find the help that you needed?

Um, you know, like were you referred by like a therapist or was it through like inpatient or how did you go about like figuring out that this was an option for you?

Ali: Um, like E C T specifically?

Emily: Yeah.

Ali: Yeah. Um, So it was something that when I was still outpatient had talked about with, in talking to my, my psychiatrist and, my team, I went to a place that had a neurotherapeutics program.

I went to a place that I knew that I [00:36:00] could do E C T. Um, If that's something that I wanted to do. So then by the time I got to the unit there, e c T was something I brought up. I that I wanted it to be an option. And so it was an option that, um, that I, I mentioned with my team there.

Mei: I see. So how did you find out about E C T?

Um, cuz it sounds like you found out about it independently.

Ali: Yeah, I. I am trying to think. I knew someone who had tried E C T and found it really effective. Um, so similarly, like I hadn't heard of it as being a more modern thing. It really took someone doing it to be like, oh yeah, like I actually have done E C T and it's been really helpful.

And I was like, what? [00:37:00] Like really? That's wild. That's so cool. So it took hearing it from someone.

Mei: I see. Okay. Word of mouth.

Ali: Word of mouth. I mean word of mouth, but also providers. I, I don't wanna just say word of mouth. It was, it was providers as well.

Mei: No, that, I mean, that makes sense. Yeah.

Yeah. I'm also curious, so after you have a session, what um, symptoms do you feel

Ali: like, what do, what does it feel like?

Mei: Yeah, cuz we've mentioned so many positives of it and how it helped you so much and like, I'm curious, what side effects do you, do you feel after a session or receiving E C T.

Ali: Yeah. Yeah. Um, so after I have an E C T session, I will just feel like a little tired. Like it might be harder for me to kind [00:38:00] of get my thoughts together, like just in terms of like, It might be harder for me to remember something especially if it just happened right before, um, right before I had the treatment.

But like it, I just might be a little tired. I'm not an expert, so I'm just speaking from personal experience of myself and of talking to people. Mm-hmm. The most common side effects are short-term memory effects that are, that are temporary.

Emily: I know you said like you're, you know, coworkers and supervisors and everyone were really supportive.

I'm curious what types of reactions you tend to get, or even just like reactions from taking a leave of absence from work. Like what do you usually have more like positive or like more negative reactions? Or do people like have a lot of questions? Do they seem kind of [00:39:00] judgmental? Like how is that for you?

Ali: That's a good question. Um, I feel like I don't always get a lot of questions because people, I feel like where I work, people kind of know like not to necessarily pry with a lot of questions, so I feel like usually I get positive reactions. By positive I mean like friendly and understanding and flexible and mm-hmm.

Like non-judgmental, which which is very much I think the people I work with, but where I work because I think not everyone would maybe have the luxury of having non-judgmental reactions from coworkers. So I think part of that is because of just the, [00:40:00] the nature of where I, where I work and what, and like what my job is.

Mei: Right.

Ali: Um, but yeah, so I think I usually tend to get pretty positive reactions.

Mei: I wonder, Like what reactions would my friends be met with if they had to have a similar thing happen to them?

Emily: Right. Or like what reactions would you get from like your family or even just like from your friends or you know, people that you know outside of work.

I'm sure it could differ a lot depending on like the context.

Mei: I think in general, it's always interesting when you meet a new person that could be a potential friend. Um, How do you like navigating those conversations of how much do you wanna share with this person? Kind of gauging where they sit on the spectrum of understanding to like not understanding, [00:41:00]

Emily: right?

Yeah. And then like the same with this, like, do I just wanna say I took leave of absence or do I wanna. Say it was like mental health related, or do I wanna say like, I, you know, did this treatment. Like there are different levels of what you might be comfortable disclosing depending on, you know, who you're talking to.

Right. Well those really, that's great that you had like mostly positive, uh, reactions from people. Um, and I guess I'm wondering you. Like, after taking a leave of absence from work, what was it like coming back and like the readjustment process and you know, talking to your coworkers or your supervisor, um, you know, like were they, were they helpful to you and like, did they support you in any way or was it kind of like awkward or like, what was that whole experience like just coming back after leave of absence?

Ali: Yeah, [00:42:00] it was, it was tricky in some ways. Um, but part of that I think is also because I, I tend to have, uh, perfectionistic tendencies. So my tendency when I, when I got back, I was like, I need to catch up on everything. And I feel grateful that I had colleagues who were. You don't need to catch up on everything and you can delete some of the emails that were really old that you don't need to, like you can ignore.

Um, so I think it was, it was challenging coming back because I, there was a lot to do, but it was also. Like I, I had a lot of [00:43:00] support from colleagues. So that was, that was really helpful to have. And, I'll say too, like I had colleagues who helped me navigate, so with taking a leave of absence and, and having the absences from work and stuff, there were some people like, like HR and different people to contact.

And they were really helpful, as in my colleagues were really helpful with navigating some of those conversations and navigating, kind of talking to some of those people about, okay, what? What was I taking off? How do I navigate taking that time off? What do I need to make up versus what would be okay with me not necessarily making up that work.[00:44:00]

Emily: Yeah. That's great. Did you have any, stuff that was like taken off your plate, like once you got back or maybe like when you were gone, did you have, did any of your coworkers like take on a little bit of extra work, like to help you out?

Or how did that, how did you go

Ali: about doing that? Yes, yes. There were definitely things without like naming a whole bunch of things, there were definitely tasks that were taken off my plate that were helpful. So whether it be, um, Emails that I didn't necessarily need to get back to right away. Or there were meetings that were postponed or held off, or there were different deliverables that were able to wait a little bit longer, and I.

Had conversations with my colleagues about what some of those things [00:45:00] were, so I got to really kind of talk to them so they knew too, kind of that I was coming back and that there were some things that I might not get back to right away. And so there were definitely things that were taken off. Which was really helpful because if it were left up to me, I would've probably just done everything myself.

Emily: Yeah. It sounds like most of the pressure you were feeling was more internal, so it's good that, you know, externally you had a lot of support and people were really understanding.

Ali: Yes, very understanding.

Mei: I think it's interesting to compare what it's like coming back from a leave of absence when you're in school versus leave of absence, um, when you're in work, because I've only ever taken a leave of absence from school, and I'm wondering what differences do you notice or have you noticed?[00:46:00]

Ali: I think they're just different. I think they're different. I, I feel like with work I've had. The difference with my work leave of absence is like, for example with the, the emails and stuff, I had colleagues who are, who are more supportive of like, you don't need to get back to that email if it's, they said something along the lines of, if you got an email before the date of insert date here, then you can ignore it. I feel like, those kinds of offerings weren't necessarily offered in school.

Mei: No.

Ali: Yeah, no. Like it wasn't, like, there wasn't someone who was like, oh yeah, if it was like before this time, like you don't need to do it. Like, and I feel like with school, There were still [00:47:00] maybe some tasks that you didn't need to complete.

Like there were still maybe some things that it was like, okay, like you don't need to do this task, but it, it wasn't the same in my experience, it wasn't the same amount of like flexibility. With, with taking time off.

Mei: Right.

Ali: As as I've had with work, like I feel like people with work are like, this is a job and your health comes first.

Yeah. And so I feel like people kind of, say that and show that, which I appreciate. Whereas I didn't have that experience with school.

Mei: I mean, as a student, I guess in order to pass a class, you still have to do X amount of things. Even though, like in my experience too, they did take off certain things from my [00:48:00] plate, but they replaced it with maybe like a different, more digestible assignment instead.

Ali: Right.

Mei: So that's still something you have to do in order to pass the class, but it's not like they're just taking something away to like completely relieve the pressure and facilitate your transition back into things like, to make it easier, is that English? I don't know. Yeah. Um, but I know what you mean when you say like, it's just different cuz I think everyone approaches their job as it's just a job and your health should come first. Or maybe not everyone, I shouldn't say that...

Emily: ideally,

Mei: ideally.

Emily: That's ideally we could do. Yeah. Um, and it's interesting too, like I haven't taken a leave of absence from school or work, but I can totally see how they would be different and like, just thinking, cuz like, I'm, I'm still in school now just thinking about how like for most classes it's like, [00:49:00] I mean, I'm, I'm sure it's different if you take a leave of absence, but you know, it's like even the things where it's like listed in the syllabus, it'll be like, you can't miss more than two days of class, or you're gonna like drop a letter grade or whatever it is.

Like stuff like that. I feel like it already makes it so stressful, you know? And it just like adds on a lot of unnecessary stress. When you're already like going through so much. So I can only imagine like how difficult it would be to come back and like have to do all this makeup work to ensure that you still pass a class and like you can graduate and all that kind of stuff.

Mei: Yeah. And can I add most people are paying to be there. Like we're we're paying them and why are you being so mean? Like I get sick a lot more than two or three days per semester. That was always insane to me when a professor would have that on their syllabus of like, you can't miss more than X amount of days, or you're gonna get automatically a C in my class.

Emily: Yeah. I think every [00:50:00] class that I've had in undergrad and grad school has had. I mean, unless there's like a, a professor who's like specifically says like, you know, I know it says this, but like, yeah, I'm more lenient. But yeah, for the most part I think they, they stick to that.

Mei: I think like, obviously professors are people too.

If you were to go up to them and be like, hey, I have this mental health condition. I'm gonna probably need more days off than this. Like, most professors are pretty understanding. Although I have heard some horror stories from friends who, one of my friends developed a chronic neurological disease, which meant they would have to have transfusions, um, every couple weeks and be out for a good amount of time.

And they were wondering if they could do class virtually, and the professor literally said, no. There's no way to accommodate that, even though we had just come back from our online semester.

Ali: Wow.

Emily: Yeah. My school is currently, [00:51:00] like, they're like kind of cracking down on that right now too, cuz like we have had mostly, you know, for the past, like I, I guess couple semesters now, it's been like kind of hybrid. Um, but for this semester they. Made sure all the professors knew like if it's in person, it's only in person, and if it's online, then like whatever.

Well thank you so much for coming on, Ali.

It was really great to hear your story and I think you gave us a lot of great information about, you know, taking a leave of absence and prioritizing your mental health while you're working. So, Yeah. We really appreciate you coming on.

Ali: Thank you for having me. I really appreciate it. You two are wonderful people.

Emily: You're wonderful.

Mei: I'm, I'm your biggest fan, so if you would like to contact us, You can email us at stay_tuned@UMass_med.edu and check out the transitions ACR website, umas.med.edu/transitions. Acr, thanks for [00:52:00] being here and be sure to stay tuned for next time.