

"Hope to Heal" Symposium Speech

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Opening

Good everyone, everyone.

Let me begin by saying how deeply honored I am to be in the room with so many champions of behavioral health—providers, advocates, peer specialists, support staff, and fellow leaders.

We, assembled here, are the people behind the people.

We are the voices of reason in chaos, the calm in someone else's storm. And while our work may not always make headlines, we are often the last line of defense—and the first hand extended to pull someone from the edge.

This morning, I want to talk honestly about where we are, how we got here, and why—despite it all—I still believe we have *hope to heal*.

Sobering Realities

Let's begin with the reality in which we live.

In East Baton Rouge Parish alone, emergency department visits for mental health crises have climbed year after year. Opioid overdoses—most of which involve fentanyl—are trending downward, but remain the leading cause of death for adults under 50 in this country.

Suicide rates are climbing fastest among our youth, especially Black youth and LGBTQ+ youth, two groups historically underserved and under-acknowledged in national prevention strategies.

Louisiana ranks **49th** in access to mental health care. Forty-ninth. And yet, behavioral health professionals in this room continue to hold the line—through hurricanes, through COVID, through Medicaid unwinding and workforce shortages.

And nationally? One in five adults experience mental illness. One in 10 has a substance use disorder. Yet fewer than half receive treatment.

That's not a treatment gap. It's an abyss, and too many fall into it without being seen or heard.

We are not just battling pathology—we are battling poverty, policy, prisons, prejudice, and profit-driven systems that often fail the people who need us most.

Acknowledging the Toll on Providers

And let's tell the truth—our work takes a toll.

Burnout is real.

Compassion fatigue is real.

We don't just witness trauma—we absorb it.

This work doesn't just exhaust us, it empties us, quietly and relentlessly. It's not just the long hours or heavy caseloads, it's the soul-deep weariness that comes from carrying other people's pain. It's the cost of our compassion—whose Latin root *compati* means “to suffer with”.

We work in systems that reward productivity, not healing. We fill out forms instead of filling up people. We are asked to do more—with less—with no breaks—while smiling.

We preach self-care, and yet we skip our own therapy appointments. We champion wellness, while quietly unraveling ourselves.

Let's stop pretending we're okay when we're not.

Because the only way we can *heal others* is if we're honest about our own wounds.

Turning Towards Hope

And yet—here we are.

Still showing up. Still doing the work.

Why?

Because despite all we've seen—we *believe in people*.

We've seen the teenager who walked into our clinic in silence, now leading a peer support group.

We've seen the man who lost everything to addiction now running a sober living home.

We've seen families reuniting. We've seen formerly incarcerated individuals returning ready to contribute to our communities.

We've seen *transformation*.

THAT is our hope.

Hope is not a feeling. It is a *discipline*.

It's the decision we make every morning when we walk into a crisis center, a jail, a shelter, or a school—and say, *Let's try again today*.

Why We Still Believe

We have hope because we *know what works*:

- Trauma-informed care works.
- Peer support works.
- Medication-assisted treatment works.
- Culturally-responsive therapy works.
- Housing-first models work.
- Harm reduction works.

And more importantly—we *work*. You and I. Every provider, case manager, advocate, and specialist in this room.

Let's stop underestimating the value of just being there—week after week—when others cannot, when other CARE not, when other WILL not.

Hope is contagious. And our presence is the evidence.

Final Charge

So, what now?

We keep going. Not because it's easy, but because it's *essential*. Because people are not problems to be solved. They are *stories still being written*.

And you, my colleagues, are the scribes of redemption.

The storytellers behind every comeback. The reason so many people get a second chapter. In other words, we help people “flip the script”, and that matters!

As behavioral health professionals, we may not always see the fruit of our labor—but we are planting seeds of safety, dignity, and healing that will bear fruit long after we're gone.

Let's remind each other that *burnout is not failure*—it's a signal to listen.

Let's build systems that are *as kind to the providers* as we ask our providers to be to the clients.

Let's fight for policy that funds people, not just programs.

And above all—let's never forget that *healing is possible*, even when it's slow, even when it's messy, even when it's hard.

We *do* have hope to heal.

Not because things are perfect. But because *we refuse to give up*.

Colleagues, I want to say “Thank you!”

Thank you for your work.

Thank you for your heart.

Thank you for believing in the sacred work of healing—even when this cold, cruel world give you even reason not to.

Thank you for the kind of belief that bleeds, bends, and refuses to break.

And, thank you for carrying the light—through burnout, bureaucracy, and broken systems—because somewhere deep down, you know that healing is holy.