Linea Johnson knows what it is to live with mental health conditions, but it wasn’t until she sought out volunteer and internship opportunities abroad that she discovered how varied life with a mental health condition can be in other parts of the world.

Most recently, she spent a week in Kerala, India, observing a local community mental health team, which was coordinated through Linea’s mental health advocacy mentor.

“I had never been to a developing nation before, and I went in with my American mindset that perhaps there was something that I could teach them. Perhaps there was, but I learned so much from them.”

She noticed how members of the mental health team were creating wraparound services, in which community members support one another and lessen the stigma about people with mental health disabilities. Since there are so few psychiatrists and trained mental health workers in India, non-profits are training lay people to assess their peers’ mental health and, through weekly check-ins, their general well-being: Is their roof leaking? Are they getting along with their family? Do they have a job?

“It was beautiful to see and a little disheartening that we aren’t doing that more in the United States – we just rely on medication, and we don’t have anyone checking in regularly to see that they are doing okay. In every presentation I give, I talk about it now; I try to spread the message as much as possible.”

Linea creates her own support system when preparing for independent travel. She requests a prescription and a note stating the need for her medications from her psychiatrist to bring with her medications, arranges for sleeping pills and a regulated medication schedule on her flights, packs snacks or makes other adjustments to get easier access to meals, and takes a malaria medication that does not include nightmares as a possible side effect. These strategies keep triggers and episodes related to her bipolar and eating disorders at bay.
Linea is aware that traveling to developed countries creates stressors, too. An internship in Switzerland with the World Health Organization (WHO) included long days jam-packed with hard work, intern activities and trainings, not to mention late nights getting to know the constantly revolving door of interns from all over the world.

“It was an exhausting schedule. I was trying to keep up with everyone until I realized I couldn’t always be out with them. I had to take some nights off and come home early. When I actually found a counselor at WHO that I could see every week, that really helped.”

Linea’s internship supervisor was very supportive when she disclosed her mental health conditions. Linea was able to see the counselor during the day, a service which was free to employees and extended as a benefit to her as an intern. Also, since WHO has a nap room, she could lay down when her medication made her feel sick in the morning and then go back to work when she was feeling better.

During her three-month unpaid internship, Linea worked on database country reports on mental health and the health care system in different countries. She sorted through data on how politics, terrain, and other factors affected the mental health system. In the end, she got to observe in Greece a WHO training program for individuals, family members, clinicians, and physicians to assess human rights violations using the WHO quality checklist.

“It helped me hugely to find a job. I wanted to move into working in health care and I only had a degree, so when I put WHO on my resume it seemed I could get into any health care job I wanted.”

Since then, Linea has worked in the health care field while also completing an Executive Master’s of Healthcare Leadership at Brown University, and has her sights set on working overseas in global public health. For that, her experiences abroad have helped her be better positioned for success in collaborating to make communities stronger, healthier, and connected.