



**Be Here Tomorrow: the inspirational story and life lessons
from suicide survivor Kevin Hines**

[The MindHealth360 Show](#)

Episode Transcript

Host: Kirkland Newman

Guest: Kevin Hines

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Kevin Hines (00:00:03):

I wanted to be that guy, but that guy was gone. That guy disappeared without a trace. What lay in his path was this paranoid, delusional, hallucinatory, depressed, manic, panic-attacked young man. Nobody knew what to do with me. Everybody was in fear for my wellbeing, but nobody knew I was suicidal. In September of the year 2000, I would attempt to take my life in a way that is now 98% fatal. 98% of those who jump off the Golden Gate Bridge never again get to tell their stories.

Kirkland Newman (00:00:39):

Welcome to The MindHealth360 Show. I'm Kirkland Newman, and if you or your loved ones suffer from mental health issues, such as depression, anxiety, insomnia, poor memory, poor attention, mood swings, exhaustion, stress, etc, I interview the leading integrative mental health experts from around the world to help you understand the root causes of these symptoms, many of which may surprise you, and suggest solutions to help you heal over the long-term. If you want further information, please go to www.mindhealth360.com, or find us on social media.

Kirkland Newman (00:01:13):

I'm incredibly grateful that you are speaking to us here for The MindHealth360 Show.

Kevin Hines (00:01:19):

Thank you.

Kirkland Newman (00:01:21):

It's a really important topic and it's a two part series that I'm doing. The first part was with Dr. James Greenblatt, who's an integrative psychiatrist for children and adolescents, and he specializes in suicide and eating disorders, ADHD, and also general psychiatric disorders. I was talking to him earlier today about the biochemistry of suicidality and what you can do to prevent it from a biochemical perspective. Then the second part obviously is with you.

Kirkland Newman (00:01:54):

I know that you have your own story, which is very compelling, and also your own approach to dealing with suicidality and helping those who are facing suicidality, so I just want to thank you for being here. What I think would be great would be obviously for you to tell your story. I hate to ask you this, because I know you've told it a million times, and I was going to ask you, do you ever get tired of telling the story?

Kevin Hines (00:02:21):

I don't get tired. It's something that is an honor for me to do. When I have a bad mental health day and I have to tell my story, it is hard. But when I have a good mental health day and I tell my story, it's empowering and it's life-affirming, and it's the most therapeutic thing I can do.

Kirkland Newman (00:02:39):

That's wonderful. One of the things that really stuck with me here was their choice of method is the most important determinant of whether they live or die. That really resonated with me, because my grandmother committed suicide when my mother was 15 years old. She took poison and she regretted

it. My grandfather drove her to the hospital and she begged to be saved. She said, "Do you think they can save me?" And they couldn't, so she died, but that tragedy in my own family has impacted, obviously my mother and her own kids, myself, my kids.

Kirkland Newman (00:03:24):

I had postpartum depression after the birth of both my boys and I have a feeling that a lot of that has to do with the ancestral trauma from my grandmother taking her own life and also regretting it. A lot of people... There's a very high suicide rate from guns in America. 60% of firearm deaths are caused by suicide, which has 10 times the number of deaths by firearms in Europe, for instance. A very good friend of mine, her brother killed himself when he was 20 with a gun, and you jumped off the Golden Gate Bridge, and obviously I'll let you talk about this, but you regretted it instantly.

Kirkland Newman (00:04:08):

There are a lot of statistics that people who do survive suicide really regret what they've done. To me, that's one of the most tragic things that one can hear. Part of this is about telling people before anything happens. It's a real gift that you've been able to experience that and come back and tell people from, almost from the future, essentially what you experienced. So I'll now be quiet and let you tell your story and respond to that.

Kevin Hines (00:04:42):

Well, my story goes back to the day I was born. I was born in poverty. I was born to biological parents who, after they had me and my brother, were on drugs and alcohol. They both had manic depression, what we today call bipolar disorder, so I was genetically predisposed twice. I dealt with, in my infancy, quite a bit of trauma alongside my infant brother. We were both abandoned and neglected on a regular basis by our birth parents while they went to do drugs or score drugs.

Kevin Hines (00:05:19):

And one day, one seedy motel clerk, as I always say, made his most un-seedy decision. He heard our screams and cries, in his mind one too many times, and he called the police. The police came in with child protective services and they placed us in foster care. We bounced around from home to home. The thought and the idea was that me and my brother would be adopted together, but of course, that's not what happened. We both got bronchitis and he died, and then I developed a detachment disorder and abandonment issues that follow me until today.

Kevin Hines (00:05:49):

Every time somebody I love dies, I feel like they're leaving me on purpose and I can't shake it. I bounced around from home to home. Unlike my poor brother, I got very lucky. Pat and Debbie Hines adopted me and made me their son. And I'm a Hines, that's my mom and dad. They really, truly saved my life, but it didn't stop there. Pat and Debbie Hines could have had natural born children, but they opted to take in three kids from three separate families into one, making this melting pot of a family.

Kevin Hines (00:06:17):

Me, I'm mixed race: part black, part Arawak Indian, part Jamaican, part Scottish, Irish, and English and other things. My brother's black, my sister's white, my mom and dad are Irish and German, and people

who saw us were very confused. We would go to restaurants that wouldn't allow us to eat there at night. So we got up, we went somewhere else. We ate somewhere else. We were happy. You know, my infancy was traumatic. My childhood, my early adolescence was amazing.

Kevin Hines (00:06:41):

I really believed, growing up, that nothing can go south from here. I'm going to grow up. I'm going to get in that good school. I'm going to get that great job my dad's always talking about. I really believed that everything was going to be okay because we had been afforded opportunity unlike so many in this country. Because of how hard Pat and Debbie worked, they worked very, very hard for what they gave us, they saved our lives. They worked really hard. My dad came from nothing. His parents had substance use disorder, alcoholism.

Kevin Hines (00:07:11):

They would die of liver failure, cirrhosis, at very young ages, 49 and 54. He would be left with about 17 bucks in his pocket to make his way in the world, and he would go on to become one of most prominent San Francisco bankers of his time, all through hard work. He paid his way through the end of high school, college and beyond. He made something of himself. Debbie was a nurse, 45-year nurse, just retired this year. She started off in the burn unit in the trauma center all those years ago. Very hard job, very tough gig, but she's had every job in nursing you can possibly imagine.

Kevin Hines (00:07:45):

When they took me in at nine months of age, I was violently ill all day, every day. I had a distended belly filled with liquid, a bruise from the top of my sternum to the bottom of my abdomen from being malnourished for so long. You see, my birth parents fed me what they could steal. Kool-Aid, Coca-Cola and sour milk was my first diet. My gut to brain health, as you are very well aware of as a functional medicine advocate, my gut to brain health was very poor. I've been fed so many poor foods, poorly nutritious foods that I was very sick mentally from the very beginning.

Kevin Hines (00:08:17):

My infancy was fraught with my brain being completely jacked and rewired because of the food I was eating, if you can call it food. It wasn't really food, it was just processed nonsense. That journey of my first food intake being really, really terrible would follow me in my food habits as I grew up and grew older. I wouldn't learn about gut to brain health until just a couple of years ago, really, when the science was coming out. I would grow up, I would have a complete mental breakdown at 17 and a half years of age in front of 1200 people.

Kevin Hines (00:08:58):

I would go see my psychiatrist. I would be put on meds, but I wasn't taking them adequately. I wasn't following a treatment plan. I was pretending to in front of everybody. I was lying to everybody to make them feel better, but I didn't want to believe that I was this flawed. I didn't want to believe that I had all these problems. I wanted to be the kid who was the WCA wrestling champion, the kid whose football team, after he was on it, would go to state. The kid who was on the speech and debate team for two days before they kicked me off, but I was there.

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Kevin Hines (00:09:30):

I wanted to be that guy, but that guy was gone. That guy disappeared without a trace. What lay in his path was this paranoid, delusional, hallucinatory, depressed, manic, parent-attacked young man, and nobody knew what to do with me. Everybody was in fear for my well-being, but nobody knew I was suicidal. In September of the year 2000, I would attempt to take my life in a way that is now 98% fatal. 98% of those who jump off the Golden Gate Bridge never again get to tell their stories. It used to be 99%, now it's 98%. 39 individuals in 84 years have survived that fall.

Kevin Hines (00:10:12):

26 remain alive today. Many have died of natural causes or old age. Of those 26, only five of us get the privilege to stand, walk and run. They call us the most exclusive survivors club in the world; there's a book of the same name by Ben Sherwood. I'm saying this to make a point. I get to be here. I believe getting to be here is a privilege and a gift, no matter the pain you're in. Pain is inevitable. It's coming for all of us, if it hasn't already, but suffering, I believe is optional, it's a choice.

Kevin Hines (00:10:42):

We're given this term by clinicians all over the world when they see us for the first time, and this is how it was told to me, and I want to challenge this narrative because it really irks me. We're given this term... My first three psychiatrists told me I was suffering from bipolar disorder type one with psychotic features. I've heard countless individuals in my travels over 20 years doing suicide prevention work that say their clinician told them they were suffering from schizophrenia, bipolar disorder, delusions, eating disorders, etc.

Kevin Hines (00:11:12):

I want to challenge the narrative that we're suffering. If we are all suffering, that means we are the victims of our own story. But if we choose to let the pain build us brick by brick from the ground up until we are stronger than ever, then we can challenge that narrative, and we can be the heroes of our own story as opposed to the victims. I think it's just something to think about. I told people I was suffering from bipolar disorder for years. I wrote about it. I blogged about it. I vlogged about it.

Kevin Hines (00:11:42):

Today, I look at it much differently. I may have been born in pain, but I never suffered a day in my life. I've lived through it, I've dealt with it, I battled it, and I fought it, but I'm not suffering. I've been through hell. I'll tell you, just two years ago, and you met me during part of this time, actually. I don't know if you know this, but two years ago, I developed secondary burns from the bottom of my feet to the top of my head from one of the older medications that I was taking.

Kevin Hines (00:12:17):

But they didn't know which one it was at the time and I was on six medications at the time. I was on what's called the tipping point of Stevens-Johnson syndrome. My insides were boiling outside of me, and it was the most pain I've ever experienced in my entire life. It felt like knives and needles were coming

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from my bones, through my skin, across my entire body. I wanted to die every single day. I wanted to take my life, but I fought that pain despite it to thrive today.

Kevin Hines (00:12:47):

I was able to do that because I was self-aware with my diagnosis and my troubles. The pain was so great. It lasted for 30 weeks, 24 hours a day. It was back-breaking. It would bring me to my knees, and there were times where I couldn't walk or I couldn't even speak. It messed with my brain, and during this entire period, they had to take me off my meds. When they first discovered I was on the tipping point of Stevens-Johnson syndrome, they took me off all of my meds in one 24 hour period without titrating down off any of them.

Kirkland Newman (00:13:25):

Wow.

Kevin Hines (00:13:26):

I had a 48 hour hallucinatory withdrawal-based psychosis. Because I was withdrawing from the meds, I saw the answers to the universe. I mean, if I described to you what I saw, it would blow your mind. For example, I saw 40 buses of Jesus in every different ethnicity you could imagine. I saw aliens, a green, a white, and a gray. I saw aboriginals who discovered the earth. I saw the aliens that brought them. I saw Gandhi, Buddha, and the King of Bhutan. It was a wild experience. Then I saw, for the last 24 hours of it, I saw the aurora borealis in my room for 24 hours before it all passed. It was an experience.

Kirkland Newman (00:14:10):

Insane.

Kevin Hines (00:14:11):

It was insane, for lack of a better term. Absolutely.

Kirkland Newman (00:14:14):

It's interesting, because I've heard you in other podcasts describe what you went through, or whether it's before you tried to kill yourself off the Golden Gate, or this experience with this horrible skin disease, this reaction to the drugs, as being in a lethal amount of pain. Basically, people have suicidality because they cannot deal with this lethal amount of pain. What I really hear from you is the way to survive is to somehow develop some sort of resilience when faced with this lethal amount of pain.

Kevin Hines (00:14:57):

Not just resilience, but gratitude inside the pain. I have experienced lethal emotional pain on more times than I can count with all of my extremities, but it's never going to take my life because I have gratitude for that pain so I can survive it, so I can be resilient in it. It's a tough concept for people to understand who are dealing with the same kind of pain, because they're like, I just want to be out of this. I can't deal with this. Everybody asks me, they say, "Kevin, aren't suicidal people selfish?"

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Kirkland Newman (00:15:32):

Yes.

Kevin Hines (00:15:33):

The answer is absolutely not. To be selfish, you have to know you're hurting other people.

Kirkland Newman (00:15:39):

100%.

Kevin Hines (00:15:41):

The people that are dying by suicide, the people that are attempting suicide are not trying to hurt other people. They're trying to stop their own lethal, emotional pain that is so overwhelming and overbearing, and so mind-numbing and backbreaking that it is destroying them. They're not being selfish. They're just trying to free themselves from something that is completely destructive. Just the weight of theirs on their shoulders is just so great they can't bear it anymore.

Kevin Hines (00:16:08):

That's what we have to teach people is that, no matter the weight that you bear, you can survive it if you just believe that you have the ability to fight it. It comes down to a matter of perspective. I used to believe that suicide was an option. Now, when I have suicidal thoughts, which I still have, the first thing I do is I say four simple, but effective words to anyone surrounding me: "I need help now." If the first person I say that to is not willing to help me, I go to the next, and the next, and the next until someone is willing to empathize with my pain.

Kevin Hines (00:16:47):

For 20 years, I have found someone to be there for me in my struggle, and I've stayed alive all those years. The first three psych ward stays I was in, after my attempted suicide off the Golden Gate Bridge were involuntary, forced against my will. Very tough situations, very stressful, very stressful psych ward stays. I was beaten up in one of them. I stopped an assault in one of them. I experienced some horrible things. But the next six psych ward stays, I turned to my family and friends, mostly my wife and my father, and I said, "I need to be in there or I won't be here."

Kevin Hines (00:17:26):

And I, in effect, saved my life. That's where we need to get our young and old people to when they're struggling this way.

Kirkland Newman (00:17:35):

I think that's a really important point. Just circling back to the selfish thing, because one of my best friends is often suicidal. He always says, "I don't understand how people can say it's selfish. It's just so not selfish." One of the things, coming back also to my grandmother, she committed suicide on Mother's Day, and her daughter was 15 and her son was 18. She truly believed that she was doing them a favor because she felt that her life was such a burden to them, and her depression was such a burden, and her alcoholism was such a burden, that they would be better off without her.

Kirkland Newman (00:18:18):

That to me is the tragedy, because your thinking is so warped. It's not a selfish act. In some ways, it's the ultimate sacrifice. In her case, I know that she truly believed that she was doing it for the good of others. That to me is tragic. That's what we have to get across to people is, and you're fantastic at giving this message, is that that is not the case. People's lives are not better off with you dead.

Kevin Hines (00:18:49):

Yeah, it's this self-delusional perceived burdensomeness that we all have when we're suicidal, and it's instinctual. It's not something that's paired to one or two people. It's something that is ... It is instinctual around the world, in every language in the world. It doesn't matter where you are. It doesn't matter what background you came from. If you are suicidal, you tend to believe that you're a burden to all of those around you. It's a common belief and it's instinctual. We have to start switching that narrative and saying, when we become suicidal, "I am worthy, I am valued, I'm supposed to be here until my natural end. Suicide never has to be the solution to my problems. It is the problem," and switching to that narrative so that we can survive the pain.

Kirkland Newman (00:19:42):

100%. That is completely the case. In terms of you, and I'm such an admirer of yours because you tirelessly campaign and you've started this amazing YouTube thing called The Art of Wellness. I've been looking at that and it's basically how to help people, because you're very honest about the fact that you still have suicidal thoughts and you still struggle with mental health, and that essentially, the way you survive is daily work. It's discipline and it's work, and it's hard work.

Kirkland Newman (00:20:21):

That really struck me because it's not like, oh, well, you tried to commit suicide and it didn't work, and you've had this sort of adamancy and conversion, and everything's fine. No, I mean, you have this ongoing daily struggle, which you manage and you deal with in your own particular way, which is, I think could be incredibly helpful to others. Can you talk to us a little bit about that method that you've developed?

Kevin Hines (00:20:48):

Absolutely. First of all, I like to say that, and just to point it out for a moment, you said a few times, committed suicide. I like to say died by suicide, just like you would die of any other organ disease. If you think about liver, heart, lung, and kidney disease, now people die from them all the time, right? People die from brain disease, like bipolar disorder, just like I almost did, and so we die by suicide. But nonetheless, the plan I put in place and the plan I created those YouTube videos for, so if you go to youtube.com/kevinhines, and you go into the playlist section, and you can go into series: The Art of Wellness, you can see 12 videos, 10 steps to bettering your brain, mind, behavioral, mental, and spiritual, and physical health and well-being over time.

Kevin Hines (00:21:35):

People from as far through Africa, China and Japan have watched these videos have said they dramatically improve their mental health in six to nine months. They say this because when they follow a routine ... It's a routine. It's a regimen. It's a 10-step regimen, 12 videos, three to five minutes each,

easily digestible on how to better balance your brain health and change your life today by working through this regimen. This is where it came from. In my third psych ward stay, I had what I call my epiphany and my gift.

Kevin Hines (00:22:06):

In my book, *Crack Not Broken*, it's chapter 19 of the book called "The Epiphany and the Gift". The epiphany came in the form of my uncle, George, who came to visit me in the hospital against visiting hours, got a special admit to come in, just me and him in the cafeteria, and nobody else was there. He had a rolled up magazine in his hand, and he goes, "Kevin, your family can help you until we are blue in the face, but until and when you take 100% responsibility, young man, for the fact that you have this disease and you fight it tooth and nail, kid, ain't nothing going to change. Is this what you want? You want to be in and out of these places for the rest of your life?"

Kevin Hines (00:22:37):

I said, "No, Uncle George." He said, "Well, get it together." He dropped his Time Magazine on the table like a mic drop, and it rolled open. It was a 2004 Time Magazine article, on the cover that said, "How to Battle Bipolar Disorder, Depression, and Mental Illness With Routine and Regimen and Win." I'm looking at this thing and I'm going, you mean I can do these things and I can feel better? Why didn't my first three psychiatrists tell me that? It was all about the things I could do to balance my brain. Most of them were not clinical activities.

Kevin Hines (00:23:12):

The only clinical aspect of it was to take medication with 100% accuracy every day without fail at the same time every day, which I started doing. Everything else were common sense tools to better your brain health. I went to my nurses and my case manager, and I started implementing all of these things into one regimen every day, while in the psych ward, I was there for two months. I had the time to better my brain health, and so all these things started happening. I started exercising. I started losing weight. I was pre-diabetic, so I got rid of that.

Kevin Hines (00:23:42):

I started eating healthier foods, nutritious foods. I started feeling better mentally. I started to exercise every day, multiple times a day, and I was feeling great. I started to educate myself, reading about all things bipolar disorder, reading the book, *Bipolar for Dummies* and *Loving Someone With Bipolar Disorder*, and then passing that book on to family and friends who needed to understand me better. All of these things started to get better for me. I started using coping mechanisms and strategies to better my brain health, like music therapy, art therapy, blue wave light box technology.

Kevin Hines (00:24:14):

I'm doing all these things and things are going really, really well. I get out of the psych ward after a month and a half later, and I implement these things into my daily activities, and my world is changing, and I'm feeling stronger and stronger. Yes, I'm still having the symptoms. Yes, I'm still having suicidal ideations, but because of my self-awareness, they will never take me. I'll never die on my hands,

because I know what I need to do to get back to a safer place from that point. It's been quite a journey and that Art of Wellness series on that playlist is there for everyone to take.

Kevin Hines (00:24:54):

It's yours. It's free. Take it. There's a PowerPoint that you can get that goes along with it on my website, kevinhinesstory.com. If you implement into your daily life, or you can train the trainer with it, it's for you. Please, let it give you hope, but you've got to put in the hard work. That's the biggest, I think caveat I see with people who want to get mentally well, but don't want to put in the work, or to be fair, are somewhat unable to put in the work. I think that if we can get them to a place of levity where they're safe and they can put in the work, they can absolutely change their lives.

Kevin Hines (00:25:35):

If they can't put in the work, we have to help encourage them to put in the work, because hard work, nothing good ever came without it. You can't get mentally well from insanity, unless you are dedicated and driven with a regimen and a routine that is going to stabilize your mental instability.

Kirkland Newman (00:25:51):

I think that's true. One of the things I try and do with MindHealth360, which is my website, is to raise awareness about integrative mental health and functional medicine psychiatry. The whole theory behind integrative mental health and functional medicine psychiatry is that it's a 360 degree approach. You have the biochemical imbalances, you have inflammation, hormone dysregulation, infections. You have toxicity which causes inflammation, poor nutrition. There are all sorts of biochemical imbalances, which mean that your neuro-transmitters, for instance, your serotonin or your dopamine are low, and your hormones are not supporting you.

Kirkland Newman (00:26:31):

So, you talk about doing the work, but dopamine, for instance, which is your motivation neurotransmitter, if that's not working, you're not going to want to get out of bed in the morning.

Kevin Hines (00:26:42):

Yes.

Kirkland Newman (00:26:43):

That's just a biochemical thing.

Kevin Hines (00:26:45):

Yeah. You have to balance that out first in order to get back to the work in the first place.

Kirkland Newman (00:26:51):

Exactly. Then you have the whole spiritual part, so the childhood trauma and this chronic stress, and then you have lifestyle behavioral stuff like how much you sleep and how you exercise. It's really about

implementing a plan that looks at all these aspects. That's what I love about your plan is that you do look at the biochemistry and how you eat, and how you exercise, and how you sleep, and how you meditate and manage your stress. It does take a lot of work. I think in the case of some people who are exhausted and who have low dopamine and have low motivation that we need to make sure that they have a community of friends and family and health practitioners who can help them implement this program and get back on sort of the wagon of work and make it work.

Kirkland Newman (00:27:40):

I think part of the problem is that our mainstream medical approaches don't always look at these things, and they sort of dole out medication and some therapy, but they're missing a lot of the aspects of what it takes to do this full program, essentially.

Kevin Hines (00:27:58):

Absolutely. When you think about it, you have primary care physicians that are just giving out medication without therapy. You can't do a half-pronged approach to mental health. You have to do a whole-prong approach. It has to be completely well-rounded. Gut to brain health and functional medicine is crucial for the mental well-being of any individual, period. If that's not a part of your approach, you're not going to do as well if you just take the meds, or if you just exercise. You really have to have the whole embodiment of the plan to stay stable. Now, it's interesting, I've stayed very stable mentally over COVID, because I'm still doing my routine.

Kevin Hines (00:28:52):

The one thing that's changed is I've gained a bit of weight because I've been eating a little more poorly than usual, but I'm doing everything else on the plan to stabilize. I'm still on an even keel. My plan is to go back to eating more healthy foods and more nutritious foods that better feed my gut to my brain health so that I can feel optimally better than I am right now. I noticed the shift. Once I started doing that, I noticed the massive shift in that. Right now, one of the things that's going on is I'm taking a medication that decreases all of the leptin in my system, thus I don't feel full at all ever.

Kevin Hines (00:29:31):

I'm constantly, ravenously hungry. It's a problem that many people with mental illness have, especially people with schizophrenia. That's why we see so many schizophrenics that are morbidly obese because they just feel like they have to eat constantly, and they're taking these medications that make you want to eat all the time. You have to get to a point where you're like, okay, I know my stomach is full, even though my brain wants me to eat more. That's where I'm at right now is with that transition.

Kirkland Newman (00:29:57):

100%. That's one of the downsides, one of the side effects of these drugs, is that they can cause, whether it's low libido or increased appetite, or more leptin resistance where you're less aware that you're full, and this is super important. The other thing is that I think, I don't know if you take supplements... I was having this conversation with Dr. Greenblatt, and we were talking about the importance of cholesterol, omega-3s, and vitamin Bs and vitamin D, and lithium. Lithium being an incredibly important nutrient for the brain, and that people who have high suicidality have very low cholesterol, very low omega-3s, low Ds, low Bs, and low lithium.

Kevin Hines (00:30:44):

The problem is not everybody knows this. They don't know. They're unaware of these things, and if they're unaware, how can they augment it so they can feel better?

Kirkland Newman (00:30:52):

Exactly. I think that's one of the things that is so important is to get this message across, that it really is a biochemical imbalance, and that you have to address the biochemistry as well as the trauma, because the trauma is a huge issue. I mean, look at the trauma that you had in your background. One of my pet peeves is that, for instance, in the UK, the national guidelines on treating mental health is drugs and CBT, cognitive behavioral therapy. Now, CBT is great, but it's not necessarily going to help people with suicidality. Trauma therapy is really important. Things like somatic experiencing, so Peter Levine's work, and Bessel van der Kolk, and Stephen Porges who work with the body and the nervous system on trauma.

Kirkland Newman (00:31:39):

I was going to ask you, do you ever have access to these types of therapies? Have you tried these for your own trauma, and have they helped, if you have?

Kevin Hines (00:31:50):

I'm not sure if this relates, but I've done neurofeedback therapy and I've done EMDR therapy. Both of those were trauma removing related. They were very helpful. They certainly helped me, I'll tell you that much.

Kirkland Newman (00:32:02):

They do. I think somatic experiencing is also a very important one. I think, if more people can be aware of these types of therapies, I think, it's super important. Back to your story, because obviously you just have this incredible story. Can you talk us through, there are a few key points in your story that are very poignant to me. One of them is the fact that you didn't want to die essentially. You wanted somebody to stop you. If you can talk us through what happened, that would be helpful.

Kevin Hines (00:32:42):

Absolutely. I always say I never wanted to die, I believed I had to. And those are two categorically different things. The day I jumped off the Golden Gate Bridge, the moment my hands left the rail, there was instantaneous regret from my actions, and this 100% percent recognition that I just made the greatest mistake of my life and it was too late. I fell 220 feet, 25 stories, at what I now understand is 90 miles an hour, close to the speed of terminal velocity.

Kevin Hines (00:33:11):

I hit the water. I went down 70 feet. I opened my eyes and I was alive, and I was drowning. I frantically swam to the surface using only my arms. I broke to surface and I prayed, "God, please save me. I don't want to die. I made a mistake," on repeat, and I believe He heard me. A woman driving by in a red car saw me go over the rail, called her friend in the coast guard. The reason the coast guard boat arrived to

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my position in the water before I would set in hypothermia and drown, a three minute window, was because of that woman's timely phone call.

Kevin Hines (00:33:39):

In the water, before the coast guard boat arrived, I was going under water. I couldn't stay above water. I couldn't stay afloat. I was going to drown. I said to myself, "This is it. This is where I die." I said, "Kevin, you can't die here. If you die here, no one will ever know you didn't want to. No one will ever know you knew you made a mistake." That's when something began to circle beneath me. Something large and very slimy and very much alive. I remember thinking to myself, you've got to be kidding me. I didn't die jumping off the Golden Gate Bridge and a shark is going to eat me. It turns out it was no shark at all.

Kevin Hines (00:34:08):

I was on a television program where I said, I thought there was a shark beneath me a year later promoting a suicide prevention campaign in San Francisco. I said, I thought there was a shark beneath me in the water. People wrote into the show from all over the world, and one man's letter stuck out above all the rest. He said, "Kevin, I'm so very glad you're alive. I was standing less than two feet away from you when you jumped. Until this day, watching this show, no one would tell me whether he lived or died. It's haunted me this whole time. By the way, there was no shark, like you mentioned on the show, but there was a sea lion, and the people above looking down believed it to be keeping your body afloat until the coast guard board arrived behind you." That's my miracle.

Kevin Hines (00:34:46):

This creature kept me afloat, took off, coast guard boat arrived. They fished me onto a flat board. They put me a neck brace, they strapped me head to toe, and they started asking questions. The first, "Kid, do you know what you just did?" I said, "Yeah, I just jumped off the Golden Gate Bridge." They said, why? I had no reasonable answer. I said, "I don't know. I thought I had to die today." He said, "Son, do you understand how many people we've pulled out of these waters that are already gone?" I said, "No, and I don't want to know." I would later learn that one of the officers, Marcus Butler, in his four year career at the Golden Gate Bridge coast guard, he had pulled out 56 dead bodies from those waters, and one live one, me.

Kevin Hines (00:35:27):

That's perspective right there enough for you. I got to the hospital and one of the foremost back surgeons on the West Coast offered to do my surgery. He invented the surgery for me, never been done before, never done again. He went in through my left side and he replaced my shattered vertebrae with titanium. I missed that day severing my spinal cord by two millimeters. Now, all these things were miraculous things that came into play to save my life. And I'll never forget when my dad came to see me. This is a man who played 20 years of hockey as the goalie with no mask.

Kevin Hines (00:36:05):

He's the toughest SOB I know. He was like the drill Sergeant who was never in the military although his father was in the Battle of Midway as a Naval officer. My dad walks into the hospital room and there I am in a bracing structure. I can't move. Waterfalls are just pouring from my dad's eyes. He's just crying his eyes out. He says, "Kevin, I'm sorry." I said, "No, Dad, I'm sorry." I said, "Dad, I'm sorry." He said, "No,

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Kevin, I'm sorry." He comes over to my left side, puts his hand on my forehead, he says, "Kevin, you're going to be okay, I promise."

Kevin Hines (00:36:38):

They had given him a 50-50 chance I'd lived through the night. He just was trying to give me some hope. I grabbed onto that promise, I held it tight to my chest. I fought for that promise. My dad stayed with me in that hospital for four weeks. I remember vividly, when the nurses came in and said, "Mr. Hines, visiting hours are over. You have to leave." He goes, "I'm not going anywhere. Get me a cot." They said, "No, you don't understand, sir. We don't allow parents to stay after visiting hours. You have to go home now. There's nothing more or you can do."

Kevin Hines (00:37:12):

He said, "Get me a cot." They brought in two steroidal looking orderlies that come in the door and they barely fit in the door at the same time, and like, "Mr. Hines, we're going to have to ask you to leave." They're all getting tough on him. He says, "Okay, here's the deal. I'm a third degree black belt in judo. You can do one of two things right now, you can get me a cot, or you can get me a cot." And they got him a little bed to sleep in. He was there with me for the first four weeks of me being in that hospital, and he didn't leave.

Kevin Hines (00:37:37):

He didn't shower. He didn't shave. He would get maybe a shirt to change into from somebody else, but he stayed with me. When I was sleeping, which was most of the time, because I was the healing, he would just hold my hand in his, in that cot until he would fall asleep inevitably. When my mom came in the first day... she is the most optimistic woman on the face of the planet, and that's what I love about my mom, Debbie, is that her optimism knows no bounds.

Kevin Hines (00:38:04):

It's part of why I'm so optimistic in the face of pain. She comes in and she goes, "I guess God wanted you to win that Oscar." I said, "Mom, I don't know, high school and college theater, that's never going to happen, but thank you." But she said, "I'm just so glad you made it." But my brother had a different experience. He walks in and he goes, "How could you do this to us? We love you. I hate you." He was 13 at the time. I broke his heart. He doesn't even remember this reaction. He has no recollection of this, but I have witnesses. Our relationship isn't the same, even today. It's not what it was.

Kirkland Newman (00:38:43):

He's still angry?

Kevin Hines (00:38:45):

I don't know if he's still angry, but I think we've ... He lives with his mom in California. I live out here in Georgia. We don't see each other often, and there's just not much connection. That's something that we need to fix. It's something that it's possible to fix it. I think I'm going to work on it. It's just something that we've both let fall by the wayside, but I think I affected him in such a way when I jumped, that it just shattered his vision of me. That's how I see it. Maybe I'm wrong, but that's how I see it. I hope to reconcile with him soon.

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Kirkland Newman (00:39:19):

I mean, that's the thing. I think what's really interesting is the impact that this has on everybody else. Your documentary called The Ripple Effect is well named, because each one person's attempted suicide has a huge impact on thousands of people. There's a sense when you try to attempt suicide that no one cares, or nobody... That it doesn't matter. But I think one of the key messages is that it matters deeply to so many people. How does one get people to understand that their lives matter so deeply to so many people, and when they feel so alone and that their life is not worth anything or is not significant for others, how would you deal with that?

Kevin Hines (00:40:17):

Well, the first thing I would say is every suicide's ripple effect is incalculable. For every one suicide, there are at the very least 115 people directly affected. That's directly affected. Then you go secondarily affected, tertiary affected, etc, and beyond. Every suicide has a ripple effect that is endless. Sometimes you have to think about it generationally. If I'm a father of two and they're 12 and four and I die by suicide, and they don't know about it until they're 14 and 10, then they're devastated again.

Kevin Hines (00:41:04):

Then someday they tell their kids, their kids tell their kids, and it just goes on and on forever. This hurt and this pain from this one suicide. You know, your grandmother passed away by suicide. You know this. It goes on forever. It's experienced forever. The ancestral trauma, the generational trauma occurs. It can be recurring and repeatedly devastating to more people.

Kirkland Newman (00:41:30):

Yeah, completely.

Kevin Hines (00:41:31):

If we can help people who are suicidal understand that their lives truly matter, not just say it matters, but help them understand how much it matters, why it matters, how it matters, that's where we need to get to.

Kirkland Newman (00:41:44):

Agreed. I think that leads me to sort of, what is the key message that you would give to a number of different people? One, the person who's suicidal. Two, the general population who doesn't necessarily understand. Three, those who've lost ones to suicide, loved ones to suicide. Four, those who are caring for people who are suicidal. Five, for parents who are worried about their kids, because I know that suicide is a huge epidemic now in younger and younger children, and it's a huge worry for parents. I know I've thrown a lot at you, but-

Kevin Hines (00:42:26):

Let's take those one at a time. The first would be those who are suicidal, right?

Kirkland Newman (00:42:32):

Yeah.

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Kevin Hines (00:42:32):

Okay. For those who are suicidal right now, I would say, stop, take a breath. In through the nose four seconds. Out pursed lips, like a whistle, but no sound through your mouth for eight seconds. Do that 30 times, don't move, stay exactly where you are. Maybe even sit down. Take those breaths, bring your mind and body to a complete calm. Number two, call anyone who you know cares for you, or is willing to help you and tell them your truth and say, "I need help now, and this is why. I'm suicidal. I'm having these thoughts and feelings, and I need your help."

Kevin Hines (00:43:07):

Call people until you find someone willing to be on the phone with you and care for you. Three, if no one's available, text the crisis text line, CNQR to 741741, or the National Suicide Prevention Lifeline here in America, 1-800-273-8255, plus one for military. If you're international, go on your phone to suicide.org and find the lifeline that's closest to you. Number three, stay exactly where you are and don't enact on those suicidal thinking. Just stop moving.

Kevin Hines (00:43:38):

Number four, I want you to, once you get the help from someone, I want you to be accepting of that help and understand that suicide never has to be the solution to your problem. It is, in fact, the problem. You are valued, you are worthy. You matter. Your pain is worthy of my time and others. Your pain matters simply because you do. I want you to think of all the children who never made it past the womb. Miscarriages, 30% of every first pregnancy ends in miscarriage. My wife, Margaret, and I know that pain all too well. Our boy, Jack Ryan, lived eight weeks and no more, but he wasn't intended to be here in physical form.

Kevin Hines (00:44:16):

You all are for the simple fact, I'm looking at you through this lens, I know you're supposed to be here. So, please stay and fight to be here tomorrow, and every day after that. Now, let's go to the second group of people.

Kirkland Newman (00:44:26):

The second group of people, and just coming back to that first group of people, one of the things I love with what you say is that basically your thoughts do not have to become actions.

Kevin Hines (00:44:37):

Right. Your thoughts don't have to become your actions. Your thoughts don't have to own, rule and define what you say next or what you do next. And thus when you're suicidal, you don't have to act on that suicidal thinking. You can act on helping yourself stay alive.

Kirkland Newman (00:44:50):

Exactly. Then the second one is the general population. A lot of people don't understand suicide. One of the things that struck me is, when you were walking to the rail of the Golden Gate Bridge, you were praying for somebody to say something to you, and to say, "Are you okay?" You had made a pact with yourself, that if somebody had stopped you and said, "Are you okay?" You would have told them, "No, I'm not." And you wouldn't have jumped off the bridge. There's a sort of sense of callousness amongst

the general population, maybe because we're not aware, or because we don't understand, or because not sensitive to what's going on, so what would be your message to that population?

Kevin Hines (00:45:33):

I think next to the callousness, there's also a fear of someone's reaction to try to help them when they're mentally unwell. I was on that bus crying like a baby, and nobody stopped me. Nobody said, "Are you okay?" No one said, "Is something wrong?" No one said, "Can I help you?" Those were the things I wanted to hear. I was going to tell that person who said that everything and begged them to save me. I couldn't tell my father that morning because I wasn't yet ambivalent, but here I was on this bus, ambivalent as all hell, wishing, hoping, and praying that one person would stop me, and nobody did.

Kevin Hines (00:46:07):

This is a pact that many people make who are suicidal. It's also instinctual, like we talked about the other aspect. It's that, if one person says or does this, I will, if one person says or does this, I won't die today. It's very, very common. If we can see someone in active, lethal emotional pain, why not be the person that says, "Hey, are you okay, buddy? Can I help you?" It's a very simple concept. But one a lot of people are very fearful of, because they've got their own lives, they've got their own business to take care of. Nothing is more important than the lives of our brothers and sisters and individuals.

Kevin Hines (00:46:42):

We are our brothers' and sisters' and individuals' keepers. We are here for one another. Our sole purpose in this existence is to give back to those we know, those we love, those we don't know from Adam, and those we don't even like. What we are not here to do is damage each other and hurt each other with our words and our actions.

Kirkland Newman (00:47:02):

100%, I agree. Third group is, what would you say to those who have lost loved ones to suicide?

Kevin Hines (00:47:12):

For those who've lost loved ones to suicide, and I've lost nine people that I love to suicide that I really cared about. Nine people is nine people too many. I often find that people who've lost loved ones to suicide are plagued with the question, why? My advice to you is this: stop asking the question, why. It is an unanswerable question. Begin to ask the question, how? How do I look to the living and find ways to move forward? I didn't say move on. I don't think you can move on from a suicide. I think it's impossible, but you can look to those who still remain with you, those who still remain alive and move forward through the pain.

Kirkland Newman (00:47:57):

Yeah. Understood. Then for those who are caring for people who have mental health issues and who have suicidality, that's incredibly stressful because you're always worried about your loved ones, you're worried about what they might do, what would be your advice to them?

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Kevin Hines (00:48:16):

Those of you who are caring for and being the caregivers for loved ones who are suicidal or who are having depression or mental illness, I would say, remember that they're not trying to hurt you. Remember that they are in lethal emotional pain quite a bit of the time, and that you want to treat them as people first, and the patients they are second. Think about them and the struggles they go through. Even though it's very difficult for you, imagine how it is in their brains. Because they're the ones firsthand dealing with it. Their psychosis, their depressions, their mental struggles.

Kevin Hines (00:48:55):

It's sadly not to be difficult with you, but it's not about you. If you can understand that, you can tolerate it and deal with it properly.

Kirkland Newman (00:49:06):

Totally. I think that makes total sense. Then I think the other category is parents who are worried about their kids. There's an epidemic of suicidality and mental health issues amongst kids. What would you advise parents who have teenagers or young kids? How would you advise them to approach this epidemic? I mean, should we talk to our children? Should we pre-empt it?

Kevin Hines (00:49:30):

The conversation about suicide should be a conversation you are having at the dinner table and the breakfast table on a regular basis. Because it is so prevalent among teens, you should be having this conversation on a regular basis. Now we're seeing five, six, seven year olds dying by suicide. I think that we need to open up the doorway to the conversation in a bold and honest way that is non-sensationalistic, that's educational and important. Make it entertaining for them. Go to one of my videos on YouTube. The video, It was an Instant Regret is a prime example of something that's helping a lot of kids.

Kevin Hines (00:50:09):

Watch the video with your kids and then have a direct conversation about what you saw in the video. It's a very well-made video, won several awards on how to survive suicidal ideation, and it's meant for teens. Go to my website, kevinhinesstory.com/resources, and go to the parent's guide to teen suicide. It's very helpful. It's one of the most heavily downloaded in the field. Use it, take it, it's yours, it's free. Here are some real concrete examples of what you can do to have the conversation with your kids and to get them to be honest about their pain, so you can keep them safe so you can keep them alive.

Kirkland Newman (00:50:44):

Absolutely. Okay. That's fantastic. My final group was just yourself. You, Kevin Hines. I know that you're very honest about struggling with suicidal thoughts. What do you tell yourself in order to keep moving forward?

Kevin Hines (00:51:01):

My self-talk is one of the most crucial parts of my well-being. I look in the mirror, and I say, "I love you, Kevin. You're the greatest, you can do this, you're a good man, you've got this, suicide is not an option." Talk about your pain. Talk about your struggles. Be honest about it because a pain shared is a pain

halved. I do that everywhere I go, because it's something that keeps me safe and sane. My self-talk, when it gets negative, I have to reverse it immediately and then I have to take action, physical action to stabilize.

Kevin Hines (00:51:39):

That might be dropping down and doing 50 pushups, just to feel a little better, just to release some endorphins. Might be going for a run. I might be getting outside and going for a walk with my wife. It's all about figuring out the best course of action that is the most positive for yourself and your mental well-being. Oftentimes, it's just sitting down and talking to my wife and telling her my truth and telling her how I'm feeling. Then she follows that up with how much she loves me and how much I matter to her, and it brings me right out of that painful moment.

Kirkland Newman (00:52:11):

Yeah, which is so important. I mean, having a support network and connecting is so important. I think one final question, I'm not going to keep you very long because you've already been incredibly generous with your time, but do you think that our society and culture at the moment are making things worse? I mean, do you think that, for instance, kids who are all ... They've got this technology, they've got social media, there's a sort of normalization of suicide in shows like 13 Reasons Why on Netflix. There's a sort of culture of suicidality and mental health issues and sort of dysfunction in what our teens and our kids are exposed to that we were never exposed to.

Kirkland Newman (00:53:01):

What can we do about this? Is this an exaggeration to say that our society is a more fostering environment at the moment for suicide than it ever has been before because it's so mediatized and because of social media? Is that an exaggeration, and what can we do about this?

Kevin Hines (00:53:22):

It's not an exaggeration. We are in the place we are in because of society's viewpoint on suicide. We are in a place where the show, 13 Reasons Why is okay to put out without any recourse. They should have never shown the severity of the attempt to 13-year-old kids. It was a causative factor in girls all over the country attempting in the same way. Look, Netflix has a bottom line, to entertain and to make money from entertainment. That was one of the most popular shows they've ever put out, so they did their job, but they did it without care for what it could possibly cause, and who could possibly be affected by that show.

Kevin Hines (00:54:12):

There were also individuals whose lives they claimed saved, were saved by the show. There was a contradictory effect. But we live in a society now, if you've seen the film, The Social Dilemma, that social media, and this idea that comparison is the absolute answer to your problems, comparison is the thief of joy. Kids are seeing these social media feeds with these influencers that are doing so well and so amazing. All you see is this highlight reel of amazing efforts and behaviors, and how cool you are, and

how different behaviors are validated and approved and flamed upon to be more promiscuous or more pervasive.

Kevin Hines (00:54:59):

I think that we need to limit our children's time on social media. I think that we're far too connected to these things. Our actual connection to human beings is falling to the wayside. It used to be that you would have a conversation with your parents and your grandparents, and you'd be in the same room with everyone, and you'd learn the wisdom from the grandparents, the wisdom from the parents, and you would be safe as a kid. Well, today, kids are just sitting on these playing video games that are dangerous, looking at videos that are inappropriate, making videos themselves on TikTok that should not be made.

Kevin Hines (00:55:39):

When you have a 12-year-old girl dancing on TikTok and somehow that's okay, it's mind boggling to me how that is out there in the world and not stopped. It makes no sense to me the sexualization of our young tweens and teens, it disgusts me to no end. How that is okay baffles my mind. It's not okay. It shouldn't be allowed. It needs to be shut down. These kids are feeding off the likes and views from these platforms. When they don't get the views they want, they're depressed, because the views release dopamine and serotonin and affect their ability to function.

Kevin Hines (00:56:21):

When you get a dopamine hit from a like and a view, you also get a drop in your serotonin from a dislike in a hateful message. So, it's absolutely affecting their brains, which is affecting their decision-making. Their brains aren't fully developed. They're not 25 years of age, and so they're making decisions based upon faulty information, and they're attempting suicide at an alarming rate, which is mind-boggling. The rate of young girl suicides has risen so much, and there's an absolute correlation to comparison on social media.

Kirkland Newman (00:56:56):

Yeah. Those are very interesting. I did an interview with Robert Lustig, Professor Lustig and Dr. Don Grant, who are both sort of experts in tech addiction and addiction. And we were talking about the dopamine pathways and the serotonin pathways, and also the fact that in 2011, this is when Snapchat and Instagram came on the scene, and essentially that's when the results correlated a real peak in mental health issues with young people. To me, it's really a huge worry because, how do we ... They're the first real generation and we don't know how this is going to play out over the long-term.

Kirkland Newman (00:57:37):

I think that's my sort of final question in terms of, what are we doing? What are the governments doing? What is mainstream medical practice doing? And what can they do more of? I'm thinking sort of gun control, social media control, junk food and sugar legislation, because we know that junk food and sugar is incredibly inflammatory to the brain.

Kevin Hines (00:58:05):

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Sugar is a class three poison. You have arsenic and cyanide, which will kill you immediately. You have a poison that comes from snake venom or spiders that could kill you but you could get cure from, and then you have a class three poison like sugar, refined sugar, gluten, and dairy, which are all poisons to your system, and they affect your brain, and they affect your brain's ability to think, to coordinate, to function, and they really should be regulated. The world would be an upheaval if they were regulated, but it needs to happen because people need to eat better so they can feel better.

Kirkland Newman (00:58:40):

100%. I think that's one of the challenges is we know that neuroinflammation, which is brought on by junk food and sugar and lack of sleep, essentially neuroinflammation is incredibly damaging, and also stress, chronic stress, and even social media over the long-term, if you're constantly on your social media. It's designed to generate sort of chronic stress in your system, and it's definitely inflammatory. Should governments be regulating these things? Is that the way of the future? Short of that, short of governments regulating these things, I guess people like you and I, and we have to keep trying to educate people so that they can take this into their own hands and do it themselves essentially.

Kevin Hines (00:59:30):

I'm not one thinking that government should regulate the food. I think that we should be teaching as many human beings as possible about functional medicine and food as medicine. I think we should be educating the masses about that. I'm sitting here looking at one of my favorite books by Dr. Will Cole, *The Inflammation Spectrum*. It's a fantastic book and you can take a test in this book to see how inflamed your system is and how you can reverse that inflammation and turn it all around. As a matter of fact, my cousin Kelly Leveque has a quote on the back that says, "Dr. Will Cole is the go-to expert for all things functional medicine for my clients' health problems. The Inflammation Spectrum makes it easy to find which food work best for your body. This is grace-based eating at its best."

Kevin Hines (01:00:18):

I think that it's pertinent to the well-being of every human being on this globe to learn how to do this. But then you have to think about the areas in each country where people just don't have the ability to purchase this food because it's so expensive.

Kirkland Newman (01:00:35):

100%.

Kevin Hines (01:00:38):

There's a big disparity amongst black and brown and BIPOC communities that don't have the ability to purchase these foods because they don't have the money to do so. There's an unequal health disparity amongst people that can afford these types of foods and those that can't, and that's a problem. We need to make it more affordable to eat these kinds of foods on a regular basis. The idea that you'd go to Whole Foods and it's as expensive as it is, is ridiculous. It's a markup because they know that that type of clientele will pay that much money to eat that food, but they need to make it available for every human being on the planet.

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Kirkland Newman (01:01:22):

I 100% agree with you, and I think that's one of the biggest issues is that processed food is cheaper than whole foods.

Kevin Hines (01:01:28):

Cheaper and it's easier. Yeah. It's tied to violence, it's tied to aggression, it's tied to anger and irritability and all types of things like this. If we really want to make these changes, there's going to have to be some legislation that moves the needle in the right direction, but it's also going to have to be a massive way of education, and there's going to have to be some people that sell these foods that drop their prices.

Kirkland Newman (01:01:54):

100% agree with you. It's a whole societal issue.

Kevin Hines (01:01:58):

Yeah.

Kirkland Newman (01:01:59):

Well, Kevin, you're amazing. You're one of the most inspirational, wonderful, wise, lovely people I think I've ever met. I'm really grateful for you and for the work that you do. Before we close, is there anything that you would like to add that we haven't mentioned for people who are suffering or, I mean, we've covered a lot, but ...

Kevin Hines (01:02:23):

I would say, to all of you going through the pain, remember that it wasn't always like this, and with hard work, it won't always be like this. You can get better, you will get better. Put in the work, put in the effort and change your life. I believe in you. I know you can do this. You've got this, be here tomorrow.

Kirkland Newman (01:02:45):

I love that, and I love be here tomorrow. In fact, you sell these wonderful t-shirts with Be Here Tomorrow, and I wanted to get one for the podcast so that I could wear it, but I'm going to order it. I think I'll title the podcast, Be Here Tomorrow because I love that, and it's a really beautiful message.

Kevin Hines (01:03:05):

Wonderful. Thank you.

Kirkland Newman (01:03:06):

Well, thank you, Kevin. Thank you for your time, and thank you for everything, and keep up your wonderful work. I'm deeply grateful, as I'm sure many, many, many thousands of us are.

Kevin Hines (01:03:19):

Thank you very much for having me. Appreciate it.

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Kirkland Newman (01:03:21):

Thank you so much for listening to the MindHealth360 Show. I hope that we've helped you realize that your mental health symptoms have root causes that can and need to be addressed in order to sustainably heal, and have given you some ideas about steps you may take to start your healing journey. Please share this interview with anyone you think may find it helpful. If you want further information, please go to www.mindhealth360.com, or check us out on social media. This information is for educational purposes only and is not intended to diagnose or treat any disease or to replace medical advice. Please always consult your healthcare practitioner before discontinuing any medication or implementing any changes in your diet, lifestyle or supplement program. Thank you.