Get To Know Me: Student Nurse Mentoring

Program

Promoting Recovery and Self-Determination among Student Nurses Through Mentors with Lived Experience in Mental Illness

By
The Mental Health Nurse Recovery Education Team
Manual and Worksheets
Preface

Research shows that nurses, like most providers of mental health services, often stigmatize against people with mental illness. One stereotype often endorsed is that people with psychiatric illness are incompetent. Further the important concepts of mental health recovery and patient self-determination are often overlooked when dealing with patients with psychiatric disabilities. One way of combatting this stigma and discrimination is through the student nursing education system. The nursing curriculum provides an important venue to replace stigma with affirming attitudes early in the nurses’ career. Research examining ways to erase stigma and promote recovery has shown one to one contact to be most effective. People give up their prejudice in the face of a fully present human being sharing his or her story of challenge and recovery. These interactions are effective when they are exchanges (discussions) between two people, and not lectures from one to the other. This kind of exchange may be especially effective when one to one contact is in the form of a mentoring relationship. Mentors are people who impart wisdom to and share knowledge with protégé. People-in-recovery, by virtue of their lived experience with mental illness and with the service system, have significant wisdom about the realities of the system as well as knowledge about how to enhance visions of recovery and self-determination.

People-in-recovery as MENTORS inverts the typical provider-patient relationship. Traditionally, nurses learn therapeutic skills and knowledge and educate patients on topics such as diagnosis, medications, coping skills etc. This kind of education may unintentionally suggest a nurse’s authority is superior to the person with lived experience. As a result, nurses may discount people with mental illness, their experiences, choices, and aspirations. Nurses may define people by symptoms and disease, forgetting about the breadth of humanness that more accurately describes individuals. Being well intentioned, nurses concerned about patients with the most serious psychiatric symptoms become cautious believing they know what is best for the person and his or her family. Disease models emerge that lead to cautious overly protective or paternalistic plans and custodial approaches. Nurses unwittingly end up promoting stigma.

Get To Know Me: The Student Nurse Mentoring Program is designed to provide student nurses with the opportunity to learn from people-in-recovery = mentors, in a supportive environment. A mentoring structure was selected as effective mentoring programs have been shown to offer enough flexibility to help meet the personal needs of the nursing students, while allowing the mentoring relationship to flourish within a safe structure.

Lessons are structured around the experiences of mentors in order to increase and enhance intergroup harmony between student nurses and people with lived mental health experience. The purpose of this program is, through these interactions, to help students increase positive interactions with people with mental illness by making them aware of common prejudices, stereotypes and forms of discrimination of mental illness.

The Mental Health Nurse Recovery Team conducted community-based participatory research to develop the manual. The team was led by Patrick Corrigan of the National Consortium on Stigma and Empowerment (NCSE); Jonathan Larson, National Consortium on Stigma and Empowerment (NCSE); Virginia Goldrick, Recovery Support Specialist, Division of Mental Health in the Illinois Department of Human Services; Jeanette Rossetti, Carol Wahlstrom, Northern Illinois University School of Nursing and Health Studies; and J. Konadu Fokuo from the Illinois Institute of Technology. Ms. Fokuo is lead author on the manual.

This manual was only made possible with vital assistance in setting up the vision and working out the details from: Isaac K. Fokuo, Sarah Ellefson, Dana Kraus, Annie Schmidt and Raymond Burks.

More information about the project can be obtained from the NCSE website www.ncse1.org

Cite Manual as:
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Program Introduction and Logistics

Get To Know Me: Student Nurses Mentoring Program

Unlearning systematic prejudice, preventing detrimental forms of mental health discrimination, and shedding the authoritative nature of being a medical provider towards people with mental illness requires more than a standard curriculum. Even with the incorporation of people-in-recovery guest speakers, nursing students often lack a personal relationship with a person with mental illness. The Mental Health Nurse Recovery Team which included partners from Northern Illinois University’s School of Nursing and Health Studies and Cardinal Stritch University, Ruth S. Coleman College of Nursing and Health Sciences, developed this person-in-recovery, lead mentorship program to provide student nurses:

- Brief structured lessons to help students identify evidence-based strategies to reduce mental health stigma towards people with mental illness through intergroup interactions (student nurses and people-in-recovery completing collaborative tasks).
- The opportunity to create an avenue for people-in-recovery to share their expertise.
- Enable clinical nursing students an in-depth opportunity to assess the needs and plan care for populations with mental illness while identifying factors that promote good mental health.
- A reciprocal relationship between nursing students and people-in-recovery to enable supportive exchange of cultural values. This relationship also allows students to analyze available treatment options, barriers to care, and the adequacy of mental health care settings and community-based resources.

To review strategies to best enhance intergroup relationship, the writers of this manual conducted stakeholder focus groups which consisted of nursing students, people-in-recovery and primary informant interviews with registered nurses. A twist on the traditional one-on-one mentoring structure along with tele-mentoring is being used for this program.

Specifically:
- In conjunction with clinical rotations, two students will be assigned to one person-in-recovery (mentors). Therefore, each mentorship group will consist of six people.
- Students and mentors will meet once a week for the clinical rotation (5 weeks).
  - There will be 5 face-to-face meetings between mentoring groups. Face-to-face meeting will occur for 90 minutes at an assigned location.
  - Mentors and students will also have 2 tele-mentoring sessions as homework assignment. Tele-mentoring homework sessions will last 20-30 minutes per meeting.
- Mentorship groups will be mutually beneficial. Nursing students in this program will be graded (pass/fail) and hired mentors will be compensated.
  - Mentors and students provide feedback on each other’s performance. Instructors will use mentors feedback in grading the student and Program Administers will utilize students’ feedback in the mentors’ work performance evaluation.
- Students will maintain a reflective journal, entering at least one half page of comments after each week’s meeting including telephone exchanges.

Lesson Design

The stakeholder groups also suggested several tactics they believed would be effective in reducing prejudice and preventing stereotyping and discrimination. The lessons in this program manual are in accordance with the information gathered through the community-based participatory research (CBPR).

Stakeholders were interested in creating lessons that tackle topics that:
1. Help to establish a personal relationship between the mentor and the student nurse.
2. Provide a grasp on the theoretical and practical constructs of stigma—prejudice, stereotypes and discrimination.
3. Enhance communication skills through role playing. Specifically, listening skills and the role of a speaker’s “sneaky stigma” in communication.
4. Allow the opportunity for mentors to share their recovery stories with nursing students.
5. Teach nursing students to be aware of the cultural impact of media representations of people with a mental illness.
6. Teach nursing students how to create a campaign that reduces negative attitudes about people with mental illness or increases positive attitudes about people with mental illness.

The designed lessons in this program aim to have a positive impact in enhancing one’s attitude and perception towards people with mental illness, thus reducing the tendency to stereotype and discriminate. Based on a review of information gathered from stakeholders, lessons designed for this program incorporated the following principles:

Interpersonal Closeness
The concept of “small talk” depending on who you ask may appear trivial or anxiety provoking. However “small talk” has been shown to be an effective way for building relationships. In this program there are several opportunities for students and mentors to select questions from a list of “conversation starters”. Prerequisites necessary to transform “small talk” into a more productive instrument of relationship building include:

a. An Even Playing Field. Students and mentors while engaging in relationship building activities, must believe they come from a place of equality. Relationship building exercises in this program, attempt to minimize opportunities to talk about personal achievements. Rather questions tap more hopes, dreams, aspirations and personal preferences.

b. Respected Vulnerability. Social psychologists have shown that personal disclosure provides the depth or connectivity of a relationship. Therefore, relationship building questions allow for mentorship group members to disclose personal information while in a safe environment. Program members are repeatedly reminded to share only as much as they feel comfortable.

c. Gradual Growth. Building a relationship occurs over time and cannot be forced. Relationship building questions increase in the degree of personal disclosure over time. Initial conversation starters may appear as mundane as “what’s your favorite food” to more personal discussion inducing questions such as “what song would you want to be on the soundtrack of your life.”

These exercises (Lessons) are: Conversation Starters Worksheet (Lessons 1 and 4); Most Prized Item Worksheet (Lesson 1); Homework: Telephone Meeting 1- A Day’s Activity

Structured Co-operative Learning
Poorly constructed co-operative learning activities can cause negative perceptions and stereotypes to be reinforced. The culture of acceptance does not naturally occur by arbitrarily assigning students
and people with mental illness a common task. Without a clear structure, students often find the activities frustrating.

The lessons in this program will ensure group success with:

a. *Equality of Dependence*. Lessons will require group cooperation and interdependence based on the expertise of individual members. Students learn through the co-operative learning process that they need their group members in order to succeed and this breeds the need for mutual reliance and individual accountability. It is based on this mutual reliance that students learn and complete tasks of cooperative planned care. These lessons will focus on helping with self-management, decision support, community support, and health care resources.

These exercises (Lessons) are: *Introductions and Perspectives (Lesson 1); The Tale of Two Jones (Lesson 3); My Recovery Story (Lesson 4)*

**Media and its Role on Prejudice, Stereotyping and Discrimination**

The role of media representation of people with mental illness is very important to investigate. Media productions, including print media, which highlight persons with mental illness as a means to change attitudes and behaviors often have little impact. At best such measures are greeted with indifference, but in some extreme cases they may in fact provide greater education on how to discriminate or teach new ways to stereotype. It is hypothesized that these negative responses may be the result of media used in an unprepared environment, with unclear learning objectives and little facilitation and debriefing. On the other hand, media representations that are realistic and present authentic characters can be effective tools. This program offers lessons in how to effectively analyze media representations and decode media messages about people with mental illness.

This exercise (Lesson) is: *Let’s Talk about it—News Media Article (Homework: Telephone Meeting 2)*

**Inside-Outside Study of Culture**

It is important to understand that stigma encompasses concepts beyond notions of mental health status. The stigma of mental illness is not divorced from other issues of diversity such as ethnicity, physical disability, gender, or class. Mental health stigma is a broad, complex, and dynamic concept. That’s why in discussing mental health stigma it is essential to include discussions of the role of culture and other psychosocial factors in maintaining or diminishing one’s prejudice. Throughout this program questions and examples of stereotypes, prejudice and discrimination are not limited to people with mental illness, but also other cultural groups. Teaching students the prejudice associated with particular cultures alongside with that of people with mental illness will force them to confront the impact of other factors on their preconceived notions.

These exercises (Lessons) are: *Stigmatizing Beliefs Worksheet (Lesson 3); The “Speaker” and “Sneaky” Stigma (Lesson 2)*

**Role Playing and Simulation Activities**

The process of role playing and simulation games provide opportunities for students to learn through vicarious experiences. Simulation and role-play activities can reduce prejudicial attitudes, but one must be cautious about the adverse impact such exercises may have on certain individuals. Mentors will be trained in how to facilitate role play exercises in order to minimize the potential of negative responses to those activities. The effectiveness of these interventions, though powerful on an affective level, must be implemented with care. Follow-up and debriefing in the form of facilitated discussions and didactic instruction are included as an integral part of the simulation.

This exercise (Lesson) is: *The Floor (Lesson 2)*
Direct Instruction
This program directly teaches about topics such as prejudice, stereotyping and discrimination. Direct instruction has been shown to be a powerful tool in reducing mental health stigma. This instruction includes:
- Organized discussions about historical and current examples of discrimination,
- The causes of prejudice
- The inconsistencies of stereotypes
- Processes to remedy discrimination

This exercise (Lesson) is: Understanding Stigmatizing Beliefs (Lesson 3)

Communication Improvement Skills
We often think of prejudice and stereotyping as emanating from feelings of low self-esteem, and a sense of superiority. In trying to erase prejudice and prevent stereotypes this program focuses several of its messages on improving communication skills. In some cases acts of prejudice and stereotyping are the result of faulty communication. Due to the fast paced nature of medical settings, communication accuracy tends to be low. Teaching communication skills, such as active listening, use of sneaky stigma and the hidden meaning behind the words of others aids in being objective and open minded.

These exercises (Lessons) are: The Floor and; The “Speaker” and “Sneaky” Stigma (Lesson 2)

Sharing Learned Information
At the end of this program there will be an opportunity for students and mentors to present their learned experience during a final day presentation. Mentorship groups will be permitted to display their knowledge in any format. Mentorship groups will be allowed 30-45 minutes at the end of three lessons to discuss and work on their final project presentation.

These exercises (Lessons) are: Relationship Building Exercises (Lesson 1); Effective Communication-Listening (Lesson 4) and Lesson 4 (Recovery Story).
# Program at a Glance

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<th>Week</th>
<th>Lesson</th>
<th>Activities</th>
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<td>To be completed before first meeting</td>
<td><strong>Homework: Most Prized Item (pp. 9-10)</strong></td>
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- Relationship Building Exercises  
- Most Prized Item Worksheet  
- Presentation Day Prep  
- **Homework: Telephone Meeting 1 - A Day’s Activity (pp. 24-25)** |
| 2    | Lesson 2: Effective Communication pp. 28-35 | - Effective Communication - Listening  
- Sneaky Stigma: Possible Interpretations Worksheet  
- Presentation Day Prep  
- **Homework: Telephone Meeting 2 - Let’s Talk about it—News Article (pp. 36-40)** |
| 3    | Lesson 3: Stigmatizing Beliefs pp. 36-47 | - Understanding Stigmatizing Beliefs  
- Stigmatizing Beliefs Worksheet  
- **Homework: A Recovery Story (pp. 53-55)** |
| 4    | Lesson 4: Stories pp. 56-65 | - Recovery Story  
- Personal Story |
| 5    | Lesson 5: Presentation Day pp. 68 | - Mentorship Groups Presentation Day |
Lesson 1 Homework: Most Prized Item

Directions:
Please attend your first meeting with a treasured object/picture that you have found, bought, or perhaps inherited. Introduce your prized item and tell where, when, why, and how it was obtained. Please use the following questions to help you prepare to discuss the importance of this item to you.

Thinking Points

Where did you get the item?

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
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_______________________________________________________________________________

When did you get it?

_______________________________________________________________________________
_______________________________________________________________________________
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Homework: Most Prized Item (Continued)

How did you get the item?

_______________________________________________________________________________

_______________________________________________________________________________

Discuss what value this item has in your life. Does the item serve, for example, as a comfort object, a reminder, or symbol?

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Lesson 1: Introductions, Perspectives and Relationship Building

Directions:

This lesson includes a summary of mentor and student goals: given the purpose of the program, what is each party hoping and expecting?

Mentors and students should each take about 15 minutes to complete Worksheet A. Write down the kind of information they think is appropriate to share with a “polite stranger who might become a friend.” Write down on each line specific things you might say about yourself: such as name, age, birthplace, education, interesting experiences.

Next, write down a brief introduction of yourself using the items you listed under Task 1. This introduction should go in the text box for Task 2. Tasks 3 and 4 are meant to add to the introduction in a more personal way.
Lesson 1: Introductions and Perspectives Worksheet

Mentor/Student’s Name________________________________________ Date________________

Task 1. What do you think makes up information a person might want to share with “polite strangers” when they first meet them? (for example, name, age, where born…)
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________

Task 2. Now use this list to write out your introduction.

Task 3. Let’s add to the introduction the following information: What hopes, goals, and aspirations do you have for your life in general? Also write down any interesting achievements or accomplishments in your life.
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________

Task 4. What challenges do you have or have you had in life?
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________
- ___________________________________ - ___________________________________
Keep in mind this rule throughout the program: DO NOT disclose anything you feel uncomfortable sharing.

Task 5. What hopes and goals do you have for this mentoring program?

- ___________________________________  - ___________________________________
- ___________________________________  - ___________________________________
- ___________________________________  - ___________________________________
Lesson 1: Introductions and Perspectives Worksheet (continued)

One at a time, in any order you prefer, mentors and students should share the information completed above (in tasks 1-5). Listeners should summarize in the boxes below what they heard from each speaker.


When the person is done, check out what you wrote. I heard you say...


When the person is done, check out what you wrote. I heard you say...


When the person is done, check out what you wrote. I heard you say...


When the person is done, check out what you wrote. I heard you say...

After completing this task, fill out the next two boxes before sharing with the group.

Task 10. What are similar themes across the stories?

Task 11. What are different themes across the stories?
Task 12. Finally: make a list of everyone’s hopes and goals for the mentoring program
Lesson 1: Relationship Building Exercises

Lesson 1 further consists of two exercises with worksheets. Both exercises are designed to improve interpersonal closeness. The first is the relationship building exercise, Conversation Starters of “Favorites” and the second is the Most Prized Item Worksheet.

Conversation Starters Worksheet

“What’s Your Favorite…?”

Asking someone about their “favorites” is a great way to get to know each other. It is an opportunity to learn about each other’s preferences and opinions.

Directions:
Each member of the group should select one of the five questions listed below and pose it to group members. Please take 15-20 minutes to complete this task.

1. What was your favorite food when you were a child?
2. What is your favorite food now?
3. What’s your favorite time of day?
4. What is one of your favorite quotes?
5. What’s your favorite indoor/outdoor activity?

Discuss with your group members:

Which question did you select?

________________________________________________________________________________________

________________________________________________________________________________________

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Lesson 2: Conversation Starters Worksheet (Continued)

Why did you select that particular question?

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Did different group members have the same answer for a “favorite” as you?

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Lesson 2: Conversation Starters Worksheet (Continued)

List some preferences/opinions that you’ve learned today about your group members from this exercise.

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Lesson 1: Most Prized Item Worksheet

Directions:

Please introduce your most prized items using the information from your completed Most Prized Item Homework Worksheet. Each group member should be allowed to present their treasured item for approximately 5-10 minutes.

Each member should select a different group member and record that person's answers below.

Name of selected group member: ______________________________________________________

Where did the group member get the item?

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When did the group member get it?

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Lesson 2: Most Prized Item Worksheet (continued)

How did the group member get the item?

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Discuss the value this item has in their life. Does the item serve, for example, as comfort objects, reminders, symbols?

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Presentation Day Prep
You should have approximately 30 minutes left in today’s meeting.

Please take this meeting time to discuss the upcoming presentation day at the end of the mentorship program. The final mentorship meeting will be for group presentations. Presentations are a great way to educate others about your mentorship groups and what you’ve learned throughout this program.

In this format each mentorship group has 15-20 minutes to share whatever lesson they’ve learned with their colleagues.

Use this time to think about what your group would like to present to the other groups. Presentation should be informative, creative, and fun. Presentations can be about anything related to mental health stigma.

○ Use 20-30 minutes to decide HOW you want to present the information. These are examples you may choose from.
  □ Display board/Poster
  □ A short demonstration (a skit)
  □ A PowerPoint presentation
  □ A collage of pictures or quotes
  □ A video
Use the space below to take notes on your group’s decisions.

________________________________________________________
________________________________________________________
________________________________________________________
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Lesson Completion Checklist

Indicate activities completed in today’s meeting.

- Introductions and Perspectives Worksheet
- Each group member selected one conversation starter to discuss with group.
- Review HW: - Getting to Know you—Most Prized Items.
- Start prep for final presentation.
- Check for upcoming homework assignment— Preparing for Telephone Meeting 1 - A Day’s Activity.
Telephone Meeting: Preparing for Telephone Meeting 1- A Day’s Activity

Each mentor should pick one student to call for the upcoming week. Mentor and student should schedule the phone meeting (i.e. select a convenient time, provide contact information etc.)

Please select a distraction free time for the 20-30 minute phone meeting. For this phone meeting please be ready to discuss an activity you completed that day. It can be any activity you are willing to share with each other.

Phone number to call: _________________________________

Time to call: ____________________________________

Directions:

Complete the following table (page 24) before your upcoming telephone meeting.

Select one day out of the week which you would like to share with your mentor. Using the table below list the activities you plan to engage in for that particular day. Include everything you are willing to share (for example daily hygiene, grocery shopping, reading, picking up a loved one, running errands, taking a walk...)

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<table>
<thead>
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<th>9:00AM-12:00PM</th>
<th>12:00PM-3:00PM</th>
<th>3:00PM-6:00PM</th>
<th>6:00PM-9:00PM</th>
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<td>Dusting, sweeping,</td>
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<td>Preparing food, cooking,</td>
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<td>eating</td>
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<td>Personal care:</td>
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<td>Painting, playing the piano</td>
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<td>Intellectual:</td>
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<td>Reading a book, doing crossword puzzles</td>
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<td>Taking a walk, playing catch</td>
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<td>Having coffee, talking, playing cards</td>
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<td>Spiritual:</td>
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</tr>
<tr>
<td>Praying, singing a hymn</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Spontaneous:</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Going out to dinner, visiting friends</td>
<td></td>
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<tr>
<td>Work-related:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Making notes, typing, fixing something</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>
Telephone Meeting 1: A Day’s Activity

The following telephone meeting is designed to further improve *interpersonal closeness*. It highlights the commonalities within the human experience. Finding these similarities is helpful in modifying stereotypes.

The following talking points help craft thoughts or jump start discussions. You and your partner should take turns completing the discussion of this exercise. You may write notes in the boxes.

**Talking Points**
*Keep in mind this rule throughout the program: DO NOT disclose anything you feel uncomfortable sharing.*

Working off the **Homework: Preparing for Telephone Meeting- A Day’s Activity**, discuss with your **partner one** activity which you truly enjoyed (Example: I finally finished the book I was reading)

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Scale of 1-5 how important was it for you to complete this activity?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unimportant</td>
</tr>
<tr>
<td>2</td>
<td>Of little importance</td>
</tr>
<tr>
<td>3</td>
<td>Moderately important</td>
</tr>
<tr>
<td>4</td>
<td>Important</td>
</tr>
<tr>
<td>5</td>
<td>Very Important</td>
</tr>
</tbody>
</table>
Telephone Meeting 1 - A Day’s Activity (Continued)

Discuss one activity that you didn’t particularly enjoy but completed. (Example: I finally did some of my chores specifically, laundry.)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Did completing this activity allow you to do something else? (Example: Finally doing a part of my laundry allowed me to watch television without feeling guilty!)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

List other activities you wished you completed, if any.

- ___________________________  - ___________________________
- ___________________________  - ___________________________
- ___________________________  - ___________________________
- ___________________________  - ___________________________
- ___________________________  - ___________________________
- ___________________________  - ___________________________
What prevented you from completing the above listed activities?
- ____________________________  - ____________________________
- ____________________________  - ____________________________
- ____________________________  - ____________________________
- ____________________________  - ____________________________
- ____________________________  - ____________________________
- ____________________________  - ____________________________
Lesson 2: Effective Communication - Listening

Listening skills are a very important part of effective communication. People with lived mental health experience noted nurses often did not appear to be “listening” to their needs and concerns. This lesson consists of two communication exercises. The first exercise targets the “listeners” and utilizes role-playing for effective listening. The second communication exercise targets the "speaker" and highlights the impact of indirect prejudice.

Role Play Exercise: The Speaker-Listener Technique ("The Floor")

This simulated activity is designed to help students and mentors get a practical understanding of their listening skills. This task takes approximately 20-25 minutes to complete.

There will be four roles in each subgroup: speaker, listener, and two observers. Everyone will take each role once in this practice, so decide who is going to take which role first.

Directions:

The “Floor” is a structured approach to good communication and active listening. In this technique, one mentor should provide the mentorship group with an object to designate who has the “floor.” The object can be as simple as a pencil or pen. The designated object clearly makes one person the “speaker”, and who is the “listener”, a distinction most people find hard to make in their normal conversations.

The Floor

Rules for the Speaker:
1. Talk about something that is important to you: your job, your family, a decision, or a question for 3-4 minutes
2. Keep statements brief. Don’t go on and on.
3. Stop to let the listener paraphrase.

Rules for the Listener
1. Paraphrase what you hear.
2. Focus on the Speaker’s message. Don’t rebut.

Rules for Observers:
1. Keep track of what the speaker is saying.
2. Keep track of the listener’s summaries.
3. Keep track of the time and gently announcing "stop" when the time is up

Rules for All:
1. The Speaker has the “floor.”
2. Speaker keeps the floor while the Listener paraphrases.
3. Share the floor
Lesson 3: Effective Comm. - Listening (continued)

**Procedure:**

The first speaker will talk with the listener for three or four minutes. The listener will then discuss the listening experience with the other members of the group.

After the conversation, take a few minutes: first, the listener will share thoughts about their listening skills; second, the speaker will comment on his/her experience during the conversation and the listener's use of the skill; finally, the observers will share observations, and comment on the conversation.

When exchanging observations about a conversation, please give the listener accurate feedback about how he or she used the skills. If a listener is having difficulty with summarizing, say so—and help so they can learn to do better. Remember that the purpose of practice is for the listener to learn the listening skill. Feedback and suggestions from both speaker, and observer are essential to the learning process.

**Discussion questions:**

First **To the Listener:** What was comfortable? Difficult? Were you able to stay with the speaker the whole time?

Second, **to the Speaker** (then the speaker will share their feelings about the listener's listening): Did you feel listened to? Was it helpful? Did the listener have any habits you found distracting?

Lastly, **to the Observers:** Was the interaction comfortable to watch? Did you feel like the speaker was being heard? How effective were the listener's summaries?

This sharing process should take about three or four minutes. Now everyone change places. Have the one Observer become the Listener, the other the Speaker and the Speaker and Listener become the Observers. Go through the **3-4 minutes** of talking, listening and exchanging of remarks so that each person can take each role once.
The “Speaker” and Sneaky Stigma

Communication involves a “listener” and a “speaker”. The role of the listener has been discussed, now let’s talk about the role of the “speaker” and the use of sneaky stigma. Sneaky Stigma are comments that possess an offensive sting often only noticeable to the listener. Students will learn to identify sneaky stigma, and will be able to reflect on how they can modify questions or comments in ways that are less likely to reflect stereotypic assumptions and beliefs.

Sneaky Stigma Activity

Sneaky Stigma are described as brief, everyday exchanges that send demeaning messages to certain individuals because of their group membership. From the perspective of those who experience them (people of color, people with mental illness, member of the gay community, women, immigrants) these exchanges are frequent and automatic, but are often glossed over as being innocent or harmless. Sneaky stigma, however, contribute to reinforcing negative stereotypes and perpetuating systematic prejudice.

Most people unknowingly use sneaky stigma, and often intend no offence, and are unaware they are causing harm. That’s why it is important to recognize the form sneaky stigma take, and their impact on the recipient of such comments. Being aware of sneaky stigma is an important step toward addressing bias experienced by minority group members.

The following worksheet is designed to help explore the use of sneaky stigma. Spend 10-15 minutes to complete the worksheet. Then, discuss your responses with your mentorship group.
**Lesson 2: Sneaky Stigma: Possible Interpretations Worksheet**

In column A are statements that could be interpreted as sneaky stigma. In column B fill in possible interpretations of column A’s statements. Each statement from Column A may have more than one interpretation. Be ready to explain each interpretations to your group members. Think critically about how a person could interpret these statements as a “put down.”

<table>
<thead>
<tr>
<th>Column A: Statements</th>
<th>Column B: Possible Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I can’t spell! I am so dyslexic!”</td>
<td>People with learning disabilities are incompetent.</td>
</tr>
<tr>
<td>“You’re such a credit to your race.”</td>
<td>You far exceed the social standards of your racial group.</td>
</tr>
<tr>
<td>“Kids and a disability? You’re inspiring!”</td>
<td>Your disability precludes you from aspiring to typical social achievements.</td>
</tr>
<tr>
<td>“That’s ‘trashy’ (or ‘ghetto’).”</td>
<td></td>
</tr>
<tr>
<td>“Everybody feels bad sometimes. It’s not that big of a deal!”</td>
<td></td>
</tr>
<tr>
<td>“Everyone can succeed. You just need to try harder!”</td>
<td></td>
</tr>
<tr>
<td>“But you don’t look like you have a mental illness.”</td>
<td></td>
</tr>
<tr>
<td>“Don’t worry about it everyone’s gay in college.”</td>
<td></td>
</tr>
<tr>
<td>“I didn’t know being sad can get you (disability) money!”</td>
<td></td>
</tr>
<tr>
<td>“OMG you’re being so bipolar!”</td>
<td></td>
</tr>
<tr>
<td>“Try not to be so negative. You’d feel better.”</td>
<td></td>
</tr>
<tr>
<td>“You speak English very well. How long have you lived in this country?”</td>
<td></td>
</tr>
<tr>
<td>[to someone who is deaf] “Your other senses must be much better than mine!”</td>
<td></td>
</tr>
<tr>
<td>“You’re just pms-ing!”</td>
<td></td>
</tr>
</tbody>
</table>

When meeting a biracial person:

| “so what are you?”                                       |                                                                         |
| “Wow your hair looks fun!”                              |                                                                         |
Rewording Statements

After you have finished creating possible interpretations the statements in column A, choose four statements, and rewrite them so that they do not contain a hidden or negative message.

For example, the original statement “How long have you been in this country?” implies that the speaker believes the person was born in another country. This assumption could be right or wrong; a neutral wording of the statement might be: “Where did you grow up?” or “How long have you lived in this town?”

1. Original Statement: ____________________________________________________________
   Reworded Statement:
   ____________________________________________________________

2. Original Statement: ____________________________________________________________
   Reworded Statement:
   ____________________________________________________________

3. Original Statement: ____________________________________________________________
   Reworded Statement:
   ____________________________________________________________

4. Original Statement: ____________________________________________________________
   Reworded Statement:
   ____________________________________________________________

Discussion Questions
Some argue that the impact of subtle prejudice, such as sneaky stigma, is more harmful than the impact of blatant discrimination. Do you agree or disagree with this position? Discuss with your mentorship groups your opinions.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

PG. 32
Presentation Day Prep

Please take this meeting time to discuss the upcoming presentation day at the end of the mentorship program. The final mentorship meeting will be for group presentations. Presentations are a great way to educate others about your mentorship groups and what you’ve learned throughout this program.

In this format each mentorship group has **15-20 minutes** to share whatever lesson learned with colleagues.

Use this time to think about what your group would like to present to the other groups. Presentation should be informative, creative and fun.

Your mentorship group **should have** by now decided **how** you want to present your information. Select your method below:

- [ ] Display board/Poster
- [ ] A short demonstration (a skit)
- [ ] A PowerPoint presentation
- [ ] A collage of pictures or quotes
- [ ] A video
- [ ] Other
Use the space below to take notes on your group’s decisions.

Now: use this time to

- Decide WHAT information to share: - What would your group like to display to the other mentorship groups? These are examples you may choose from.
  - Something you learned as a mentorship group? E.g. Ways to improve communication (roadblocks, sneaky stigma, stereotyping)
  - Present your mentor(s) recovery story (if they feel comfortable with the idea)
  - An analyses of a newspaper article
  - An analyses of a movie/television scene
  - Potential advocacy project*


_______________________________________________________________________________

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_______________________________________________________________________________
How to prepare a group presentation

1. Organize the structure of your presentation into the sections:
   - Introduction
   - Middle sections
   - Conclusion

2. Allocate sections to each speaker. Make sure that each speaker has approximately the same amount of information to report. Make sure the presentation is well balanced with:
   - Each speaker speaking for about the same time
   - Each speaker only speaking once.

3. Decide where visuals are needed and prepare these visuals. Make sure that your slides are effective.
   - Keep the message punchy.
   - Avoid long lists of equations and detailed technical information.
   - Give every slide a title.

4. Prepare the talk and prepare your notes.

5. Rehearse with the group. Check the structure. Check the timing. Check your delivery. Make any necessary changes and prepare the final version.
   - Rehearse again.

*If your mentorship group decides they would like to present a potential advocacy program a worksheet, Tackling Stigma Worksheet (pg. 64) has been provided. The Worksheet can help your group think through the content, audience, message and general description of your potential project.

Lesson Completion Checklist

Indicate activities completed in today’s meeting.

☐ Complete The Floor: Role Playing Exercise
☐ Complete Sneaky Stigma: Possible Interpretations Worksheets.
☐ Prep for final presentation.
☐ Check for upcoming homework assignment: - Telephone Meeting 2- Let’s Talk about it—News Article.
Telephone Meeting: Preparing for Telephone Meeting 2 - Let’s Talk about it—News Article

Each mentor should pick one student to call the upcoming week. Mentor and student should schedule the phone meeting (i.e. select a convenient time, provide contact information etc.) Please select a distractions free time for the 20-30 minute phone meeting.

Phone Number to call: __________________________________________________

Time to Call: __________________________________________________________

We have discussed mental health stigma and its components: systematic prejudice, stereotypes and discrimination. Your assignment for the upcoming telephone meeting is to find a newspaper or magazine article about mental illness. This exercise incorporates the media, and its role on prejudice, stereotyping and discrimination.

The media has an important role, and news outlets especially have a significant impact on society. Newspapers deliver information on a daily basis. This delivery role of the Newspapers is not only vital in relaying information to the masses, but they also document history, and provide an archive of the way people think, feel and behave at any point in time.

You can search articles online (Google News, Bing News, Yahoo News etc.) if you type in “mental illness” and “news article.” If you do not have access to the internet, local libraries have newspapers. Be prepared to discuss it with your mentor or student.

Assessing the article

1. Pick a newspaper that is of interest. It can be a major newspaper or a local alternative paper. Select a news article related to mental illness and read it from beginning to end mindful of the information delivered. Pay close attention to the reason the news article is being written. Does the article provide additional information to help the reader understand the point of the article?

2. Determine if the article is biased in any direction. Read for implications or judgment within the story. The article should not be slanted in any one way or be written so that a corporation, idea or person is sponsored either directly or indirectly. The writer should not have a conflict of interest in regards to the piece, and all the work should reflect all ideas within the story in a balanced fashion.

3. Determine if the material is accurate. Read for blatant exaggerations or hype and take note of any false information. All news articles must be free from exaggeration or falsified information. Articles should use words that honestly represent the reality of the piece. Words should be chosen carefully and thoughtfully.

4. Determine if the use of unnecessary obscenity or graphic images of a violent nature are displayed simply for shock value. The news aims to alert readers to realities that may be graphic or violent in nature. Photos and information should accurately reflect the situation at hand and not be used in a way that will titillate or offend.
Lesson 4: Preparing for telephone meeting - 2 (continued)

The following questions should be **completed before** your upcoming meeting while reading your chosen article. Completing these questions will serve as “talking points” to help craft your thoughts or jump start discussions during your meeting.

**Talking Points**

a. According to your reading what event(s) led to the writing of the article?
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________

b. What is the main idea/point of the article?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   c. Select a couple of facts/arguments (at least 2) which support the main idea.
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________
   - __________________________

   d. Does the author provide enough factual material to support their ideas (quotes witnesses, provides statistics, states his sources of information)? Was the author an eyewitness to events; or was the information obtained through a news service?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
Preparing for telephone meeting-2 (continued)

e. In your opinion, is this article balanced or biased? Are different viewpoints presented? Explain.
Homework: Telephone Meeting 2: Let’s talk about it—News Media Article

Directions:

Take turns explaining the content of your selected news article with your partner using the Talking Points from Preparing for Telephone Meeting-2. Share with your partner your opinion of the article. After sharing your article, discuss the following questions with your partner.

a. Imagine you were a reporter. How might you report a shooting event with a suspect believed to have a mental illness? What angle might you take? What information would you seek out? Would the article be an editorial (author’s own ideas), informative, convincing, balanced?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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b. How might you ensure that your article about the shooting does not increase mental health stigma?

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Lesson 4 Completion Checklist

*Indicate activities completed in today's meeting.*

☐ Complete *Telephone Meeting-2*
Lesson 3: Understanding Stigmatizing Beliefs

Lesson 3 consists of two exercises with worksheets. These exercises incorporate the principles of co-operative learning and direct instruction. The first is Stigmatizing beliefs—Systematic Prejudice, Stereotypes and Discrimination and the second is The Tale of Two Jones. Both exercises feature an exploration into the theoretical and practical concepts of stigma and its components: systematic prejudice, stereotypes and discrimination.

Stigmatizing beliefs—Prejudice, Stereotypes, and Discrimination.

People often use the words systematic prejudice, stereotypes and discrimination interchangeably. These words are, however, distinct not only in their definition, but in their impact.

- **Systematic Prejudice** is a baseless and usually negative attitude towards members of another group (e.g. racism, sexism, homophobia etc.). The implications of prejudice tend to be broader and systemic.

- **Stereotypes** are any commonly known public belief about a certain social group or a type of individual. Examples of such specific beliefs about a group, are what members of a particular group look like, how they behave, or their abilities. Stereotypes can be neutral bits of popular information, but they can also be negative.

- **Discrimination** is the unfair treatment of a person or group of people differently from other people or groups. Whereas prejudice and stereotypes are thoughts and feelings, discrimination is an action or behavior.

Talking Points

List some commonly held stigmatizing beliefs about White Americans. (These don’t have to be personally held beliefs.)

| __________ | __________ |
| __________ | __________ |
| __________ | __________ |
| __________ | __________ |
| __________ | __________ |
| __________ | __________ |
| __________ | __________ |
| __________ | __________ |
| __________ | __________ |
| __________ | __________ |
Lesson 3: Understanding Stigmatizing Beliefs (continued)

Again, what are some commonly held stigmatizing beliefs about Black Americans? (These don’t have to be personally held beliefs.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List some commonly held stigmatizing beliefs about people with mental illness. And again these beliefs don’t have to be personally held beliefs.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Can you think of a time when you witnessed the impact of stigmatizing beliefs (eg. prejudice or discrimination)?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Lesson 3: Understanding Stigmatizing Beliefs (continued)

If yes, what did you do?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Can you think of a time you felt discriminated against or stereotyped? What did you do?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

If yes, what did you do?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
Lesson 3: Understanding Stigmatizing Beliefs (continued)

What could be some forms of prejudice, discrimination or stereotyping that could occur in a health care setting?

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Discuss with your mentorship group what to do if you witness or are the victim of mental health stigma.

List the possibilities below:

- ________________________________

- ________________________________

- ________________________________

- ________________________________

- ________________________________

- ________________________________

- ________________________________

- ________________________________

- ________________________________

- ________________________________

- ________________________________

- ________________________________

- ________________________________
Lesson 3: Stigmatizing Beliefs Worksheet

Directions:

Using the above definitions:

**Discuss with your mentorship pairs and indicate whether these statements are a form of systematic prejudice (P), or discrimination (D).**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with mental illnesses also have physical disabilities.</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic white Americans have “no rhythm.”</td>
<td></td>
</tr>
<tr>
<td>As a landlord, I don’t accept tenants who I believe to have a mental illness.</td>
<td></td>
</tr>
<tr>
<td>People with autism are geniuses.</td>
<td></td>
</tr>
<tr>
<td>Men are messy.</td>
<td></td>
</tr>
<tr>
<td>People with mental illness should be hospitalized against their will for public safety.</td>
<td></td>
</tr>
<tr>
<td>Engineers, mechanics, auto repair workers are all masculine.</td>
<td></td>
</tr>
<tr>
<td>As a way of ensuring warehouse safety, I require all employees disclose their health issues.</td>
<td></td>
</tr>
<tr>
<td>People with mental illness like pregnant women are too expensive (in terms of insurance cost) to employ for small businesses.</td>
<td></td>
</tr>
<tr>
<td>My company only uses foreign made goods because they are better quality.</td>
<td></td>
</tr>
<tr>
<td>When someone has several illnesses, including mental illness, it is important to treat the mental illness first. Once the mental illness is under control, then other medical conditions can be treated.</td>
<td></td>
</tr>
<tr>
<td>Ethnic minorities are all fantastic athletes.</td>
<td></td>
</tr>
<tr>
<td>Several countries prohibit people with mental illness from buying guns.</td>
<td></td>
</tr>
<tr>
<td>The homeless most likely have some sort of mental illness.</td>
<td></td>
</tr>
<tr>
<td>All children aged 14 and older with a mental illness are served by special education classes not “regular” classes.</td>
<td></td>
</tr>
</tbody>
</table>
Lesson 3: The Tale of Two Jones

Directions:
In the previous worksheet we discussed the components of stigma. Now let’s analyze the practical application of prejudice in our daily lives and how we can combat it. Please read the story of Frank and Alice Jones and complete the exercise and discussion questions below. Take note of their illness, their quality of life, and the impact their disabilities have on their daily living and relationships.

The Tale of two Jones

CASE ONE: FRANK JONES

Frank Jones had been released from a state psychiatric hospital after having been admitted recently for intense psychotic symptoms. At the time of admission, Frank was highly agitated, yelling that the police were going to harm him because he’s the Boston Strangler’s brother. In the emergency room, Frank told the on-call psychiatrist that he was hearing voices of the devil preaching about his murderous relatives.

This was Frank’s third hospitalization since his schizophrenia was first diagnosed 12 years earlier at age 22. Frank had made an excellent recovery from previous hospital stays: He had been working as a salesman at a hardware store for the past six years, and lived nearby in a small, but comfortable apartment. He visited a psychiatrist at the community mental health center for medication about once a month. He also met with a counsellor there to discuss strategies to cope with his mental illness. Frank had several friends in the area, and was fond of playing softball with them in park district leagues. He had been dating a woman in the softball group for about a year, and reported that he was “getting serious.” Frank also was active in the local Baptist Church, where he was co-leading Bible classes with the pastor.

The reappearance of symptoms derailed his job, his apartment and his social life. Recuperating from this episode involved more than just dealing with the symptoms of his illness. The reaction of friends, family members, and professionals also affected what happened to Frank. The hardware store owner was frightened by Frank’s “mental hospitalization.” The owner had heard mentally ill people could be violent, and worried that the stress of the job might lead to a dangerous outburst in the shop. Frank’s mother had other concerns. She worried the demands of living alone were excessive: “He’s pushing himself much too hard trying to keep that apartment clean and do all his own cooking,” she thought. She feared Frank might abandon his apartment, and move to the streets, just like other mentally ill people she had seen.

Frank’s doctor was concerned his hospitalization signaled an overall lack of stability.

******************************************************************************

Should the doctor along with Frank’s boss and mother insist that Frank leave his job, give up his apartment and move in with his mother? Why or Why not?

******************************************************************************
CASE TWO: ALICE JONES

Alice Jones had been released from a provincial hospital after having been admitted recently for intense hypoglycemia (low blood sugar) symptoms. At the time of admission, Alice was completely disoriented. Alice told the on-call doctor that she lost consciousness while driving.

This was Alice’s third hospitalization since her diabetes was first diagnosed 12 years earlier at age 22. Alice had made an excellent recovery from previous hospital stays: She has been working as a teaching assistant for the past six years at a small day care center, and lived nearby in a small, but comfortable apartment. She visits her primary care doctor at the community health center for medication about once a month. She also meets with a dietitian there to discuss strategies to cope with her diabetes. Alice has several friends in the area and is fond of playing volleyball with them in park district leagues. She has been dating a member of the group for about a year and thinks they are “getting serious.” Alice loves working with children, and as such volunteers for her Church’s child care services. She often drives the Children’s bus to various activities.

The reappearance of her symptoms have derailed her job, her apartment and her social life. Recuperating from this episode involved more than just dealing with the symptoms of her illness. The reaction of friends, family members and professionals also affected what happened to Alice. The doctor recommended a “break” from work after her discharge until Alice can get her lifestyle “in order.” The day care center owner was concerned with Alice’s hospitalization, and its impact on her work performance. The owner had heard that people with diabetes can become “kooky” and worried that the stress of the job might lead to safety issues. Alice’s mother had other concerns. She worried the demands of living alone were excessive: “She’s pushing herself much too hard trying do all her own cooking,” she thought. She feared Alice might not be able to adequately take care of her health concern, and may end up losing a limb or worse have another hypoglycemic episode, and die like other diabetic people she has seen.

***************************************************************

Should the doctor along with Alice’s boss and mother insist that Alice leave her job, give up her apartment, and move in with her mother? Why or Why not?
Lesson 3: Understanding Stigmatizing Beliefs (continued)

Alice and Frank are going to be discharged from their respective hospitals soon. It is important to create a discharge plan for them. Discharge plans are important in the nursing and medical fields. Nurses are often responsible for helping to construct discharge plans for their patients.

A form of creating these plans is to use the mnemonic of **METHOD** for treatment and discharge planning:

<table>
<thead>
<tr>
<th>M</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Environment</td>
</tr>
<tr>
<td>T</td>
<td>Treatments</td>
</tr>
<tr>
<td>H</td>
<td>Health Knowledge of Disease</td>
</tr>
<tr>
<td>O</td>
<td>Outpatient/Inpatient Referrals</td>
</tr>
<tr>
<td>D</td>
<td>Diet</td>
</tr>
</tbody>
</table>

**METHOD**

- **M**edications: Assessment of the patient's home or health care agency needs for after discharge and contacts that will need to be made.
- **E**nvironment: Teach patient or family the purpose and techniques of any treatments and activities that need to be done.
- **T**reatments: Teach the patient about their disease, its signs and symptoms and when they need to call the physician for changes in their condition.
- **H**ealth Knowledge of Disease: Outpatient/Inpatient Referrals
- **O**utpatient/Inpatient Referrals: Diet
- **D**iet: Although useful and well-intentioned these discharge plans can be viewed as being a daunting task for people since they are created using a medical model.

**Directions:**

For this exercise let's use a different mnemonic form for creating these discharge plans. Keeping Alice and Frank's stories in mind, let’s use the **PROCESS**, a cooperative planned care mnemonic, to create discharge plans for Frank and Alice Jones.

<table>
<thead>
<tr>
<th>P</th>
<th>Personal Goals</th>
<th>What are the person’s personal goals? An assessment of the person’s personal goals can better inform their needs after hospitalization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Recovery</td>
<td>Help the person and family understand the process of recovery from mental illness.</td>
</tr>
<tr>
<td>O</td>
<td>Optimism</td>
<td>Help reaffirm the person’s hope for their upcoming discharge.</td>
</tr>
<tr>
<td>C</td>
<td>Capable</td>
<td>Help promote the person’s abilities and tenacity despite medical conditions.</td>
</tr>
<tr>
<td>E</td>
<td>Empowerment</td>
<td>Help reassure the person’s the importance of their opinions in making discharge related decisions.</td>
</tr>
<tr>
<td>S</td>
<td>Self Determination</td>
<td>Assist the person to cultivate and maintain characteristics that will lead them to make choices and decisions based on their own preferences and interests.</td>
</tr>
<tr>
<td>S</td>
<td>Self-Care</td>
<td>Help the person to understand the importance of self-care. Also aid them in determining health self-care habits in order to boost self-perseverance.</td>
</tr>
</tbody>
</table>

---

Lesson 3: Understanding Stigmatizing Beliefs (continued)

This **PROCESS** form is not meant to replace the standard **METHOD** forms for hospital discharge planning, but hopefully you can see the importance of adding the components of **PROCESS** to existing planning forms.

The PROCESS Discharge Plan (Alice Jones)

P

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Lesson 3: Understanding Stigmatizing Beliefs (continued)

The PROCESS Discharge Plan (Frank Jones)

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Discussion

Please discuss and provide answers to the following questions:

Are Frank and Alice or both being stereotyped? Why or why not?

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_______________________________________________________________________________

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Are Frank and Alice or both experiencing discrimination?

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What could you do to help Frank or Alice?

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Lesson 3 Completion Checklist

Indicate activities completed in today’s meeting.

☐ Complete Stigmatizing Beliefs Worksheet
☐ Complete The Tale of Two Jones
☐ Complete PROCESS Hospital Discharge Forms
☐ Check for upcoming homework assignment: - A Recovery Story
Lesson 4 Homework: A Recovery Story

Research shows the impact of sharing and hearing someone’s mental health story is immense. Hearing and telling a story about one’s mental health recovery allows listeners and speakers to share in the experience of mental health recovery. Next week, Lesson 4: Stories, is designed to enable students and mentors to share in this journey together.

Mentors will discuss their recovery process while students will discuss their journey into the nursing field.

Below is an example of the format mentors will use to share their story in a personally meaningful way. After reading the example students please take some time to think about your own journey. Why are you interested in nursing? Why nursing school? Which aspects of the industry interest you?

Directions:

Please read the following example Kyle Uphoff-Wasowski from Don’t Call Me Nuts (by Patrick Corrigan and Robert Lundin).

Kyle Uphoff-Wasowski’s Story

Hi. My name is Kyle Uphoff-Wasowski and I’m here to tell you about a disease called bipolar disorder or manic-depression.

The disorder I have, when it’s untreated, can cause severe mood swings. The actual disorder occurs in the brain and neuro-pathways. Illnesses like depression, manic-depression, and schizophrenia are referred to as neurobiological brain disorders.

I was diagnosed with manic-depression seven years ago now – shortly after the birth of my first child. I had one severe depression that was so devastating I began thinking about ending my life. This is not a depression that most people think of as depression. There should be a different word for what those of us with a mental illness experience. It is like a paralysis of the whole brain – nothing like what I used to call depression! I honestly felt physically disabled – as though I’d had a stroke or something. Just getting out of bed and brushing my teeth was an unbelievable challenge. There was no joy in anything! – even my newborn son who I loved more than life itself, and who through no fault of his own, was a constant reminder to me of how useless I was.

Before my illness struck I lived a life much like anyone else, I guess. I am one of five children in my family. We have loving and supportive parents and come from an upper middle class background. I was always active in school with sports and friends and was quite popular in high school. I was cheerleader and a gymnast and hung out in the “popular crowd.” I don’t tell you any of this to impress you, but to impress upon you that my life was not abnormal from the get-go!
My own stereotypes of mental illness made it impossible for me to accept the diagnosis at first. I didn’t fit the stereotypes, so how could I have a mental illness? I was not a loner as a child. I had loving supportive parents and had not been sexually abused or traumatized as a child—nothing “twisted” happened to me at all. Therefore the doctors must be wrong! When I was 28 years old I had my first child. My son, Luke, was born in Edison, New Jersey, and we lived happily there for another seven months. We wanted to move back to the Midwest because that’s where we were both raised, and our families were there. My husband got a transfer. The stress of moving, having an infant, the physical challenge going on in my body (at the time, my son was gradually weaning from nursing) and the fact that I was predisposed to having a mental illness—all created the right environment for this illness to emerge.

Before the move to Illinois, I felt tremendous lethargy and was also losing weight as well as having trouble sleeping. I attributed all of these symptoms to what was happening in my life—not to a mental illness. The unrecognized “blip” of depression that occurred in New Jersey was replaced by a full-blown manic episode in Illinois. At first my husband and I thought it was wonderful! I went from having no energy and feeling low, to feeling great and unpacking the entire house we’d moved into, painted rooms, and got the whole house organized in a day! Who would not love this?

I was very verbal and had tremendous insight about all kinds of things. My husband thought I was brilliant. Then my wonderful, insightful talks became hard to follow and somewhat bizarre. I had lost a lot of weight and was having trouble sleeping too. But having just had a baby I thought it was a good thing I was losing weight—and just figured I was having trouble sleeping because of stress. We still owned our home in New Jersey and we were unhappily paying the mortgage on both homes! My husband was concerned but kept telling himself I’d be O.K. Finally one day he came home from a business trip to find the house a mess (very uncharacteristic of me), and I was laughing and crying very inappropriately about things. Somehow as sick as I was, I always took good care of my son—he was not sitting in a dirty diaper somewhere in the corner!

By this time, my husband was quite frightened of my rapid mood swings and called 911. The ambulance came and took me to the hospital and held me there against my will. It’s interesting to note that my illness became much more severe the moment I was forced to stay in the hospital. I became delusional and paranoid and was convinced the whole staff was plotting some story about why I had to stay on the psychiatric ward when I really didn’t need to be there—and they all knew it! I thought there was literally a key I had to find to get out of there and the only way I could get it was to get the information from the staff. When I got the “information” I would find the key. The first hospitalization was the most painful thing that’s ever happened to me—to know your mind can go off like that with no warning and that you could think and do such goofy things is terribly frightening. There is so much shame involved with this illness. I went home from the hospital and fell into a severe depression that lasted 9 months. I lost all my self-confidence and was so ashamed. My only focus was to make sure no one found out about my illness and try to look “normal” at all times. It was the beginning of hiding my big ugly secret.
So much of this illness has to do with stigma. In my experience most of the stigma was self-induced. I did more damage to myself than anyone could have! I worried so much about what people would think if they knew and convinced myself I wouldn’t be accepted. I lived in utter fear that people would find out. I worried my friends wouldn’t want to hang out with me if they knew, or the neighbors wouldn’t let their kids play with mine. I worried about what my family “really” thought of me. I even went so far to think of what my mail carrier thought of me because I got mail from the National Alliance for the Mentally Ill. I was consumed by fear of being found out.

I began to get better the more I grew to accept my illness! I did this through educating myself. I read all the books I could find about manic-depression. I also joined a support group which helped me see that people do recover. I found a new doctor who is very supportive and encouraging and has never made me feel that I’m in any way responsible for my illness. Nor has he made me feel my parents are!

The one thing I’ve done that has improved my recovery the most is talk about my illness. What I have come to find out is that mental illnesses are extremely common and nothing to be ashamed of. In talking about my illness privately and publicly now for four years I feel totally liberated and healed.

I coordinate the Speaker’s Bureau at the National Alliance for the Mentally Ill and encourage other people with mental illness to speak out about their experience. We go out to colleges, high schools, church groups, etc. I have actually found that my illness is something I can derive tremendous reward from; that in fact without the illness I would never know the reward I now experience. I would not be someone who would be doing public speaking otherwise! I am consistently amazed and pleased by the number of people who come up to me after I speak and share their stories of mental illness—either their own or family member and friends.

I have, since my diagnosis, had a second child, my daughter, Madison. She is such a gift. Not only did I think I would never have any more children after my son was born, and I felt tremendous sadness and loss because of this, but I felt my life would never be the same and was irreparable. My daughter was born in the same hospital where I’ve had my hospitalizations and has helped change the way I see it. The hospital is a place of health and life!
Lesson 4: Stories

Lesson 4: Stories consists of two exercises which are explorations into personal history. The first is the relationship building exercise, Conversation Starters of “personal history” questions, and the second is an opportunity for mentor(s) to share their mental health journeys with their students. Listening to someone’s recovery story has been shown to be a powerful tool in combating mental health stigma. Listeners learn that recovery from mental illness is possible, and they get a sense of “what worked”, and “didn’t work” from their mentors. They get to walk in the footsteps of someone who has a mental illness. In sharing recovery stories, mentors allow student the chance to ask questions, and be more open on the subject matter from a personal level.

Conversation Starters Worksheet

“Personal history” questions are an opportunity to gain insight into a person’s background. They reveal memorable moments in his/her life.

Directions:

Each member of the group should select one of the five questions listed below and pose it to group members. Please take 10-15 minutes to complete this task.

1. What do you miss most about being a kid?
2. What is your first memory of being really excited?
3. What was the last movie, TV show or book that made you cry or tear up?
4. Have you ever had something happen to you that you thought was bad, but it turned out to be for the best?
5. At what age did you believe you become an adult?

Discuss with your group members

Which question did you select?

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Lesson 6: Conversation Starters Worksheet (Continued)

Why did you select this question?

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List something that you’ve learned today about your group members from this exercise.

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_______________________________________________________________________________

_______________________________________________________________________________
My Recovery Story

Mentors please take 15-20 minutes each to share your recovery stories with students. Recovery stories should be presented in a personally meaningful format, similar to that of Kyle Uphoff-Wasowski recovery story in Don’t Call Me Nuts. Mentors please remember the 50-50 rule. 50% of your story should be related to your mental health challenges and 50% should be dedicated to your recovery and goal attainment.

Please allow time for students to ask questions.

Talking Points

The following talking points are provided to help you construct your story of recovery. You may write notes in the boxes.

Talk about your initial symptoms and onset:

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What was your initial reaction(s) to the symptoms and the reaction(s) of the people in your life?

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__________________________________________________________________________________________________
Lesson 6: My Recovery Story (continued)

Did you face any stigma?

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What was helpful in your recovery? What was challenging in your recovery? How did other social factors (race, age, gender) impact your recovery?

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Lesson 6: My Recovery Story (continued)

What are your current goals and aspirations?

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Given your experience, what can medical personnel do to assist in the recovery process?

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__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Personal Story: Why Nursing School?

Students please take roughly 10-15 minutes each to share your personal stories with mentorship group. Your personal stories will give others in your mentorship group the chance to get to know you better. Students try to adhere to the 50-50 rule. 50% of your story should be related to why you decided to enter nursing school and 50% should be dedicated to your career goals.

Please allow time for questions.

Talking Points

The following talking points are provided to help you construct your story. You may write notes in the boxes.

What first interested you about the nursing field?

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__________________________________________________________________________________________________
__________________________________________________________________________________________________
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What factors (family, friends, economic, social) influenced your decision?

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__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Lesson 6: My Recovery Story (continued)

What was your initial reaction(s) and the reaction(s) of the people in your life when you decided to go into nursing?
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__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Did you face any negative push back? Did you get any positive feedback?
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__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Lesson 6: My Recovery Story (continued)

What are your current goals and aspirations?

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__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Given your experience, what do you think can be done to make entrance into the nursing field easier?

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__________________________________________________________________________________________________
__________________________________________________________________________________________________

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Lesson 6: My Recovery Story (continued)

**Students please fill out the following questions:**

1. Are you surprised by your mentor’s mental health recovery story? If yes, how so?

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2. Did you learn anything new about the Mental Health System from your mentor’s story?

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Presentation Day Prep

Please take this remaining meeting time to discuss the upcoming presentation day next week. The final mentorship meeting will be for group presentations.

Remember each mentorship group has 15-20 minutes to share whatever lesson learned with colleagues.

**How to give a group presentation**

1. Create a good impression.
   - Check equipment (projector, slides)
   - Look enthusiastic
2. Do not read from your full report.
3. Avoid changing speakers more than you have to. Too many short sections make the presentation disjointed.
4. **ALWAYS:** the first speaker should state the aim of the presentation and provide an overview of the structure of the presentation.
   - For example: The aim of our presentation is to ......There are three main parts to our presentation. First,... Next.....Finally.......
5. **ALWAYS:** each speaker should clearly state the topic of their part of the presentation.
6. **ALWAYS:** there should be a clear conclusion statement. Do not simply fade away!

**Have Fun!!!**

**Lesson Completion Checklist**

*Indicate activities completed in today’s meeting.*

- Each group member selected one **conversation starter** to discuss with group.
- Complete **My Recovery Story Worksheet**
- Complete **Presentation Day Prep**
Tackling Stigma Worksheet (Advocacy Example)

Research indicates that mental health stigma and its components: systematic prejudice, stereotypes and discrimination undermine the quality of medical service for people with mental illness. Medical providers and their students possess the ability to help reduce stigma by not only practicing non-stigmatizing behaviors, but by becoming advocates themselves for people with mental illnesses.

There are three effective approaches to change stigmatizing beliefs and behaviors. They are:

- **Education**: Educational interventions essentially attempt to replace myths about mental health with accurate conceptions.
  - Examples of these interventions include public service announcements, books, flyers, movies, videos, Web pages, podcasts, virtual reality, and other audiovisual aid, etc.

- **Contact**: Contact interventions challenge public attitudes, and opinions about people with mental illness by having direct interactions with people who have a mental health disorder.

- **Social Activism (Protest)**: Protest interventions seek to suppress stigmatizing attitudes about people with mental illness. This is done by (i) telling the media to STOP reporting inaccurate information about people with mental illness and (ii) telling the public to STOP believing the inaccurate information. Often there are economic ramifications as protest interventions encourage boycotting of products deemed to be offensive. Example of these interventions include: boycotting, rallies, and public demonstrations.

As a group use this worksheet to come to a consensus on how to develop a way to tackle mental health stigma for people in the medical health field including students-in-training. While planning, think of creative ways to either **decrease negative attitudes/behaviors towards people with mental illness (Combatting Attitudes)** OR increase positive attitudes/behaviors towards people with mental illness (Affirming Attitudes).

To do this consider the following:

- **Determine your audience**

Indicate the group you are interested in:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Area of Medicine</th>
<th>Gender</th>
<th>Location</th>
<th>Ethnicity (or Race)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>Psychiatry</td>
<td>Men</td>
<td>Rural</td>
<td>White</td>
</tr>
<tr>
<td>Working Professional</td>
<td>General Medicine</td>
<td>Women</td>
<td>Urban</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Other</td>
<td>Physical Therapy</td>
<td>Transgender</td>
<td>Suburban</td>
<td>Black or African American</td>
</tr>
<tr>
<td></td>
<td>Nursing</td>
<td>Other</td>
<td></td>
<td>Native American or American Indian</td>
</tr>
<tr>
<td></td>
<td>Physician’s assistant</td>
<td>Other</td>
<td></td>
<td>Asian / Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>
Intervention Approach
- Contact Approach
- Education Approach
- Social Activism (Protest)

What type of stigma would you like to address?
- Public Stigma
- Self-Stigma

What kind of message?
- Combating Attitudes (combating stigmatizing attitudes)
- Affirming Attitudes (increasing positive attitudes)

Intervention Delivery Method
- Social Media (Vine, Tweeter, Facebook etc.)
- Television (PSA, programming etc.)
- Face-to-face
- Lectures
- Artistic Expression (Music, plays, art, etc.)

Which component of stigma would you like to tackle?
- Systemic Prejudice (e.g. tiered secondary education)
- Stereotypes (people with schizophrenia are violent)
- Discrimination (Landlords refusing housing to tenants they believe have a mental illness)

Frequency
- Yearly
- Every other month
- Every month
- Every two weeks
- Weekly
- Daily

Logistics of Intervention
- At the hospital
- In a school setting
- Telephone
- Electronically

Based on the information your group selected above in Determine your Audience what will your project be about? Who is the audience? What is your campaign message? What would be the title? What are the logistics of your program? How often will your program reach your target group? And How will your campaign reach your target group?
Final Meeting: Mentorship Groups Presentation Day