



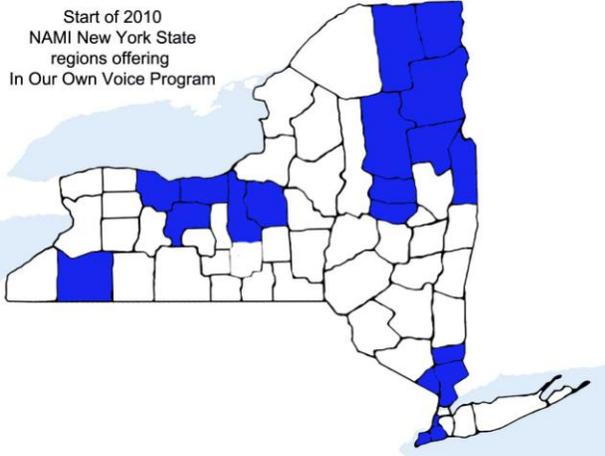
NAMI

The Nation's Voice on Mental Illness

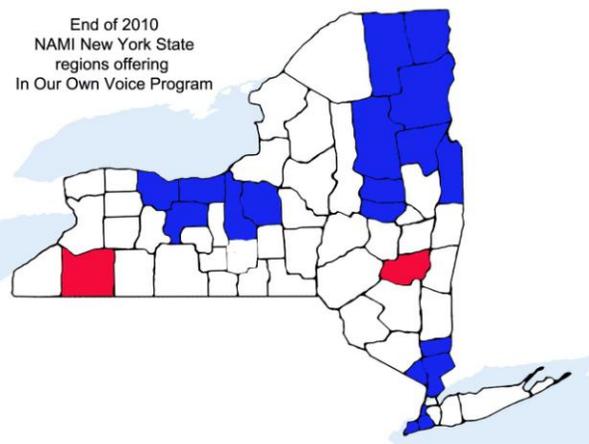
In Our Own Voice



Start of 2010



End of 2010



Cumulative Program Data as of June 2010

In Our Own Voice: Living with Mental Illness: First piloted in 1995

- States now in the program: 40
- Foreign countries now in program: 0
- State Trainers: 92
- National Trainers: 10
- Certified “IOOV” Presenters: 2,200+
- Audience members reached: 250,000+
- Audience members now reached every year: 48,000+

In Our Own Voice has done a stellar job helping reduce the stigma about Mental Illness in New York State. New York’s program started 1 year later than most programs and even with the late start we are the #2 state for number of presentations and #3 for attendees. Reviews of these presentations from those initially learning about mental health are high. These presentations also serve as an opening for people to contact NAMI NYS and the local affiliate.

In 2010 NAMINYS recorded 232 presentations compared to 85 for 2009 showing a growth of over 170%. In 2010 NAMINYS recorded 3921 attendees compared to 1443 for 2009 showing a growth of over 170%

State	Presentations	Percent of the entire US
CA	256	10.0%
NY	232	9.1%
NJ	171	6.7%
CT	158	6.2%
VA	149	5.8%
TX	146	5.7%
WI	143	5.6%
MD	137	5.4%
MA	121	4.7%
AZ	120	4.7%
MS	117	4.6%

State	Attendees	Percent of the entire US
CA	5833	11.2%
NJ	4175	8.0%
NY	3921	7.5%
WI	3345	6.4%
TX	3150	6.0%
MD	2919	5.6%
va	2468	4.7%
MA	2196	4.2%
AZ	2113	4.1%
MS	2087	4.0%
NH	2043	3.9%

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NAMI PEER PROGRAMS: BASIC PRINCIPLES

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NAMI Family-to-Family Education Program
NAMI Provider Education Program
NAMI Family Support Group Facilitator Skill Training Program
NAMI Peer-to-Peer Recovery Education Course
NAMI Connection Recovery Support Group
NAMI In Our Own Voice
NAMI Basics

- ◆ Serious and persistent mental illness is a traumatic event for families and consumers alike, and must be understood in terms of this fundamental clinical perspective.
- ◆ Families and consumers adjust to this traumatic experience over time in a predictable process of coming to terms with profound dislocation in their lives.
- ◆ In each stage of adaptation, their emotional responses reflect a natural reaction to this process of adjustment, but their needs will differ in each stage.
- ◆ Family/consumer strength, persistence and heroism in the face of this overwhelming human challenge must be recognized and validated.
- ◆ Recovery and the reconstruction of personal priorities must be the goal of treatment
- ◆ Because of their lived experience, family members and consumers make ideal teachers, and peer-directed education courses provide a dimension of emotional healing not available in any other setting.
- ◆ Peer-directed educational and support programs must be included as an integral part of mental health services and be paid for by mental health systems.

Evidence from our Spanish classes indicates that because these basic principles underlie the curriculum, the beneficial impact of Family-to-Family is transcultural.



The In Our Own Voice: Living with Mental Illness Program is NAMI's national effort to educate the general public and, more importantly, change the attitudes, preconceived notions and stereotypes of who and what persons living with mental illness look and act like.

This is accomplished through community presentations, giving NAMI organizations at both state and local levels the opportunity to have a precious advocacy resource – a group of trained consumer speakers. The trained presenters give first hand experience on what it is like to live with a mental illness, as well as convey the NAMI treatment, access, and recovery message. Research by Dr. Patrick W. Corrigan, Professor of Psychiatry at Northwestern University, and Executive Director of the Center for Psychiatric Rehabilitation at Evanston Northwestern Healthcare, indicates that the “best practice” for reducing stigma is through this kind of direct and personal contact.

There are two phases to the “IOOV” program. Phase one is the training, which lasts two full eight-hour days. The training consists of teaching attendees to share their story utilizing the “IOOV” format and philosophy. The attendees get an overview of the program and learn why IOOV uses consumers as presenters. The training also emphasizes the two roles of the “presenter” – how to share his or her story, and how to master the best techniques for leading group discussions.

The video and presentation format used in the field is divided into four sections, starting with an Introduction and moving on to the sequential topics of Dark Days, Acceptance, Treatment Coping Mechanisms, Success, Hopes and Dreams. The attendees are taught how to use the 14-minute video at each interval to share part of their story and then engage the audience in a discussion on the topic. The training also instructs consumer audience facilitation skills, and identifies specific audience discussion points for consumers, family members, providers, general lay audiences, politicians and law enforcement. As a result of attending the training, consumers become effective advocates in their community carrying messages that are powerful and heartfelt. Presenters with the IOOV program put a face on mental illness that will resonate with the public and help them better understand the plight of persons living with mental illness.

The second phase of the program occurs after consumers have attended the “IOOV” training and have been certified by the national trainer leading the training. They are then qualified to go give the IOOV presentation in their community, and are paid a stipend of \$25 for each presentation.

At each event, audience members are asked to hand in an evaluation form which has a comment section allowing them to give feedback on the presentation. These are passed out at the beginning of the presentation, collected, and returned to the national office. This is how NAMI National tracks how many audience members are reached. Audience members are also given a special take-home pamphlet, which includes a general fact sheet and overview of the presentation they have just witnessed. Affiliate representatives are strongly encouraged to attend each presentation to hand out their local information and ask audience members to join their local NAMI.

The people attending these sessions are as diverse as the consumers we train. The IOOV program goes to audiences in outpatient/inpatient facilities, to those in drop-in centers, business groups, local county jails and state prisons. Many presenters also teach in the Peer-to-Peer and Provider Education Programs, and

are often called upon to do the consumer presentation in Class 10 of Family-to-Family. IOOV presenters are consistently being asked to enter different learning institutions ranging from elementary schools to university medical school classes. In some areas, IOOV has become a formal part of police academy and crisis intervention trainings. We are proud and gratified that the IOOV program and IOOV presenters have been featured in newspaper articles all over the United States.

With the President's Freedom Commission Report focusing on the need to eliminate stigma, it is exciting to report that NAMI's In Our Own Voice program has positioned itself to become the largest anti-stigma program in the country.

The IOOV staff at NAMI offers technical assistance to each state organization sponsoring the program, to its regional IOOV Co-coordinators, and to any presenter requesting guidance and support. Staff also assists with business and marketing planning on all levels, and is ready to go to work with any NAMI affiliate interested in getting the IOOV program implemented in their community.

Testimonials for *In Our Own Voice*

"I have been working on the problem of stigma for the past seven years and have discovered that people with mental illness suffer the same sort of prejudice and discrimination as members of some ethnic groups. Through my research, I have discovered that the best way to change public stigma is through direct contact; help a member of the naïve public meet and interact with a person with mental illness. NAMI's In Our Own Voice has organized the wisdom of this research into a readily useable package for tearing down stigma. IOOV provides the structure for people with mental illness to tell their stories to the public. The bravery and eloquence of IOOV speakers rank among the many freedom fighting activities that have advanced civil liberties during the course of American history."

Patrick W. Corrigan, Psy.D., Professor of Psychiatry
Northwestern University
Executive Director Center for Psychiatric Rehabilitation
Evanston Northwestern Healthcare

"Participating in the IOOV program is the single most effective thing I am doing to maintain my mental health and well-being. Each presentation confirms how far I have come. I share my personal story of the devastation Major Depression and Post-Traumatic Stress Syndrome caused in my life – the damage to my career, my home, my finances and my family. Then I share the breakthroughs which followed the breakdowns – breakthroughs and opportunities which are available out of any breakdown. That is the message I live by and I can share.

Time after time I see the audience respond with curiosity and interest, and then with acceptance and understanding. I can tell by their faces that stigma has been reduced and knowledge has replace ignorance. People begin to share their own stories and questions. They say they leave with more hope for their own lives.

I know that I have developed healthy new purposes for my life and that I am doing the work I am meant to do. I know that I am changing the face of mental illness, and that I have transformed my pain into the power to make a difference. I love doing presentations and will do as many as I am offered!"

Kate McGinnity, Presenter