Honest, Open, Proud
Network Newsletter
July 2016

Welcome to the Honest, Open, Proud (HOP) Network Newsletter! We hope that this provides useful updates to what is happening with the HOP Program around the world and create constructive discussion about how we can improve and innovate!

Welcomes
Welcome to our new colleagues in Reggio Emelia – Luca Pingani and Francesca Raisi – who have launched the first Italian version of HOP. We would also like to welcome our new colleagues who have brought HOP into their communities: Lee Knifton and Chris White of the Mental Health Foundation UK, Jennifer Charles of The Catholic University of America, and Bridget Conlon of St. Cloud State University.

New HOP Adaptions and Developments!
Honest Open Proud was developed by people with a lived experience with mental illness in order to address the public and self-stigma that robs them of hope, empowerment, and rightful opportunities. Stigma is not limited to us however. HOP is currently being adapted for people with fetal alcohol syndrome, HIV-AIDS, substance use disorders and gambling problems. Learn more by emailing Pat Corrigan at corrigan@iit.edu.

The National Academy of Science released a comprehensive report on the stigma of mental health and substance use.
It is being compared to Surgeon General David Satcher’s report on mental health during the Clinton Administration. Among other things, the report says the most effective programs are led by people with lived experience. Strategic disclosure is key to this. http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=23442&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+nationalacademies%2Fna+%28News+from+the+National+Academies%29

Quarterly report
To support ongoing efforts with Honest, Open, Proud and strategic planning, the administrative team needs to know where HOP is being implemented and what problems people may be encountering in the field! To do this, it is crucial for champions and facilitators to have open communication with the administrative team. June 30th is the end of the 3rd quarter, so please get in contact with Kyra Wilson about how many HOP workshops and trainings have been done in your area!
**Honest, Open, Proud pilot program at Cook County Jail**

Cook County Jail is the largest single site mental health facility in the United States. As a part of efforts to provide services to those living with mental illness, the Mental Health Transition Center provides essential day programming to men who are incarcerated as well as support services for individuals after they are released. NAMI Chicago partnered with leadership at Cook County Jail to do a pilot program in the transition center. We were able to hold the HOP workshop for one hour over the course of six weeks with seven men in the Mental Health Transition Center. The men who were able to attend were engaged and interested in the group; overwhelmingly the feedback was that they wanted the workshop offered more frequently. At the end of the group, one participant said “This class changed my life, I’ve been able to pinpoint issues in my life and why they’ve happened. I’ve never been able to talk about my mental illness with people because I didn’t think they would understand. Prior to this, my only friend was darkness and liquor. Healing has been taking place and I’m grateful for this program and this book [Coming Out Proud], it has changed my life.”

While participants responded well, we recognized some issues with cultural competency and addressing both the stigma of mental illness as well as the stigma of being incarcerated. As a result, after the pilot program we are working on developing a version of the Honest, Open, Proud workbook for this populations, by changing the vignettes and example story of recovery. Our goal is to get the program running at regular intervals in the transition center this fall! Stay tuned for more information!

**HOP and the Mental Health Foundation, UK**

In June of this year, Kyra Wilson and Jon Larson traveled to the United Kingdom to bring Honest, Open, Proud to the Mental Health Foundation UK. We were able to train 19 facilitators from all around the country for a pilot program. With the leadership of Lee Knifton and Chris White, they have begun to implement the HOP program to decrease stigma with the goal to reach 100 participants within 6 months. Efforts are being made to make adjustments to the HOP workbook as well as putting together an evaluation for the program and forming a learning network of local facilitators to promote ongoing support and sustainability for the program.

**Veterans Embrace Honest, Open, Proud Program**

2016 turned into a productive year for the Honest, Open, Proud (HOP). The network team expanded the availability of HOP for Veterans within the Veterans Health Administration (VHA). Michelle Andra and Jon Larson provided a facilitator training to VHA facilities in VISN 12, which includes Chicago, Milwaukee, and surrounding areas.
Twenty VHA peer support specialists successfully completed the 2-day training, obtained HOP facilitator certification, and provided numerous HOP sessions within VHA settings. Certified HOP facilitators learned how to teach decision making skills, methods of disclosure, and tools to craft personal stories. Michelle and Jon continue to provide monthly 1 hour consultation calls for HOP facilitators at VISN 2 (New York and New Jersey) and VISN 12. VA Mental Health Services in Central Office is discussing the dissemination of HOP throughout VHA, with special emphasis on training peer support specialists in HOP for FY 17.

**Honest, Open, Proud: On Coming Out of the Closet of Mental Illness**

*By Carl Blumenthal*

From the 18th floor of the glittering new Department of Health and Mental Hygiene (DOHMH) in Long Island City, New York’s burgeoning skyscrapers rise like so many peaks and domes of glass, steel, and stone. Encased within this hermetically-sealed office tower, even if you were possessed by the proverbial “bats in your belfry” no one outside would hear you screaming day or night.

Such speculation is a propos my being at DOHMH on Friday and Saturday, August 6 and 7, for a training on “Honest, Open, Proud” (formerly “Coming Out Proud”), a program of the National Consortium on Stigma and Empowerment, which is based at the Illinois Institute of Technology in Chicago. The six-hour course, facilitated by peers, enables other peers to decide if, when, and how to disclose their mental illness to family, friends, employers, co-workers, etc.

Twenty-five of us have gathered in a room small enough to encourage an intimacy reinforced by the nature of our jobs—we are all peer counselors for whom being “honest, open, and proud” is a requirement of our work. But that doesn’t mean we always live up to this demanding standard. Here’s a chance to become better at helping other peers decide whether and when they want to publicly “join the club” of those like us who live with mental illness.

Yumiko Ikuta, Director of Rehabilitation Programs in the Bureau of Mental Health, is our host. Jonathon Larson, a psychologist at the Institute of Technology, and Kyra Wilson, an advocate for NAMI of Greater Chicago, are our Honest, Open, Proud (HOP) facilitators. All three are peers but we wouldn’t know it until they tell us bits and pieces of their illness and recovery stories.

In the first class we weigh the pros and cons of disclosure, both short-term and long. The group setting allows for an airing of hopes and fears in an atmosphere of support. But the trick is to avoid pressuring the individual one way or another. The emphasis is on choice, whether now or in the future.

If the decision to disclose is a go, then the second class concentrates on the circumstances of that coming out: how, when, where, and to whom. Although the curriculum offers a step-by-step approach, there’s plenty of room for improvisation. Jon and Kyra encourage us in both the first and second exercises to use examples from our experiences of being honest, open, and proud.
Finally, in the third two-hour class we design our disclosure statements, a summary of our illness and recovery; what used to be called an “elevator speech” (but in this building would take less than “a New York minute” because the elevators are so fast). The facilitators provide a template to ease our words onto the page and eventually into what we hope will be sympathetic ears.

However, Jon and Kyra don’t stop there. Like a wrestling tag team, whose purpose is to engage the crowd as much as each other, they exhort us in the techniques for running good groups, demonstrate those practices, and lead us through a series of role plays. As one colleague tells me, “I’ve been a peer counselor for eight years but no one’s ever taught me how to do this!”

Postscript: While HOP, including all training materials, did not cost us anything—DOHMH graciously provided bagels and sandwiches both days—the benefits are immense. Not only did we learn how to facilitate the program for clients of our agencies, but the process also enabled a group of more or less strangers, albeit all peer counselors, to bond over our shared efforts to do the best for those clients and ourselves. Thank goodness that Jon and Kyra blew in from the windy city and Yumi was there to catch them on the 18th floor!

For more information about Honest, Open, Proud, see www.comingoutproudprogram.org. If you would like to start a program in your group, contact larsonjon@iit.edu, kyra@namichicago.org, yikuta@health.nyc.gov or call Yumi at (347) 396-7247.

## Spreading the HOP movement

We (Pat Corrigan, Jon Larson, Kyra Wilson, and Michelle Andra) have now taught facilitators and master trainers across the US, in Canada, and to several partners in the European Union. In the process, we have noted several challenges in further dissemination and implementation. I summarize key questions here inviting suggestions on how any of these might be addressed. I hope to present these points and your feedback at the next Intl HOP teleconference.

1. **How do we get HOP facilitators to use the program after training?**
   - Must everyone do the training? Could training be self-guided or through an online training program? Is certification necessary before people facilitate the program? If we give up certification, do we risk poor versions of HOP offered in the community? Are ongoing fidelity checks necessary to assure the HOP program is being provided correctly?
   - We have created organizational roles in order to promote implementation of HOP.
     - Facilitators: Trained individuals with lived experience who provide the HOP program to peers.
     - Master trainers: Facilitators who have completed training to teach peers to become independent facilitators.
     - Local program champions: Facilitators or master trainers who assume leadership roles in their area of institution; they guide facilitators in providing HOP consistent with the program. They are often sources of ongoing technical support.
Local organizational Champions: Facilitators or master trainers who are area resources to help other facilitators set up and implement HOP in their area. They are people who have insights into the institutional policy and resources. We have had good luck training groups of facilitators. Converting facilitators to master trainers has been limited. We have been unable to really put in place program champions or organization champions.

- **Tech support.** We have set up monthly tech support calls, most notably in certain VA networks. We are not sure these calls are anything beyond perfunctory. What should be their agenda? How do we know they are successful?

- **Incentive.** What is the incentive for facilitators, master trainers, program champions, and organizational champions to carry out their roles?
  - Some institutions (e.g., the US VA) have credentialed peer support specialists. HOP is a nice addition to their professional portfolio. Are their ways to spread peer support roles in service systems?
  - Do supervisors support facilitators in carrying out HOP? Do they support master trainers in training other facilitators? If not, how do we motivate their supervisors?
  - Income. How do we generate some kind of income source

2. **Is HOP an evidence based treatment? Does anyone care?**

**YOUR THOUGHTS!**

I would sincerely like specific feedback to any and all of these questions. Send them to me in an email: corrigan@iit.edu. Just cut and paste a specific question and your answer. All answers are welcome; don’t censor yourself. If you have resources to share, attach them to the email. Thanks