



LISTENING WELL FOR MENTAL HEALTH: AN EVALUATION OF A PILOT STORYTELLING PROGRAM FOCUSING ON EMPOWERMENT AND DESTIGMATIZATION

Listening Well for Mental Health (LW) is a program that uses a recovery philosophy to both empower consumers of mental health services, family members, and service providers, and de-stigmatize public perceptions of people with mental disorders through unique community storytelling *retreats* and *mental health monologue events*. The goals of LW include: 1) facilitating consumers of mental health services to step further into their personal power and potential by taking them on a *retreat* to go through a process of helping them uncover and prepare to present the essence of their story of recovery and 2) promoting transformation in members of the public or mental health system who witness these stories (at a *monologue event*) by impacting perceptions about the recovery capacity of people regardless of where they lie on the continuum of mental health and by reducing stigma surrounding mental health issues. Results of a preliminary study of LW conducted in Santa Cruz, CA in Fall of 2005, using a single-group pretest/posttest design with self-report surveys administered to retreat participants and monologue witnesses, suggest that the LW program has great promise with respect to impacting these targeted outcomes.

A diverse group of 28 mental health consumers, family members, and providers participated in retreats and completed pre and posttest surveys that included the Internalized Stigma of Mental Illness (ISMI) scale (Ritsher, et al, 2003) and the Making Decisions scale (Rogers, et al, 1997)—a scale measuring empowerment constructs. There was a statistically significant ($p=0.005$ on paired t-test) decrease in the groups' overall mean internal stigma level following the retreat, with four of the five subscales showing a statistically significant decrease (alienation, $p<0.001$; stereotype endorsement, $p=0.05$; discrimination experience, $p=0.05$; stigma resistance, $p=0.01$), and one showing a decrease not reaching significance (social withdrawal, $p=0.18$). Similarly, there was a statistically significant increase in the overall mean level of personal empowerment reported by the group following the retreat ($p=0.002$), with four of the five subscales showing a statistically significant increase (community activism and autonomy, $p=0.03$; righteous anger, $p=0.03$; self-esteem and self-efficacy, 0.02 ; power, 0.002), and one showing an increase not quite reaching significance (optimism, $p=0.06$).

“Storytelling allows you to go as fast or as slow as you want, to turn around, to cut corners without consequences. It puts you in the driver’s seat.”

“In order to find my voice, I HAD to tell my story. Today, I know that I am not what happened to me, and I’ve made some very sweeping changes in my life situation.”

“By telling my story I learned I had to go through the same process that you go through when someone dies: denial, bargaining, blaming, acceptance—after going through these steps, I could be free to bless how my heart has opened and I am pursuing spiritual studies.”

“I knew instantly that I had to participate in the Listening Well process. I had to let go of the trauma, struggle, and shame I was holding on to after I was diagnosed. I wanted to use my experiences to help other people find their own voices”

“Writing and sharing our stories with others and hearing their stories is extremely healing. It helped me to identify an important roadblock in my life. And I came away with a new motto: never say, ‘I can’t.’”

“I am continuing to experience therapeutic benefits from the Listening Well retreat. I have noticed an improvement in my ability to distinguish between my authentic self and my mental illness, increased creativity and a reduction in social anxiety. Thanks.”

Over 100 people attended a mental health monologue presentation by five retreat participants, performed in Fall, 2005. The mean values on both the Recovery Capacity and Willingness to Help Scales (Glassman and Russell, unpublished) administered both before and after the event to almost 80% of those “witnesses” showed statistically significant improvements (increases) from pretest to posttest ($n=79$, $p<0.05$ on paired t-test). The mean value on the modified Stigma Scale (Griffiths, Christensen and Jorm, 2004) also showed an improvement (decrease) though it did not reach statistical significance, most likely because the witnesses were a particularly receptive group who already had relatively non-stigmatizing attitudes. Further results from a qualitative section added to the study survey support these quantitative findings, with the following quotes representing abstracted themes:

“I might be more willing to consider hiring someone with a mental illness than previously.”

“(I learned that) normal looking people can have mental disorders.”

“They (people with mental disorders) don’t seem so frightening anymore. They’re a lot more like me than I realized.”

“I didn’t realize how effectively people can recover and establish stable, happy lives even after years of losing battles with their disease.”

In sum, the results of this preliminary study strongly warrant further investigation of the potential of LW to contribute to mental health systems changes that incorporate the recovery vision and a prevention orientation.