



# In Our Own Words

## A toolkit for peer advocacy using recovery-oriented language

Developed by Chris Johnson and Roslind Hayes of the Georgia Mental Health Consumer Network (GMHCN) and the Southeast Mental Health Technology Transfer Center (MHTTC)

GMHCN is a peer-led organization that has been elevating and uniting the voices of people in recovery from behavioral health difficulties since its founding in 1991. Through their decades of experience in education and advocacy they have developed a set of guidelines for effectively communicating with policy makers and the public on mental health topics. For more information on GMHCN's historic leadership please refer to a [June 2019 feature](#) on their policy work.

GMHCN's presentation was made in two webinars ([Part 1](#) and [Part 2](#)) hosted by the Southeast MHTTC. The [first webinar](#) focuses on the importance of recovery-oriented language in behavioral health, and the [second webinar](#) guides peers through the process of crafting a elevator message to be used in advocacy work.

The purpose of this toolkit is to increase awareness of the language used when talking about mental health and to guide peers through the process of crafting their own elevator message. The second part of the toolkit includes steps to follow when developing an elevator message as well as a worksheet to facilitate the process.

# Part 1: The Power of Language

Mental health difficulties are stigmatized, and language has an influential role in combating or perpetuating stigma. The [first webinar](#) in this series outlines why this topic is important, how language has shaped understanding of mental health, and specific examples of how to adopt recovery-oriented language.

## Why is this topic important now?

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Language frames human experience.

- ◆ Words contain implicit perceptions and assumptions.
- ◆ Indirect language and euphemisms obscure meaning and intent.
- ◆ Communication about recovery should give a sense of purpose and potential.
- ◆ Peers can use language to improve how people perceive people with behavioral health difficulties.
- ◆ The language of mental health is important, as it frames public understanding.

Mental health stigma is not discussed frequently in media reports.

- ◆ Stigma is a social phenomenon that labels people as members of an out-group with negative characteristics. Labels and separation can lead to discrimination and loss of status.
- ◆ Stigma can be internalized or applied by others, such as community members and employers.
- ◆ Stigma can take the form of stereotypes, prejudice, or outright discrimination.
- ◆ Stigma is a barrier to recovery because of low public support and negative self-concepts.
- ◆ Conversations around improving mental health can counteract stigma by addressing false narratives.

## How has language shaped understanding of mental illness?

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Diagnostic language for mental disorders has shifted over time.

- ◆ Early diagnostic terms described maladaptive reactions to environmental factors.
- ◆ Diagnostic categories adopted disease terminology to legitimize their validity.
- ◆ Diagnoses both contribute to and result from social understanding of human behavior.



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The survivor movement in the 1970's changed the dialogue around mental health.

- ◆ Advocates promoted self-determination, voice, and choice in mental health care.
- ◆ The slogan “nothing about us without us” challenged marginalizing attitudes in psychiatry.

Current efforts are focused on adopting recovery-oriented language.

- ◆ Language should promote an understanding of shared humanity and unconditional positive regard.
- ◆ Hopeful, optimistic phrases should be used over terms that are pejorative, sensational, or focused on limitations.
- ◆ Plain language should be used to improve understanding.
- ◆ Specific diagnoses are not useful in most situations, as the meaning is not clear to most people.
- ◆ People in recovery from mental health concerns are more than their diagnosis.

## Which specific words and phrases should be replaced?

Some commonly used words and phrases have better alternatives.

<b>POOR</b>	<b>BETTER</b>
“Schizophrenic”	“Person with mental health difficulties”
“Patient”	“Person”
“Committed suicide”	“Ended his/her own life”
“Failed suicide attempt”	“Non-fatal suicide attempt”
“Suffers from”	“Diagnosed with” or “lives with”
“I save”	“I support” or “I promote”
“Non-compliant”	“Chooses not to”

Suggested resource: [The Australian Mental Health Coordinating Council's Recovery Oriented Language Guide](#)

## What do I need to be aware of when advocating for peers?

Words make impressions whether they are chosen intentionally or not.

- ◆ Careful word choice ensures that your message has the intended effect.
- ◆ The right messaging with the wrong words can create distractions and detract from your advocacy goals.
- ◆ Both slang and clinical language reduce your chances of building connections.



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Focus on shared characteristics to build connections with the public and policy makers.

- ◆ Identified similarities can facilitate relationships with your audience.
- ◆ Peers are people first, with the same personal and professional goals as other people.
- ◆ Your presentation should focus on the common ground you share.

## Part 2: Creating the Elevating Message

The purpose of the [second webinar](#) is to guide peers in crafting an elevator message about your recovery that is used when advocating on behalf of peers. This is distinct from your recovery story, which may delve further into your personal journey. This is a succinct statement that you will use to introduce yourself as a person in recovery. Since you are representing peers to people with varying levels of understanding it is best to keep the message short, general, and easy to understand. You are building a bridge by emphasizing similarity with your audience.

### Step 1: Determine your level of disclosure

Corrigan and Rao (2012) identify five levels of disclosure:

**Social avoidance:** “Stay away from others so they do not have a chance to stigmatize me!”

**Secrecy:** “Go out in the world—to work and church—but tell no one about my illness.”

**Selective disclosure:** “Tell people about my illness who seem like they will understand.”

**Indiscriminate disclosure:** “Hide it from no one.”

**Broadcast:** “Be proud. Let people know.”

Be aware of the risks associated with disclosure.

- ◆ Information distributed on the internet may persist for many years.
- ◆ “Selective disclosure” may become “indiscriminate disclosure” without your consent.
- ◆ Keeping your elevator message non-specific and strengths-based can reduce risks.

Decide what information is appropriate to include in advocacy work.

- ◆ This message is focused on the present and the future.
- ◆ Contrasts with the past are communicated in your tone and inflection.
- ◆ Be mindful about what you include, as you are representing the peer community.



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## TOPICS THAT ELEVATE

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Hope!

Statements in the present tense:  
I am, I do, I belong

The future: I plan to, I am working towards

Yourself as evidence of recovery

## TOPICS THAT DETRACT

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Specific diagnoses

Discussion of symptoms or medications

Promotion of a recovery pathway

Judgement and criticism

## Step 2: Decide how you want to be remembered.

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Several topics are impactful starting points:

- ◆ Connections to your family, community, and workplace.
- ◆ Personal goals you have accomplished or are working towards.
- ◆ Things that bring value and meaning to your life.
- ◆ Shared experiences that connect you to your audience.
- ◆ Achievements, experiences, and relationships that communicate who you are.

## Step 3: Tailor your message to your intended audience.

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- ◆ Though it is a good idea to have a consistent “base,” you will adapt your message to your audience.
- ◆ Focus on building a connection through authenticity and shared experience.
- ◆ The basic message should stay the same each time to build reliable associations with recovery.

## Step 4: Include specific examples of your life in recovery.

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Look for statements that show what recovery looks like and connect with your audience. Examples include:

“Today I am an active member of my community.”

“Today I show up for my family.”

“Today I am gainfully employed.”

“Today I vote.”

“Today I am a homeowner.”

“Today I matter in the lives of other people.”



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## Step 5: Dispel myths about mental health recovery.

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Address myths without verbalizing them.

- ◆ Your positive example counteracts negative myths.
- ◆ Instead of saying “I never showed up for work, or was late when I did,” say “Today I show up to work on time every day.”
- ◆ You are evidence of how people in recovery are purposeful, productive, trustworthy, and reliable.

## Step 6: Identify your goal.

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- ◆ Have a clear objective.
- ◆ Make your point concisely.
- ◆ Build your message around your goal.

## Step 7: Make your ask SMART.

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- ◆ SMART stands for “specific, measurable, achievable, reasonable, and timely.”
- ◆ If your ask is too vague or large, they may not be able to help you.
- ◆ Manageable local issues are a good place to start.
- ◆ Ask yourself, “How will I know if/when the goal is achieved?”
- ◆ Connect your ask to issues that are relevant to your audience and the community.

## Step 8: Put everything together.

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- ◆ Review steps 1-7.
- ◆ Assemble different parts into a cohesive message.
- ◆ Adjust if parts do not flow.
- ◆ Your authentic voice is important – make sure it sounds like yourself.
- ◆ Use plain language. Do not speak as an expert unless it is your role in the situation.
- ◆ Get ready to share your message!



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## Notice how Chris' message incorporates these guidelines.

Elevator message	Comments
My name is Chris Johnson, and I am a person in long-term recovery from substance use and mental health challenges.	Here Chris identifies as a person in recovery without delving into too much personal detail.
What that means for me is that for the past ten years I have been able to live a meaningful, productive, and purposeful life.	This sentence shows Chris' positive qualities, dispelling myths about mental health recovery.
I plan for and maintain a life of recovery and wellness.	Chris emphasizes hope in his present and future.
Today I am an active participant in and contributor to my family, my community, and my workplace. I vote, I pay taxes, I volunteer.	This section provides specific examples of Chris' contributions to society while emphasizing aspects of his life that he shares with his audience.
Today, I show up, and I talk out loud about my recovery and wellness because I want everyone to have access to the opportunities I had access to when I began my journey.	Chris transitions from his personal message, setting up the focus of his advocacy.
As a full-time college professor at a large state university, I had access to great benefits, and a strong support network of family and friends. I also had plenty of skills and tools and social capital to carry with me on my recovery journey. After I began working in the public behavioral health system, I learned that there were many people who really wanted to get well but who faced lots of barriers to recovery and wellness that I did not experience.	This part shows the resources that are needed to support peers' recovery.
In addition to the challenges most of us in the behavioral health recovery community face, like stigma and underlying health concerns, there are many who face additional barriers including everything from technological skills literacy to housing security that I advocate for today.	This sentence identifies the specific action items that can be addressed.
And advocacy is why we are here today.	Chris wraps up his message.



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## Now bring together components of your elevator message.

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Component	Your response
What level of disclosure are you working towards?	
How do you want to be remembered? Consider your connections to family, community, workplace, etc. Also think about personal goals you have accomplished or are working towards. What brings value and meaning to your life?	
Who will your message be delivered to? (Examples: Legislator, mayor, city council member, faith leader, civic group, school board, etc.)	
What are some specific examples of your life in recovery the people you are talking with will relate to? Try to identify three examples. (For example, start with "Today, I... ")	1. 2. 3.
What positive qualities do you exhibit that dispel myths about mental health recovery?	
What is your goal? (Legislation, policy change, access to facilities, advocacy opportunities, etc.)	
What is a version of your goal that is Specific, Measurable, Achievable, Reasonable, and Timely (SMART)?	





## Watch out for common issues as you craft your message.

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- ◆ Stay focused on your goal: advocating for peers.
- ◆ Use the present or future tense, which convey a sense of hope.
- ◆ Stay strengths-based, as parts of your message may accidentally confirm or invoke stereotypes and myths.
- ◆ “Activating” language, such as political or religious terms, can make the conversation go sideways.
- ◆ Remember that your audience may not “get” things, as you will be sharing with people you do not already know.
- ◆ Practice delivering your elevator message to people familiar with recovery-oriented language. Their perspective can help you identify parts of your message that may be stigmatizing or overly detailed.

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