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Mental Health Advocacy Internship

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NURS 498VH Honors Education Thesis/Project

### Abstract

While statistics indicate an increased need for mental health treatment in the United States, the stigmatization surrounding mental illness prevents many from seeking help. During my internship, I worked with multiple mental health advocacy groups in Northwest Arkansas, including Mental Health America and Judicial Equality for Mental Illness, to bring about beneficial change for mental health consumers. These groups have been successful in bringing additional treatment centers to our area and raising community awareness for the importance of mental health. Through my internship, I learned how to organize public awareness events, how to advocate politically, and how to meet the needs of mental health consumers. My experiences in my internship have greatly enhanced my confidence in my communication skills and have given me a solid foundation for a future in mental health advocacy.

### Mental Health Advocacy Internship

Mental illness is a widespread issue faced by many Americans. According to the National Alliance on Mental Illness (NAMI), about 1 in 5 adults face mental illness in a given year and 1 in 5 youth experience a severe mental disorder during their life (2018). While these statistics indicate an increased need for treatment, the number of mental health consumers seeking help is grim. NAMI states that approximately 41% of adults with a mental health condition and 62.9% of adults with a severe mental health condition received mental health services in the past year (2018). In addition, there is often a prolonged delay in seeking treatment once the onset of symptoms begins. It is estimated that half of all chronic mental illnesses begin by age 14 and three-quarters by age 24, yet an individual's decision to get help can sometimes take decades (NAMI, 2018).

Unfortunately, serious consequences exist for those who are not treated during the early stages of their illness. In the United States, "suicide is the 10th leading cause of death, the 3rd leading cause of death for people aged 10–14, and the 2nd leading cause of death for people aged 15–24" (NAMI, 2018). In addition to the increased risk of suicide, a large number of mental health consumers end up facing the consequences of the judiciary system. NAMI reports that around "20% of state prisoners and 21% of local jail prisoners have a recent history of a mental health condition" (2018). It is also estimated that "70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness" (2018). While it is evident that early intervention leads to greater outcomes, a number of barriers prevent mental health consumers from receiving treatment. An international survey conducted by the World Health Organization indicated that a low perceived need for treatment was a drastic barrier

to seeking help worldwide. This survey suggested that societal and cultural ideas create a stigma around mental illness that prevents those afflicted to seek treatment for their symptoms (Andrade et al., 2014).

For many mental health consumers, stigma is considered to be one of the most difficult aspects of living with a mental illness. According to Neil Seeman, “stigma increases mental distress and leads to shame, avoidance of treatment, social isolation, and, consequently, a deterioration in health” (Seeman, 2015). In a worldwide survey Seeman performed, he found that only about half of all participants from developed countries believed that mental illness and physical illness shared similarities and close to 93% believed that mental illness could not be overcome (Seeman, 2015). This illustrates that a significant portion of the population does not believe that mental illness can be as severe or life-threatening as physical illness. Additionally, an even larger population believes that consumers of mental health are incurable or untreatable. While this indicates a misunderstanding of mental illness, it also leads to a societal misconception that there is no hope for those who suffer from mental ailments. Another study focused on comparing self-reports of mental illness and psychiatric medication use to actual reports from administrative records found that “individuals are significantly more likely to under-report mental health ailments compared to other conditions” most likely due to the consequences of stigmatization (Bharadwaj, Pai, & Suziedelyte, 2017).

One of the best ways to increase understanding of mental illness, encourage treatment for those suffering, and combat stigmatization is through public education. An article published by the Lancet in 2016 states that stigma interventions can be just as useful for mental health consumers as psychotherapy and psychopharmacology. This article suggests that early education for children and young adults could help to clarify any misunderstanding about mental illness

and increase acceptance of mental illness among other health conditions. One of the most significant tenants for mental health advocacy is the use of education to improve the lives of those with mental illness. Advocacy programs have been a major driving force in improving treatment of the mentally ill and reducing stigmatization. These groups have dedicated their time for many years to improve the human rights and healthcare for those with mental disorders. They have been able to influence government policies about mental health, and the World Health Organization believes that these advocacy groups are vital in enhancing treatment across the globe. Various groups participate in mental health advocacy, including professional organizations, family members of mental health consumers, and non-governmental organizations working in the field of mental health. Because mental illness is often misunderstood among the general public, afflicted citizens are often feared and face discrimination. Due to this widespread stigmatization, government policies surrounding mental illness are often focused on protecting the general public from the misjudged mental health consumer. Advocates push for increased public and governmental understanding of what mental illness is as well as promote independence in decision-making for mental health consumers. Furthermore, advocacy groups that include those with mental illness create feelings of empowerment, self-efficacy, and hope for the participants (Funk, Minoletti, Drew, Taylor, & Saraceno, 2006).

Through my internship with Mental Health America, I helped organize and attend meetings and events regarding community education and awareness, connected with other organizations in the community, and worked independently on campus-wide awareness. Additionally, I learned the ways in which community members, alone, regardless of profession or experience, work together to make a substantial difference in advocating for mental health consumers. This internship taught me that big changes start from the ground up and that multiple

small contributions plant the roots of reform. I helped strategize ways in which mental health awareness could be a repeated theme in the public eye, and I was also able to see how continued efforts have led to additional treatment programs in our area.

I spent the beginning of my internship focusing on ways to network with advocates in Northwest Arkansas and familiarizing myself with the current projects being implemented in the area. One of my first assignments was meeting with the Skaggs family who enlightened me on the struggles they had faced with their son who was diagnosed with schizophrenia early in his life. My previous ideas about mental health treatment in our area had been that outpatient services were not entirely comprehensive and that this was one of the major disadvantages for chronically mentally ill patients. However, the Skaggs family explained to me that their experience with Ozark Guidance and their day-treatment program has been entirely positive. They shared that their son was able to live independently and function as a healthy citizen in society with activities such as extensive therapy and a personal trainer. They are very involved in their son's life and provide him with his medication, transportation, and weekly family outings. While their story had a positive outlook on community resources, Mrs. Skaggs explained that more residential and community activities for the chronically mentally ill would be highly beneficial for our area. We were able to discuss how the diagnosis that had once scared the family had turned into a positive life of advocacy. The family used their experience and fear over the diagnosis to provide support groups to other family members and consumers facing a mental illness diagnosis. Their son's early struggles in life had gotten him into trouble with law enforcement, which in turn inspired them to become passionate about Crisis Intervention Training for police officers in Northwest Arkansas. While their story was truly inspiring, I

recognized that not every person living with a chronic mental illness has such a strong support system and that many living with a chronic diagnosis endure their struggles alone.

My experience meeting with the Skaggs family exposed me to some of the gaps in community resources and helped me to understand what it is like for family members dealing with a mental illness diagnosis of a loved one. While I grew up living with parents who work in the mental health field, I still had not been exposed to many people living with serious mental health conditions. I was still living with some bias about mental health consumers, but my interaction with Chad and his family helped me to understand the true experience of schizophrenia. He was soft-spoken, kind, and not at all what I had pictured leading up to the meeting. This encounter made me realize that, while I try my best to remain open-minded in life, I still had preconceived ideas about mental illness that were gained through the media and a widespread societal misunderstanding. It was in this moment that I fully understood the importance of mental health advocacy and why Mental Health America played such a vital role in the community.

I began regularly attending Mental Health America board meetings and was thrilled when they asked if I would like a place on the board. During the initial meetings, the board was planning for their annual banquet. The banquet served as a time to give out scholarships and grants to community members and organizations that would use the funding for various related causes. These included efforts such as furthering education for those with mental illness and providing services for the homeless. The board had previously worked on donating blankets and other supplies to a local inpatient psychiatric unit and was currently donating books about the experience of mental illness to local libraries. I was also able to attend awareness events with the board. This included events such as screenings for a documentary put on at a local movie theatre



called *Suicide: The Ripple Effect*, which highlighted depression and what it was like for friends and families of loved ones after they completed suicide. I also volunteered at the VA Summit which our board attended. There, I coordinated with a mobile pottery group who was testing the waters to see if veterans found the pottery wheels appealing for calming and mindfulness activities. The response to their efforts was highly positive from the veterans and I was able to share this with the organizers of the event. I helped clean up after the event and cater to various needs by the organizers and I was able to see the factors that went into major event planning.

The biggest event that I was able to help coordinate for the board was the annual candlelight vigil where various consumers shared their stories to raise awareness and fight stigmatization in the community. I gained experience in graphic design by creating social media posts and flyers for the event. I placed these flyers all over campus and the city, and, additionally, spoke about the event at other on-campus organization meetings. I set up the room prior to the event, passed out brochures, and even lit the candles during the ceremony. This provided me with further, more hands-on experience with event planning and marketing, and additionally showed me how empowering it is to talk openly about mental illness.

Through the board's support and the guidance of my mentor, I organized my own awareness event on campus for World Mental Health Day. For this venture, I created and advertised posters throughout campus for promoting the importance of mental health. I coordinated with the leaders of each building to ensure that posting the posters was acceptable prior to placing them. In addition to this project, I partnered with the Counseling and Psychological Services (CAPS) center on campus to create over two-hundred goodie bags with candy, CAPS merchandise, a list of the warning signs of mental illness, and the CAPS information and suicide prevention hotline. For this endeavor, I coordinated with CAPS and the

director of the nursing building to ensure that I could pass out these bags. Because I had class all day on World Mental Health Day, I also enlisted the help of some of my close friends to help me stuff bags and pass them out on campus. I learned valuable communication skills through this project and how to assemble and lead a team.

Through my internship, I became aware of how local treatment organizations operated. I toured Ozark Guidance and learned about all of their services, including the types of therapy provided, such as their day treatment programs, prescribing services, and pediatric services. I later learned that Ozark Guidance was actually formed due to the advocacy efforts of MHA in Northwest Arkansas decades ago. The once small organization that moved from churches to a larger venue now encompasses multiple counties and has a lengthy list of clients still waiting to be seen. This illustrated to me the ways in which a small number of professionals and community members use their voices to initiate better access to treatment in our area.

Additionally, I have utilized my mental health awareness internship in other areas of my life, such as at my job at Northwest Medical Center. My job was created for nursing students to gain experience and exposure in different fields of nursing through performing shifts as a nursing assistant and monthly shadowing experiences on a unit of choice. With my interest in mental health, I chose to shadow a nurse on the behavioral health unit. During my shift, I learned about the level of care being offered in our area and the further need for advocacy efforts. I noted that the hospital I worked at was one of the only facilities in the area that accepted patients with no insurance and how some of the patients seemed to be discharged and returning frequently. I learned more about the experience of inpatient treatment and gain a better understanding for the feelings of patients who required this form of hospitalization. Additionally, I learned a lot about needs following discharge, including family and patient education, housing, and transportation

that many of these patients lacked. The experience made me more aware of prevention strategies and also allowed me to take part in the hands-on care of mental health treatment.

A great skill I learned in this internship is how to network with local organizations and community members. I began attending meetings for Judicial Equality for Mental Illness (JEMI) after I heard the leader of the coalition speak as a guest lecturer for the mental health nursing classes. I discovered that her group had banded together for better treatment of mental health consumers while incarcerated and had recently done work to bring a Crisis Stabilization Unit to Fayetteville. While attending these meetings, I met prominent leaders in mental health advocacy, including the director of the Crisis Stabilization Unit. I worked with her to determine some of the needs of patients at the unit during and after discharge. After much consideration and communication, we decided a clothing and book drive would be beneficial for the unit. This also gave me a chance to work on my coordinating skills as I worked with my sorority, my apartment complex, and the nursing school to collect donations.

Another project that I worked on with JEMI was a radio spotlight that highlighted community members living with mental illness for Mental Health Month in May. I designed a social media graphic and flyers that were shared to recruit community members who wanted to share their experience with mental illness. I recruited storytellers that I knew would be able to share a message of hope that others in the community could relate to and feel less isolated in their struggles. Additionally, working with JEMI exposed me to the political side of advocacy. The members of the group were well-versed in which representatives to reach out to, when quorum court dates were set, what bills were being discussed in legislature, and how to communicate their opinions effectively when advocating. This inspired me to stay up-to-date on current issues in Arkansas rather than just raising awareness alone. JEMI is made up of many

different community representatives, each with different experiences and professions, but their shared passion for mental health advocacy made them an effective team in policy change. The role I accrued for myself at their meetings was that of an on-campus representative. To strengthen campus connections, I met and coordinated with another mental health awareness organization at the university, and we shared ideas and information with each other about local events. I gained invaluable experience in this internship through outreach and I was often met with positive responses, which has increased my level of confidence in communication skills.

Other opportunities I experienced in this internship were through volunteering endeavors. In addition to volunteering at the VA Summit, I also volunteered on campus at the CAPS Relationships Fair where I helped set up and take down the event as well as recruited participants to explore the different booths related to love and mental health, inclusivity, safe sexual practices, and more. I also volunteered at an Ozark Guidance event known as “Walk a Mile in My Shoes” where I directed participants and made sure the event ran smoothly. Through this effort, I was able to give back and provide support to the organizations that had supported me in my own awareness projects.

This internship gave me many valuable skills in working with others and learning the ways in which advocacy is most effective. Until this point, I would describe myself as a follower and an introvert in many circumstances in life. I have often excelled in academic settings yet any project where I have had to talk in front of others has left me feeling shy and embarrassed. However, this internship gave me the chance to step out of my comfort zone and represent a community who often suffers discrimination. The community and organizations that I interacted with treated me as though I were important and had significant thoughts and ideas. As the internship progressed, I felt more confident because my growing knowledge basis also increased

my passion for change. The fact that small groups of individuals were able to bring about such beneficial change for our area reiterated my belief that every voice counts, even if you are just a college student with little experience. I was able to brainstorm with local leaders in mental health, raise awareness for what it is like to live with mental illness, and encourage others living with mental illness that they are not alone. With a more educated and passionate mind, I am looking forward to my future career as a mental health nurse. Because of my internship, I have a better understanding of what my patients face daily and how it can be frightening or uncomfortable to seek treatment. I have seen the stigmatization surrounding mental health and I have also seen how speaking out and raising awareness helps to dissolve it. Now that I have found my voice, I feel confident that I can continue to use it to advocate for this brave yet disadvantaged group of humans and begin to combat the frightening statistics of those who do not get help due to stigma or accessibility.

## References

- Andrade, L. H., Alonso, J., Mneimneh, Z., Wells, J. E., Al-Hamzawi, A., Borges, G., Kessler, R. C.; et al. (2014). Barriers to mental health treatment: Results from the WHO world mental health surveys. *Psychological Medicine, 44*(6), 1303-17.  
doi:<http://0dx.doi.org.library.uark.edu/10.1017/S0033291713001943>
- Bharadwaj, P., Pai, M. M., Suziedelyte, A. (2017). Mental health stigma. *Economics Letters, 159*, 57-60. doi:<https://doi.org/10.1016/j.econlet.2017.06.028>
- Funk, M., Minoletti, A., Drew, N., Taylor, J., Saraceno, B. (2006). Advocacy for mental health: Roles for consumer and family organizations and governments. *Health Promotion International, 21*(1), 70–75. doi:<https://doi.org/10.1093/heapro/dai031>
- The Lancet. (2016). The health crisis of mental health stigma. *The Lancet, 387*(10023), 1027.  
doi:[http://0-dx.doi.org.library.uark.edu/10.1016/S0140-6736\(16\)00687-5](http://0-dx.doi.org.library.uark.edu/10.1016/S0140-6736(16)00687-5)
- Mental Health America. (2018). Retrieved from <http://www.mentalhealthamerica.net/>
- Mental Health America NWA. (2018). Retrieved from <http://mentalhealthamericanwa.org/>
- National Alliance on Mental Illness. (2018). Mental health by the numbers. Retrieved from <https://www.nami.org/learn-more/mental-health-by-the-numbers>
- Seeman, N. (2015). Use data to challenge mental-health stigma. *Nature, 528*(7582), 309.  
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<http://0search.proquest.com.library.uark.edu/docview/1750372144?accountid=8361>