



NEW JERSEY GOVERNOR'S COUNCIL ON *Mental Health Stigma* **STOPPING STIGMA**

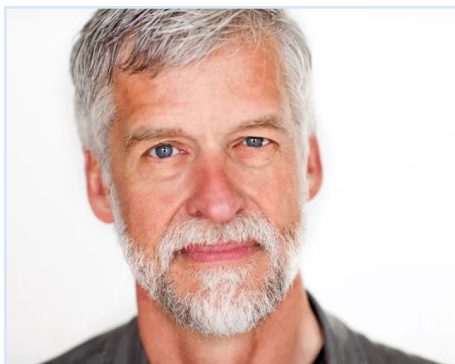
Eliminating Stigma to Ensure Equity for All

NEWSLETTER
OCTOBER 2025 ISSUE VOLUME 5

Education and Interaction with Individuals with Mental Illness Are Essential to Eliminate Stigma

In Roman mythology, Janus is the god of beginnings and transitions. The illustration of him with two faces represents looking to the past and the future. This symbolism is relevant to the issue of stigma. The past as well as the present of stigma need to be overcome to create opportunities for healthy and successful futures for individuals with mental illness. The other parallel is the two sides of stigma: when it is addressed directly and when it turns into something negative and possibly tragic.

Through education and other strategies, an understanding of individuals living with mental illness can be developed. As a result, more progress can be made toward the elimination of stigma.



Patrick Corrigan, PsyD, MA

Distinguished Professor of Psychology,
Illinois Institute of Technology

Basic Information about Stigma and its Impact

"Stigma is a disrespectful image of people with mental illness. In my opinion, stigma is not an issue of medicine and illness. It's an issue of social justice," stated Patrick Corrigan, PsyD, MA, Distinguished Professor of Psychology, Illinois Institute of Technology, during his keynote presentation, *Beating the Stigma of Mental Illness*, at the New Jersey Governor's Council on Mental Health Stigma's 20th Anniversary Showcase in July 2025.

Dr. Corrigan explained that the structures of stigma — stereotype, prejudice and discrimination — lead to different types: public stigma, self-stigma, label avoidance and structural stigma. All of them have negative impacts, including isolation, loss of employment, subpar housing and inferior educational opportunities, compared to individuals who do not have mental illness.

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MESSAGE FROM the Chair



Debra L. Wentz, PhD

For so many, stigma is a significant barrier to seeking timely, effective treatment and support services. Stigma can and must be eliminated to improve access to care that is needed to lead healthy and meaningful lives. A very important and powerful strategy for eliminating stigma is the sharing of personal experiences of living with a mental illness, while achieving success in education, employment and positive social connections. As this issue of *Stopping Stigma* was being developed, it struck me that the experiences of individuals who have been indirectly affected by mental illness are equally impactful.

Every personal story strongly resonates with me because of my firsthand experiences with family members and others close to me who had a mental illness. I am heartbroken about my recent loss of a very dear friend who slipped into psychosis years ago when he decided to no longer accept treatment. He had never accepted his diagnosis of paranoid schizophrenia and refused to discuss it, but greatly surprised me once at dinner with Dr. John F. Nash, Jr. and his wife Alicia, by sharing the diagnosis they had in common. Unfortunately, his family had stigmatizing perspectives as they did not understand his illness.

No one likes labels, particularly of mental illness. The extent people go to in order to avoid being labeled is heartbreaking. They do not share their struggles or seek help and, in many cases, their mental health conditions worsen. Those of us who care deeply for individuals with mental illness commonly feel helpless if we cannot figure out how to best support them. By learning and connecting with others in similar situations, we become empowered, which hopefully, in turn, empowers those affected with mental illness. When each of us extends our hand, it opens doors to working toward a positive life, complete with strong relationships with friends and family, and meaningful endeavors through school, employment and volunteer activities.

Some, I know have held off on seeking treatment for fear of repercussions. Many never realize their potential simply because they believe their mental illness makes it impossible for them to do so. But, there are many inspiring examples throughout history that demonstrate this does not have to be the case. President Abraham Lincoln and Ludwig van Beethoven

are two examples. Dr. John F. Nash, Jr. is a more recent example and contemporarily, we can look to actor Leonardo DiCaprio and Olympic gymnast Simone Biles. While celebrities inspire many by being open about their mental health conditions and with their successes, anyone can be equally uplifting – and maybe even more so – when they share their personal story with their community, whether one on one or to a larger audience.

These stories are also very important to successful advocacy. They demonstrate the value and effectiveness of treatment and support services and reinforce the importance of increasing access to them. This must be a priority issue for the state and federal governments, and your advocacy and stories are needed, as funding is stagnant now and slated for reductions in the near future.

As part of its mission, the New Jersey Governor's Council on Mental Health Stigma encourages individuals to share their success stories of overcoming the challenges of mental illness and stigma. The Council also invites individuals and groups to educate others, incorporate creative arts – which are extremely therapeutic and motivating – and share these

initiatives through the Sing! for Mental Health Project.

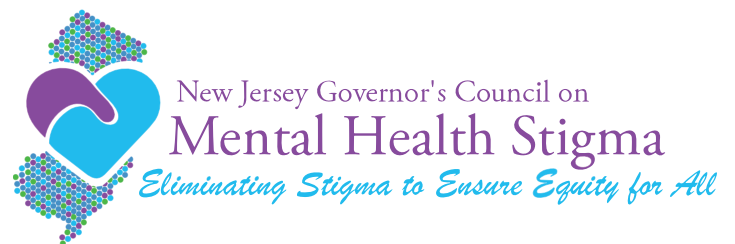
Thank you for joining with me and the Council to dismantle stigma, one person at a time. Together we can help others achieve and rejoice in their wellness!

With deepest gratitude and warmest wishes,



Debra L. Wentz, PhD

Chair



Share your story

nj.gov/mhstigmacouncil/news-and-events/share-your-story/index.shtml



Sing! for Mental Health Project

nj.gov/mhstigmacouncil/news-and-events/sing/



Help Us Plan and Present Events in Our Efforts to Eliminate Stigma!

Join One of our Subcommittees!

The New Jersey Governor's Council on Mental Health Stigma invites everyone to join in its mission to eliminate stigma through a variety of initiatives!

We are eager to add more participants to two subcommittees to create more opportunities to learn from others' experiences and put many creative ideas into action!

Stigma-free Zone Learning Collaborative Subcommittee

Share your thoughts on topics to address and the presenters for the Stigma-free Zone Learning Collaborative's virtual sessions, as well as additional initiatives to develop and implement!

Sing! for Mental Health Subcommittee

This subcommittee is comprised of a concerned group of community change-makers, church leaders, and professionals from all types of organizations and agencies who are bound by the common mission to fight the stigma of mental illness, especially in underserved communities. They are incorporating creative arts into mental health education initiatives and encouraging others to do the same.

For additional details and to join any of these subcommittees, please contact

Shauna Moses

✉ smoses@njamhaa.org

Education and Interaction with Individuals with Mental Illness Are Essential to Eliminate Stigma

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Amie Del Sordo, LCSW

Executive Senior Vice President, Crisis and Community Services, Bergen County Crisis Intervention Team, Mental Health Coordinator, CarePlus New Jersey, Inc.

These experiences often lead to low self-esteem (“I’m not worthy.”) and reduced self-efficacy (“I’m not able.”), which commonly result in individuals not trying to achieve their goals and not seeking help.

“Stigma results in many people choosing to hide their symptoms, avoid talking about their struggles, or trying to manage their conditions alone. This delay in seeking professional support can lead to worsening symptoms, reduced quality of life, and in some cases, the development of more severe mental or physical health issues,” explained Amie Del Sordo, LCSW,

Executive Senior Vice President, Crisis and Community Services, Bergen County Crisis Intervention Team, Mental Health Coordinator, CarePlus New Jersey, Inc. “Early intervention is often key to effective treatment, so the longer someone waits, the more challenging recovery can become.”

“Additionally, stigma can lead to increased social isolation, limited access to services, and fewer opportunities for autonomy and self-advocacy. This contributes to poorer mental and physical health outcomes and increased vulnerability to abuse or neglect,” Del Sordo added.

Where and Why Stigma Exists

“The public’s understanding of people with mental illnesses in general may not be positive. These perceptions may be different if they know someone with a mental illness personally,” explained Ann Murphy, PhD, CPRP, Director of the Center for Mental Health Implementation Support, Northeast Atlantic and Caribbean Hub, and Associate Professor, Rutgers University School of Health Professions. “The tendency is to only view people in the context of stereotypes, causing stigma to persist.”

Stigma is particularly evident in news reports, which negatively influence people’s beliefs and attitudes. As a result, misunderstandings and

judgmental attitudes generally are not changing.

In addition to associating mental illness with violence, journalists contribute to stigma by referring to people with mental illnesses as their disorders (e.g., schizophrenic person, person who is schizophrenic) or by using insensitive terms (e.g., “psycho”, “lunatic”), according to Otto Wahl, PhD, Professor Emeritus, University of Hartford and Author of *Media Madness: Public Images of Mental Illness* and *Telling Is Risky Business: Mental Health Consumers Confront Stigma*. Additional examples, which Dr. Wahl shared in his keynote presentation, *Improving Coverage of Mental Illness in the Media*, during a roundtable that the

Council hosted in October 2022, are the lack of news stories that demonstrate individuals’ successful treatment and recovery, and the absence of voices and viewpoints from people with mental illness in much of the public domain.

Stigma is also evident among many healthcare providers. For example, Dr. Corrigan shared a study conducted in 2000 that revealed disparity in referrals of veterans with a serious heart condition to cardiologists: 100% of those who did not have mental illness or substance use disorder (SUD) were referred to cardiologists, while 40% of those with mental illness and less than 80% of those with SUD were connected to the specialists.

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Education and Interaction with Individuals with Mental Illness Are Essential to Eliminate Stigma

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"You would anticipate that those who choose this work would have a more positive and empathetic perspective, but that is not always the case," Dr. Murphy commented. In addition to misconceptions that may have developed from cultural beliefs or the media, certain clinician illusions play a big role. "People receiving mental health services usually see clinicians only when they're struggling the most. Then, they get better and aren't engaged with the treatment system. From seeing clients only when they are struggling, and due to clinicians' biases, some clinicians may have skewed experiences. They tend to overly associate negative experiences with mental health conditions, and this contributes to the persistence of stigma," she explained.

Police officers and other first responders have similar experiences. "The more law enforcement and emergency services personnel have opportunities to engage in the community in neutral situations, the more likely they are to get the full picture of people, and build trust and rapport," Dr. Murphy said.

"Law enforcement personnel are focused primarily on safety. They can hold biases about the danger and risk associated with mental illness, at the expense of seeing the whole person, but this can change with efforts like CIT

training," Dr. Murphy added, referring to Crisis Intervention Team training.



Edward C. Dobleman
CIT-NJ Director
Legacy Treatment Services

Before CIT training became available, many police officers felt incapable of effectively managing situations with individuals who have mental illness, intellectual/developmental disabilities (IDD) or both. "The primary goal of a first responder is to secure the scene, ensure safety and solve the problem. However, traditional law enforcement tactics often escalate these situations," according to Retired Chief Edward C. Dobleman, CIT-NJ Director, Legacy Treatment Services. "This can create a negative cycle where officers dread these calls, which can inadvertently lead to less-than-ideal outcomes for individuals in crisis."

A similar sense of inadequacy is common among behavioral healthcare

providers who do not specialize in IDD. "Many in the field believe they can't help people with IDD who also have mental illness, but they can. They just need to see people beyond their diagnoses and treat them as people," advised Daniel Balboni, PsyD, Director of Psychological and Social Services, Matheny Medical and Educational Center.

"People with IDD experience mental health struggles, conditions and diagnoses like anyone else, though it is often at a higher rate than the general population because many things we take for granted are significantly more challenging for people with IDD," Dr. Balboni explained.

According to Del Sordo, individuals with IDD "may be perceived as less capable of understanding or managing their own mental health, leading to their concerns being overlooked or dismissed by caregivers, healthcare providers, or society at large."

"There is also a widespread lack of awareness and training in the healthcare system about how to properly assess and treat mental health conditions in people with IDD. As a result, diagnoses can be missed or misattributed to their developmental disability, delaying or preventing proper treatment," Del Sordo added.

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How to Help Eliminate Stigma

Some people believe that changing the language about mental illness and IDD will eliminate stigma. For example, the term “mental retardation” was changed to “intellectual disability”, and “manic depressive disorder” was changed to “bipolar disorder”. In addition, people are encouraged to use person-first language to avoid identifying anyone as their health condition such as saying “a person with bipolar disorder”, rather than “that person is bipolar”.

However, just teaching use of person-first language and using education strategies are not sufficient. Both Dr. Corrigan and Dr. Murphy shared that the most effective way to overcome stigmatizing attitudes is to interact with individuals who have traditional mental illness and see firsthand that for many people, these health conditions do not prevent them from leading meaningful, successful lives.

In fact, Dr. Murphy and her colleagues added discussions with individuals with lived experience as part of the educational curriculum for students working toward healthcare careers. “Our goal is to educate students so there can be a ripple effect: When they’re working in the healthcare field, they can educate others,” she shared.

Students in other educational programs in the healthcare field have the same concerns. “They’re worried about stereotypes of patients with mental

illness, such as if they are dangerous and unpredictable and how they as healthcare providers will handle patients in crisis. They feel very unprepared to handle these situations,” Dr. Murphy stated. To overcome these concerns and provide valuable education and direct experience, she and her team had physical therapy and dental hygiene students work with patients with mental illness for several months.

“When they can’t provide clinical services, we brought in a panel of people with lived experience. They shared their interactions with healthcare providers about what helped, what negative experiences they had, and what to know and take into their practice,” Dr. Murphy said.

Important components of education are accurate information about mental

health conditions and how they may be recognized – not just symptoms, but also how people with those symptoms may behave in healthcare settings. For example, patients may feel distress when they are touched and won’t let providers know that, and they may be uncomfortable with providers who wear masks. Communication strategies are also essential. For example, people with mental illness may need more time to answer questions because they process questions and their responses more slowly.

With education, understanding and compassion, everyone can help eliminate stigma, which in turn, will help dismantle this biggest barrier to seeking and receiving treatment and support services.

“People with lived experience have the most impactful stories to share – they stay with you.”

— Ann Murphy, PhD, CPRP

Director of the Center for Mental Health Implementation Support, Northeast Atlantic and Caribbean Hub, and Associate Professor, Rutgers University School of Health Professions



JOIN THE COUNCIL'S Stigma-free Zones Learning Collaborative!

Now more than ever, our communities need healing by engaging and committing to a stigma-free space for mental health and wellness. The Governor's Council on Mental Health Stigma invites you to participate, establish Stigma-free Zones and support this Learning Collaborative.

PURPOSE

The Learning Collaborative acknowledges and showcases ambassadors and communities that have successfully established Stigma-free Zones. Participation in the group will provide access to resources, toolkits, and community organizing strategies for successfully implementing and sustaining Stigma-free Zones. Your success stories are important to us and can serve to inspire others!



To learn more about the Stigma-free Zone Learning Collaborative and express interest in getting involved, please scan here or contact:



Cynthia Chazen
Coordinator of Community
Outreach and Partnerships
cchazen@njamhaa.org

Clinical Experts Share Strategies for Overcoming Stigma

Behavioral healthcare providers often contend with stigma affecting their clients. Even they themselves can be stigmatized because of the illnesses they treat. And stigma towards mental illness is sometimes evident in other healthcare professionals' perceptions of them and those they serve.

"Many providers think depression, anxiety and burnout are part of working in health care and they just have to deal with it," said Tina T. Miles, LCSW, FHELA, Executive Director, Behavioral Health Services, Psychiatry Administration, St. Joseph's Healthcare System, which encourages employees to request support from the system's mental health program. "Many of the employees who seek treatment say they wish they came for help earlier. When they start realizing the value of therapy, many refer coworkers so they can benefit, as well," Miles shared.

In addition to preventing individuals from seeking treatment, stigma affects the ability to access care for those who make efforts to obtain clinical support.

"Patients in medical care don't need to complete comprehensive intake assessments, co-sign treatment plans or have new evaluations done every six to 12 months to keep proving they have illnesses and need ongoing treatment, but these are required for mental health treatment," said Bob Davison, MA, LPC, Chief Executive Officer, Mental Health Association.



Bob Davison, MA, LPC
Chief Executive Officer
Mental Health Association

"Behavioral healthcare providers need to seek authorizations frequently to continue providing care, and they often have to have their clients take ineffective medications before insurance plans will cover what the

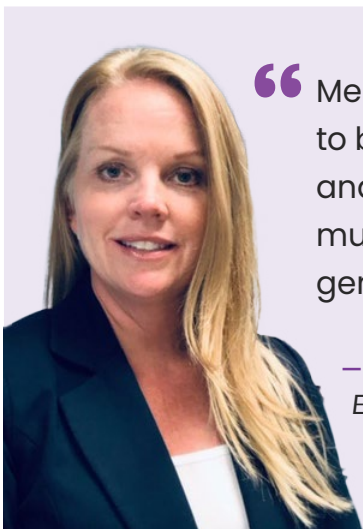
providers know will work," added Davison, who also serves on the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) Board of Directors.



Tom Pyle

Board Chair, Trenton Psychiatric Hospital; a Member of the New Jersey Psychiatric Rehabilitation Association Board and of the New Jersey Division of Mental Health and Addiction Services' Behavioral Health Planning Council

Though not technically a clinical psychiatric service, stable, secure, and sufficient affordable housing is often critical to psychiatric recovery for loved ones with serious and persistent mental illness. Yet, affordable housing is insufficient. "Inadequate housing resources can be said to arise from stigma," said Tom Pyle, Board Chair, Trenton Psychiatric Hospital; a Member of the New Jersey Psychiatric Rehabilitation Association Board and of the New Jersey Division of Mental Health and Addiction Services' Behavioral Health Planning Council. In addition to the lack of affordable housing, there are overly complex rules to obtain it. "The paucity of such a basic critical resource in such a high-cost state reflects too much societal indifference, born of insufficient prioritization and



“Mental health and treatment need to be normalized with pediatricians and other primary care providers and must be part of education for the general public.”

— Tina T. Miles, LCSW, FHELA

Executive Director, Behavioral Health Services,
Psychiatry Administration, St. Joseph's
Healthcare System

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Clinical Experts Share Strategies for Overcoming Stigma

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collaboration of the public and private sectors, itself a kind of institutional stigmatization,” Pyle added.

“And how about New Jersey’s Medicaid rates?” Pyle asked. “The wealthiest and highest cost state in America has the lowest Medicaid rates in America. As I know from my late son’s own experience, our state’s rates are so low that not one private psychiatrist in our county accepts Medicaid for those with mental illness, who are often our state’s most impoverished! That seems like yet another kind of institutionalized stigma against individuals with mental illness.”

“Making it okay to ask for help is one of the first steps we had to do as an industry.”

— Barrett Young, MS

Chief Executive Officer, Rescue Mission of Trenton; Chair, New Jersey Mental Health Institute Board of Trustees; and Member, New Jersey Association of Mental Health and Addiction Agencies Board of Directors



Efforts to Overcome Stigma Are Needed in Health Care and throughout Society

There are many strategies for helping to eliminate stigma. An essential foundation is education, which should include individuals’ personal experiences with having mental illness and, if relevant, encountering stigma.



Kim Veith, MBA, MSW, LCSW, LCADC
Chief Executive Officer
Bright Harbor Healthcare

Peer support specialists in mental health care and substance use disorder (SUD) treatment programs are a powerful example. For instance, one of Bright Harbor Healthcare’s staff members who has bipolar disorder and was a client years ago is now “part of an interdisciplinary outreach team and teaches people,” shared Kim Veith, MBA, MSW, LCSW, LCADC, Chief Executive Officer.

“Education starts with facts and helps the general public understand that all mental illness is on a spectrum. We make the assumption that mental illness is a big, scary disease that leaves people homeless and talking to themselves on the streets. That’s

the bias. It’s what we’ve been taught over time,” Veith said. “Thousands of individuals are struggling in silence. They are working to heal, but others don’t know it because it isn’t obvious.”

Veith recommends that everyone “call it out whenever you hear or see stigma. Don’t laugh at the jokes.” She stressed that “it’s the responsibility of behavioral healthcare professionals to not perpetuate stigma or let it live in any way.”

Miles emphasized the importance of having behavioral healthcare providers participate in community events to educate people about mental illness and stigma, as well as services they offer. They should also partner with primary care providers to ensure patients are screened for mental health and substance use issues and connected with behavioral healthcare services when necessary. “Mental health and treatment need to be normalized with pediatricians and other primary care providers and must be part of education for the general public,” Miles emphasized.

Integrated care is also crucial. “Everyone needs to understand that so many people with substance use disorder also have trauma, post-traumatic stress disorder or some kind of depression, and that this doesn’t make anyone bad or different,” said Barrett Young, MS, Chief Executive Officer, Rescue Mission of Trenton.

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He added that a positive sign is the increase in educational campaigns illustrating that SUD and mental illnesses are health conditions, not character flaws. “Making it okay to ask for help is one of the first steps we had to do as an industry,” said Young, who is also Chair of the New Jersey Mental Health Institute Board of Trustees and Member of the NJAMHAA Board of Directors.

Behavioral healthcare providers need to “meet people where they are, be as flexible as possible and talk through the stigma and shame. Don’t judge it. Instead, reframe it,” Davison added. “Take it as an opportunity to educate others and develop relationships with those individuals. Ultimately, it’s all about relationships. People go to treatment because of symptoms. They stay in treatment because of relationships,” he stressed.

Regarding diagnoses, it is important for behavioral healthcare providers to recognize that having treated certain mental illnesses does not necessarily mean they know how to treat everyone with the same conditions. “Each diagnosis is a provider’s best guess and might not encapsulate anyone perfectly. Manifestation differs among people

with the same health conditions. With a label, you only know the diagnosis, not the person,” explained Daniel Balboni, PsyD, Director of Psychological and Social Services, Matheny Medical and Educational Center.

Certain individuals are perceived by some others as their diagnoses. “A person either rejects the diagnoses and has a tough time integrating them in any way or buys into the belief that they are their diagnoses. Both of these options are harmful. They make it more difficult to access the help they need,” Dr. Balboni explained.

Dr. Balboni also illustrated the problem of misdiagnosis with the story of a young woman with complex premenstrual dysphoric disorder (PMDD) whose providers believed for years that she had different mental health conditions. As a result, they prescribed the wrong medications, which made her significantly worse. She eventually convinced a provider that she has PMDD and received different medications that improved her physical and mental health. However, “she became afraid of new medications and untrusting of healthcare providers,” Dr. Balboni shared. “She was just seen as every diagnosis that she was labeled

with, so she developed a fear that any provider will make her worse. This certainly impacts her willingness to seek help in the future.”

This unfortunate experience underscores the importance of education for everyone to help ensure that people recognize when they and others they care about are experiencing mental health difficulties; are willing to seek treatment and other types of support; and receive care from providers who are understanding and compassionate, in addition to clinically competent.

The good news is that stigma can be overcome by anyone. Particularly inspiring are stories of individuals fighting and overcoming stigma. For example, a man with IDD, as well as mental illness, was told throughout his life that he does not need services or education because they allegedly would not help him. “Recently, the state said he’s no longer entitled to physical therapy because it won’t improve his functioning any further,” Dr. Balboni said. “However, physical therapy is necessary for maintenance. Without it, individuals will lose their functionality and independence,” he explained. The young man obtained notes from his doctor, and he and his family contacted the state ombudsman, legislators and others in state government. Ultimately, he regained access to physical and other therapies.

“For every one of them with such tenacity, there are at least 20 others without the knowledge or ability to do that,” Dr. Balboni commented. “It’s a winnable fight. We can’t give up.”



“It’s a winnable fight.
We can’t give up.”

— Daniel Balboni, PsyD
Director of Psychological & Social
Services, Matheny Medical &
Educational Center



Share Your Story to Help Eliminate Stigma!



The best way to prevent and eliminate stigma is to educate people, and that education needs to include stories of individuals achieving wellness and other goals as a result of the support they have received.

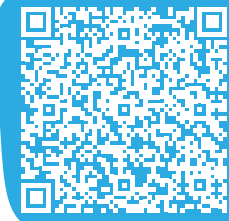
Please support the New Jersey Governor's Council on Mental Health Stigma's mission by submitting inspiring stories for consideration to be posted on their web page.

The Council will review each submission and reserves the right to edit stories, both written narratives and videos, and to accept or not accept the submissions per appropriateness for this website. Each individual will be notified about whether or not their submission is accepted and will be posted.

Confidentiality will be protected. However, the Council will need to have a signed release form from each individual in order to post the stories on the website.



For criteria and other details, please scan the QR code or visit nj.gov/mhstigmacouncil. Under News and Events, select "Stories Inspiring Progress".



Sharing Personal Perspectives and Experiences Helps Build Understanding and Empathy



The best way to eliminate stigma is to share personal experiences with having mental illness, receiving effective treatment and achieving success. The following is a variety of powerful stories that are impactful from their contributions to building understanding and empathy; which are essential to eradicate stigmatizing perspectives and prevent others from developing misunderstanding or a judgmental outlook.

Stigma, Loss of Loved Ones and Firsthand Experience with Mental Illness Prompt Personal Missions

Cynthia Chazen

Coordinator, Community Outreach and Partnerships
New Jersey Governor's Council on Mental Health Stigma

"My older brother Mitchell had depression and was despondent as a child, but it was never dealt with and that caused much friction between him and our parents. They didn't understand Mitchell's behaviors and just saw him as difficult. His mental health problems grew as he got older, he drank heavily starting in high school, and he developed serious mental illness (SMI) in college. There was no support for him on campus, so he ultimately was unable to get out of bed, missed a lot of classes and flunked out."

"Around 2005, Mitchell told me he was having major back pain and was stockpiling morphine. He had been involved in an altercation due to his drinking, and was facing legal troubles. I tried to encourage him to consider a better painkiller. I knew he was planning to kill himself when he started giving away his possessions, and said that life wasn't worth living. I understood how joyless he had become, and how trapped he was. I wanted to help, but I didn't know what to do. He lived hundreds of miles away in another state, and I wasn't bold enough to know how to find help for him in his local area."

Stigma stopped me from reaching out to find him help, and he died three months later."

"When people have discovered I have family members with SMI, I've been met with such unkindness, it is unbelievable. Next door neighbors, and even a very close friend said they didn't want to be friends anymore, or they just stopped greeting me in the street. Certainly, no one ever brought over a casserole, or sent any "Thoughts or Prayers" for the stigmatized relative."

"When I began mental health advocacy at my church in 2012, I sensed a lot of iciness and felt a more careful and distant demeanor, and some people even refused eye contact. Luckily, this changed two or three years later after finding a home in the Pastoral Care Committee, and together, we educated the congregation. We ended up doing wonderful, impactful things for our community. Becoming a mental health advocate helped me deal with the stigma I had been feeling."

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Sharing Personal Perspectives and Experiences Helps Build Understanding and Empathy

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Tom Pyle

Board Chair, Trenton Psychiatric Hospital

Board Member, New Jersey Psychiatric Rehabilitation Association

Member, New Jersey Division of Mental Health and Addiction Services' Behavioral Health Planning Council

"In March 2007, my son Adam, then 21, collapsed at home. We thought it was epilepsy, unknown in our family. The Rescue Squad came. Later, at 4 am, the ER psychiatrist called us parents into a small conference room to report the shattering news: 'I think your son has schizophrenia.' At that moment, like it or not, I became part of the mental health movement."

"Adam tried college, but couldn't acclimate. His psychosis was too intrusive. He also saw all his friends successfully launching their independent lives, but his own rocket kept malfunctioning. His social networks rapidly dissipated, leading to isolation and increasing self-stigma. Several years later, an old high school buddy bumped into him at The Princeton Record Exchange, previously a mutually cherished haunt. The eager friend suggested that they get together, but Adam demurred. He couldn't bear the social burden of his disability, stoically preferring to be remembered as he used to be before the illness."

"We parents also experienced an unintended and subtle, but distinct stigma from friends. At parties, we'd hear their enthusiastic stories about their children's amazing lives. 'And how is Adam doing?' they'd ask. Many couldn't quite deal with our news of Adam coping with persecutory voices, heavy side effects of all the psych meds, or yet another emergency psychiatric hospitalization."



“When you're battling stigma, it's a frustrating battle. Nevertheless, you cannot flag [surrender] because there's always hope.”

Shauna Moses

Vice President, Public Affairs and Member Services, New Jersey Association of Mental Health and Addiction Agencies

Board Member, *Attitudes In Reverse*®

"I was diagnosed with depression after the shock of losing my brother to suicide and learning he had bipolar disorder. No doubt, stigma prevented him from informing most of the family about being diagnosed about 20 years earlier; only his wife and our sister knew. Also due to stigma and lack of education, I initially resisted going to therapy because I knew I would be very sad for a long time and didn't think therapy could change that. But, I soon agreed, as family members said it could help me return to being emotionally available for my son. The therapist recommended that I take an



antidepressant, which I also initially disagreed with because I had the misconception that medication would stop me from grieving for my brother."

"Several years later, I attempted to take my life. I was unable to ignore the thoughts of being a burden to everyone I love or the belief that my life would never get better. Fortunately, I had a revelation that I couldn't do that to my family, so I went for treatment."

"Now, 13+ years later, I'm still taking medication and I share my story to help others understand that mental illness is not a choice or a weakness, and seeking help is a strong, positive step to take for ourselves and our loved ones."

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Tricia Baker, CPDT-KA

Co-Founder, Attitudes In Reverse®



"My son Kenny had depression and anxiety that became severe during high school. In the beginning, I went along with Kenny's story that he had mono for three years because I didn't want people judging him. In May 2009, he took his life, and I no longer worried about people judging him. But, he was judged and so were we. After he died, the media searched for what they assumed to be the 'dirty story' of my husband and I not being loving parents. But, the truth is that if love were enough, Kenny would still be alive."

"That's why we started educating people. Everything happened organically. The school wanted to cover Kenny's picture in the yearbook, and we responded. We weren't allowed to hold a swim meet in Kenny's honor, and we responded. Our efforts paid off with the school eventually inviting us to present to the students. We've

been speaking with kids for 16 years, we have spoken to more than 250,000 students, and we are changing hearts and minds. We share our experiences from before and after Kenny died, and we have certified therapy dogs, who further help eliminate stigma by helping everyone feel safe. Many children have shared their struggles after petting the dogs."

"After Kenny died, a couple of kids said they were so glad we were open about how he died. Because we talked openly, they reached out for help. Our goal is to get all young people to feel safe talking about brain illness and for everyone to realize it's not a choice."

"Most of my friends left me after Kenny died. I believe it's survivor guilt because their kids are alive, and they don't want to make me feel bad. But no, I feel bad because Kenny died. If people are not comfortable around me, I respect that. I'm not mad at anyone who couldn't talk to me."

Paul Newell

Founder of NeWellness Consulting

Author of Heal.Thy.Man Method

"After my dad passed away, I told friends that I was really tired and I couldn't get out of bed. They said to go to the gym. They didn't really hear me. They pushed it off because of fear and stigma."

"My sister said I might have depression and that I should see a therapist. I didn't want to accept or believe it, and I thought going to therapy meant I was weak, but I went to a therapist anyway. I feel my brothers and sister handled our dad's death fine, and I told myself depression isn't really a thing and I just needed to get over it."

"Years later, I went through a bad divorce and I was broke, so I felt I was messing up constantly and I was suicidal. When I told people about what I was experiencing, no one believed me, so I thought I was hallucinating and it was all my fault."

"I got involved with a nonprofit, the Man Kind Project, where we were brought through the process of emotional regulation and getting to the root of our disease. Then, I developed the Heal.Thy.Man Method, which is about me looking at my patterns and habits, what I learned from my parents and what makes me *me*, and identify the spaces where I can be my best self."



"Hearing others' experiences makes the difference. I need to just have others hear me and ask how they can support me, and not say that I was crazy or I should get a drink."

“Being vulnerable with my experiences allows others to be vulnerable and gives them space.”

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Sharing Personal Perspectives and Experiences Helps Build Understanding and Empathy

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Viviana De Los Angeles

Chief Program Officer, National Alliance on Mental Illness – New Jersey Chapter



"When I was young, I was told to not communicate with my half-brother because, as my family said, 'he was crazy'. Years later, I understood he had schizophrenia. We lost my half-brother to suicide."

"Because of our culture and religion, we were brought up to never say we weren't doing well. We were taught that symptoms of mental illness meant that individuals were possessed and were sinning too much, and that's why the demons were bothering them. Anyone who showed symptoms of mental illness was locked up at home and had limited access to other people. They were not criminals, but they had 'bad' behaviors because they couldn't handle themselves in ways that were appropriate or expected."

"In 2017, I was diagnosed with bipolar disorder type 2. I had no clue what this was, and stigma prevented me from seeking help sooner. I was afraid that my friends would think I was crazy and that my coworkers would think my work isn't credible."

"I am a single mother of two boys. I had suicidal ideation when they were young and I feared that if I sought help, my kids would be taken away. I did have to be involved with the Division of Child Protection and Permanency because of the danger my sons were exposed to, but they kept us together and helped us through those difficult times."

“ Every time I told my story, I felt a bit stronger. It's great to see that sharing my story inspires others and see their progress. I'll take any opportunity to share my story. If we don't share, how will we eliminate stigma? My mental health condition doesn't define me. ”

Council Presents Opportunities to Share Personal Experiences and Help Eliminate Stigma

The New Jersey Governor's Council on Mental Health Stigma further encourages individuals to share their personal experiences with specific opportunities to do so:

- ▶ Visit the Council's website for information about submitting success stories as written narratives or videos for consideration to be posted on the website.

[SUBMIT SUCCESS STORIES >>](#)

Click the button below to see current featured stories.

[FEATURED STORIES >>](#)

- ▶ Participate in the Council's *Sing! for Mental Health* project. This initiative was designed to shine a light on exceptional people in New Jersey who are educating their own communities about mental health and stigma through various creative arts. Click the button below for details.

[MORE DETAILS >>](#)

Sharing personal stories of overcoming mental illness, stigma and other related challenges can be therapeutic for those who had these experiences. They also can inspire others to work toward their own goals related to health and other aspects of their lives.

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Being on Either Side of Law Enforcement Reveals Valuable Insights

Curtis Bowers, Jr.

Peer Support Specialist
Mental Health Association



"In the beginning, I felt the world was against me. There was the stigma of being young and Black, and I wasn't mentally stable at all because of how I was raised and what went on around me. I took on my own character and rebelled against everything. I felt people judged me all the time and feared me."

"Every time I dealt with authority figures, I felt they didn't understand me, so I clashed with them. For a long time, I felt nobody understood me. When I tried to talk it out, my brain said, 'Don't take this out of the household. What happens at home stays there.' I had depression, but I

didn't address it, and that led to arguments and fighting. It also led to drinking and using drugs, which made it worse. On the streets, I got involved with crime, scheming and scamming, and I was in and out of jail."

"The most important thing I believe changed my mindset was calling Reentry, an organization in Morristown. I told them what I always do when I return to society and the streets. A Morris County Mobile Hope One van came and set me up with therapy and food, and they helped me go back to school. I also joined Alcoholics Anonymous, and I continued to get better. When I saw how mental health care was helping me, I wanted to learn how to help others."

"I have been a peer support specialist for two years. I immediately share my story of how I got here. This is changing people's internal stigma. I show that I got better and they can, too."

Sgt. Jeff Stovall, Billings

Billings, Montana Police Department
A survivor of a police shooting and in long-term recovery from alcoholism



"For so long, the mindset in the law enforcement community is, 'You're a tough guy or gal, keep it buried, have a hard shell, just deal with it. It'll go away eventually.'"

"In the past decade or so, conversation in the law enforcement world has been about taking care of ourselves. We hit hard on the ability to become vulnerable and able to look at yourself as a human being again. You become aware that the body protects itself. We are damaged, but we can come out of it by using positive outlets and resources, and understanding what we're dealing with and how to attack it. We need to bring all this to light."

"Once you understand and see change in your life from addressing mental health, you can't help but be passionate. It's contagious. By educating everyone, you can create a wildfire about mental health."

Retired Chief Edward C. Dobleman

Director of the Crisis Intervention Team (CIT-NJ)
Legacy Treatment Service

"There's a deeply ingrained culture of strength, self-reliance and heroism within the first-responder community – not only law enforcement, but also firefighters and emergency medical services personnel – that often gets in the way of seeking mental health care. First responders are trained to be the ones who help others, not the ones who need help themselves. This creates a powerful internal stigma, as well as external stigma, which includes fear of professional repercussions."

"When an officer responds to a call, they might perceive an individual's anxiety, paranoia or disorganized thoughts as non-compliance or a threat. Such stigma is potentially double regarding individuals who have both mental illness and intellectual/developmental disability, who may have difficulty with communicating, understanding instructions or processing information. In addition, their behavior might not fit the typical profile of someone with only a mental health crisis. For example, they may engage in repetitive behaviors or self-soothing gestures, or have a limited emotional range that can be misinterpreted as defiance or indifference."



Recommendations and Resources

Below are recommendations that several individuals in the previous articles shared for coping with stigma and contributing to its elimination, followed by links to related resources.

Help Yourself and Others through Advocacy and Direct Support

Cynthia Chazen: "Mental Health Advocacy saved my life. When people are trying to make sense of heartbreaking situations, the 'loss' of loved ones or an uncertain future, you win only by focusing on the big picture. By helping others, I've helped myself. We can't fear stigma or take other people's reactions too personally. If you're trying to help someone with serious mental illness, you can't stop to worry about people who don't want to be your friend anymore."

Tom Pyle left the finance industry, became a social worker and got involved on the grassroots level, with individual cases. He volunteers for the National Alliance on Mental Illness (NAMI) helpline, helps families get admitted and discharged, secure housing, set up trusts, etc. He also serves on Trenton Psychiatric Hospital's and NAMI Mercer's boards, as well as the New Jersey Division of Mental Health and Addiction Services' Behavioral Health Planning Council, and has taught NAMI's Family-to-Family program.

Paul Newell: Become a good active listener. It changes the whole dynamic of what can be addressed.

Sgt. Jeff Stovall and his law enforcement team created the Montana Peer Support Network and teach *Getting through the Grind*, a course that covers physiological effects of trauma, stigma, resources and setting up peer support networks.

"Build relationships with others so you can approach them when they appear to be struggling. Open yourself up first to build trust. Share your observations of them, your experiences and how you overcame struggles. Emphasize it's not a burden they have to carry throughout their career or life. Suggest coping mechanisms to come out stronger and better," Sgt. Stovall said.

"Behavioral healthcare providers should continue learning and discover what's going through each person's mind. We always need to learn because things change every day," said Curtis Bowers. Of course, his advice applies to everyone.

Resources for Law Enforcement Personnel

"Crisis Intervention Team (CIT) Training and strong partnerships with mental health providers have been a game-changer. They transform first responders' mindset and give them the skills to handle these situations more effectively," Ed Dobleman said. "It makes first responders more confident and effective, and most importantly, it ensures that individuals in their most vulnerable moments are met with compassion and a path to recovery."

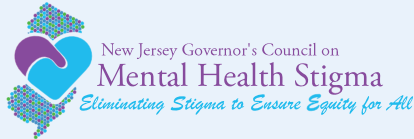
[VISIT THE WEBPAGE >>](#)

Blue Envelope Project: "This is a simple yet incredibly effective tool that's making a tangible difference for both our officers and individuals with autism spectrum disorder. It's designed to improve communication and reduce misunderstandings during traffic stops," Dobleman explained.

[READ THE ARTICLE >>](#)

"We strongly encourage all police departments to participate in this initiative. We see initiatives like this as an important complement to training programs like CIT training, as both are key parts of building a more informed, compassionate, and effective public safety system," Amie Del Sordo said.

Resources for Everyone



New Jersey Governor's Council on
Mental Health Stigma
Eliminating Stigma to Ensure Equity for All

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Attitudes In Reverse®

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Psychology Today

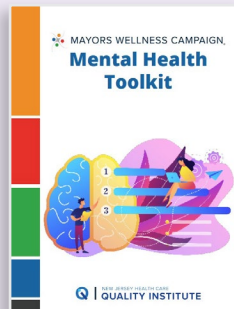
**How to Talk to Children
about Mental Illness**

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**PEOPLE MATTER,
WORDS MATTER**

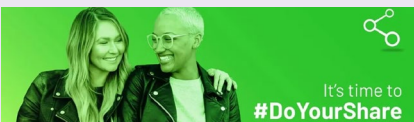
American Hospital
Association's *People Matter,
Words Matter Campaign*

[VISIT THE WEBPAGE >>](#)



New Jersey Health Care
Quality Institute's Mayors
Wellness Toolkit

[VISIT ONLINE PDF >>](#)



Pan American Health
Organization and World Health
Organization's Mental Health
Stigma Reduction Campaign

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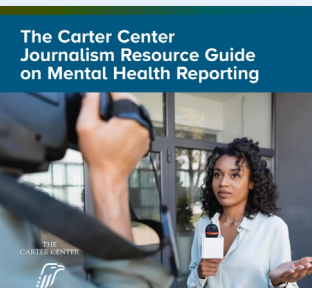
**Society for the Prevention of
Teen Suicide**

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Bergen County Division of Mental Health & Addiction Services
STIGMA-FREE ZONE

**The Bergen County
STIGMA-FREE Initiative**

[VISIT THE WEBPAGE >>](#)



*The Carter Center Journalism
Resource Guide on Mental
Health Reporting*

[VISIT THE WEBPAGE >>](#)

**STOP STIGMA
Together**

Stop Stigma Together

[VISIT THE WEBPAGE >>](#)



New Jersey Governor's Council on
Mental Health Stigma
Eliminating Stigma to Ensure Equity for All

Mission

The mission of the Governor's Council on Mental Health Stigma is to combat mental health stigma as a top priority in New Jersey's effort to create a better mental health system. Through outreach and education, the Council will send a message that mental health stigma must no longer be tolerated.

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