Inside
Outside

A Viewers Guide
The film *Inside Outside*: Building a Meaningful Life After the Hospital, is a work of hope. It captures the story of how eight individuals with significant histories of institutionalization made the transition from psychiatric hospitals and/or nursing homes to successful community living. The intended audiences are people in psychiatric hospitals, nursing homes, adult homes, or other long-term residential/treatment centers who may be released to community-based settings under the Supreme Court’s Olmstead ruling. Professionals, family members, policy developers, advocates, and people in partial-hospital and community-based mental health programs will also benefit from watching this film. The film will inspire hope for recovery as viewers marvel at the tenacity and resilience of eight people as they move from *inside* the institution to *outside* life in the community.

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Making the Film

The making of *Inside Outside* was a creative venture between Advocates for Human Potential, Inc. (AHP) and the federal Center for Mental Health Services, together with ex-patient producer Patricia E. Deegan, Ph.D., ex-patient film-maker Terry Strecker, and, ultimately, the eight people who are featured in the film.

The project began with a series of meetings during which we discussed the type of film we wanted, the intended audiences, and the types of people we wanted to include in the film. We were clear that we were seeking diversity along many parameters in order to reach a wide audience. Our goal was to create a film that any person in a psychiatric institution or nursing home could watch and relate to at least one character. We wanted people to walk away from the film saying, “If that person can recover, maybe I can too.” Our diversity criteria included those noted below.

- Age (young adult to older adult)
- Gender
- Sexual orientation
- Racial/Ethnic Diversity
- Forensic history
- Long term, continuous institutionalization
- Shorter term but with high recidivism
- Substance abuse history
- Experience in psychiatric institutions
- Experience in nursing homes, adult care homes, and other long-term care institutions
- People who were dating, married, single, and/or had children
- People who were working or volunteering
- Rural/urban mix

Participants had to meet the criterion of either long-term hospitalization or high recidivism. We identified 15 people who met our criteria. Pat Deegan interviewed these individuals, and the interviews were transcribed. Eight people were selected from the original 15 to be re-interviewed for the film.

The eight film participants came to a hotel to be interviewed individually in front of a camera. Later, Terry Strecker and Pat Deegan met with film participants to shoot on-location footage. Then we began the process of trying to edit nearly 30 hours of tape into a 50-minute film!
The people in the film

Each of the people in the film has a unique life. Below is a brief synopsis of each individual with respect to his or her history of institutionalization and what he or she is currently doing.

Today Albert—who calls himself Al—is living with a friend in an independent apartment. He works as a peer educator and in this capacity, he goes onto inpatient units and conducts groups aimed at offering hope for recovery to others. Al is also working in full-time, competitive employment as an upholsterer. He owns his own car. Al emigrated from Cuba to the U.S. as a boy. He is fluent in Spanish and English. Al was 46 years old at the time of filming. He spent 21 consecutive years in state hospitals and had a wide variety of diagnoses. When he left the hospital, he went to a group home and stayed for 1½ years before moving to his current home. He had been out of the hospital for 2½ years at the time of filming.

Today Christopher—who calls himself Chris—lives on his own in an independent apartment. He is an active member of his church and has a supportive group of friends. Christopher no longer uses psychiatric medications. He was 41 years old at the time of filming. He spent 21 consecutive years in state hospitals and had a wide variety of diagnoses. When he left the hospital, he went to a group home and stayed for 1½ years before moving to his current home. He had been out of the hospital for 2½ years at the time of filming.

Ed has been married for 30 years and is the father of a successful 28-year-old daughter. At the time of filming Ed was 54 years old. He completed a college degree in psychology and has fulfilled a lifelong dream of working in a hospital. As a peer educator he goes into psychiatric hospitals to bring hope for recovery to others. He is a member of a psychosocial clubhouse where he works in the snack bar. At the club he finds friendship, fellowship, and support. He goes to church often and finds comfort in his spirituality. Ed is of European descent. He was first hospitalized at the age of 15 and has had 20 hospitalizations. He also spent 7 months in a nursing home facility. Ed successfully advocated for his release from the nursing home and is now back home with his wife and family. He is diagnosed with bi-polar disorder. His future plans include continuing to work as a peer educator and to enjoy his club, his work, his wife, and his daughter.

George is the father of a 7-year-old boy, who appears briefly at the end of the film. For 3 years George fought to gain custody of his son. Today, George and his son live in their own home. George works fulltime as a peer educator and as an interviewer with an oral history project. He was 43 years old at the time of filming. George is of Puerto Rican descent and speaks fluent Spanish and English. He was hospitalized 17 times, with the longest admission at a state hospital for 2 years and 10 months. He also spent time living in an “adult home”—a type of long-term-care institution that had over 300 former patients living on three floors in one building. George has had a wide variety of diagnoses. He has a history of substance abuse but no longer uses street drugs. George’s future plans include continuing his work as an advocate and raising his son.
Gus is the father of three children who live at home with him. In the film Gus’s children are shown toward the end, approaching him on a park bench. He works full time as an advocate and counselor. At the time of filming Gus was 49 years old. He is of European descent. He has a history of childhood trauma. He was first hospitalized at the age of 22 and had 8 hospitalizations ranging in length from 4 to 14 months. He has had many diagnoses. At the time of filming Gus had been out of the hospital for 11 years. Gus’s children were taken away from him during his long hospitalizations, and he fought for 5 years to regain custody. He has used that experience to help others. Today, he runs a support and skills training group for people diagnosed with mental illnesses who are raising children or trying to regain custody. Gus’s future plans include raising his children and continuing to work as an advocate and counselor.

Lynne is the mother of a teenage boy and girl. She is a homemaker and grandmother to an 18-month-old baby. Lynne lives in her own apartment. She attends 12 step meetings and volunteers at the Salvation Army. She has a supportive group of friends in the community. Lynne was 43 years old at the time of filming and she is of African descent. She has a history of childhood trauma and was raised in foster care. Lynne also has a history of drug and alcohol addiction and was 33 years old at the time of her first admission to a psychiatric hospital. She has been diagnosed with post-traumatic stress disorder. Lynne has had many, many admissions (as many as eight in 1 month), with the longest being for 8 months in a state hospital. During this period of prolonged institutionalization, her children were placed in foster care. Against many odds, Lynne achieved her goal of regaining custody of her children. She broke the cycle of recidivism and uses respite services as an alternative to hospitalization. Her future plans include getting training to work in a profession helping others, and to continue to be a homemaker and supportive mom to her children and grandchildren.

Mandy is working to complete her BA in social work and lives in an apartment with friends. She volunteers with a statewide consumer/survivor/ex-patient advocacy organization. She takes care of her cat and has a supportive network of friends. Mandy was 29 years old at the time of filming, and she is of European descent. She was first hospitalized at age 13 and has had over 70 admissions to psychiatric facilities. Her longest admission was for 5 years in an adolescent psychiatric unit between the ages of 13 and 18. She has a history of childhood trauma. Mandy broke the revolving door of inpatient admissions and has had only three brief admissions in the past 5 years. Mandy’s future plans include using her degree in social work to begin a career as an advocate and community organizer.

Chris—who calls herself Christen—lives in her own apartment that is not connected to mental health services. She works as a peer counselor and advocate and is an avid reader of self-help and self-improvement books. She is returning to college to finish her degree in social work. Christen was 35 years old at the time of filming, and she is of European descent. She was 21 years old at the time of her first hospitalization and had approximately 14 more admissions. She spent time in supported apartment programs and a transitional home for women. Christen has a history of childhood trauma and was eventually diagnosed with post-traumatic stress disorder. At the time of filming, Christen had been out of the hospital for 4 years.
Inside Outside is a film that chronicles the stories of these eight individuals as they move from being on the inside of the hospital to being outside in the community. In the film various modes of transportation are used as visual metaphors for the journey of recovery. As the film opens, we see trains in motion, symbolizing the period of time when people seemed less in control of their lives. They ride the train but are not in the drivers seat. Slowly, as people’s story of recovery unfolds, we begin to see more autonomous symbols for the recovery journey such as a motorcycle and Al driving his own car. These symbolize the movement into autonomy, self-direction, and self-determination that so characterize the journey of recovery as told by the film participants.

It is important for the viewer to note that each person in the film was interviewed separately. It was only after individual interviews were filmed that film participants met as a group to begin talking about some of their experiences. The fact that people were interviewed separately is all the more remarkable because of the overlap in some of the themes that emerged during the interviews. The viewer will note that there are times when the people in the film talk about similar experiences and even use identical words to describe their experience. This indicates that even though recovery is a unique and individual journey there are more general, universal themes as well.

As we studied the interviews, a broad pattern emerged as illustrated in Table 1. People seemed to move through four stages as they made the transition from being in the institution to living in the community. As you watch the film, listen to how the people move through these four stages that are described below.

Stage 1: Inside inside
People began their journey by coming into an institution that at first seems strange and alien to them. But fairly quickly they found themselves getting used to the routines of institutional life. In time they became dependent on the very things that they had rebelled against. They got used to the routine and to looking to staff for directions as to when to eat, sleep, shower, etc. As they looked more and more to staff to make decisions for them, the voice of the inner-self grew weaker. During this phase the film participants also said that they began to internalize messages of hopelessness and chronicity from some of the staff. Eventually people began to believe that they would never be well. In this first stage people were not just physically inside the institution. Existentially, the institution found its way inside of the person. I call this stage “Inside inside” to convey being bodily inside the institution as well as having the institution “inside” of the self.
Stage 2: Inside outside
As the film unfolds the film participants describe how they begin to catch a glimpse of something new. Although they are still inside the institution, they perceive something they have not seen before. They experience a metaphorical window that opens onto something new, specifically, a new possibility for life outside of the institution. I call this stage, “Inside outside.” We hear it most clearly from Gus who experiences this turning-point after a dream in which his daughter says, “Daddy I need you.” We also see it clearly when one day, years into his hospitalization, George looks at the patients’ exercise yard and realizes, “We are wasting our lives here.” Once the insight has been gained, Gus and George are mobilized in new ways toward their recovery and the hope of having a meaningful life outside of the institution.

Stage 3: Outside inside
Recovery is not a linear process and as people approach discharge from the hospital, they begin to feel afraid. Some actually try to find ways of staying. Paradoxically, the place they wanted so desperately to leave becomes the place they cling to. Film participants went through many, many discharges and re-admissions during this third, tumultuous stage that I characterize as “Outside inside.” This third stage is characterized by the fact that although they are physically outside of the institution, people still behave as if they are inside of an institution. They carry the institution inside themselves, even while living out of it. They look to professionals to care for them. They look to staff to make decisions for them. They are looking outside of themselves for answers and have not yet discovered the healer-within. As you watch the film you will hear how people slowly begin to learn to trust themselves instead of always looking to staff for answers. They begin to find their own voice. They begin to question the authority of some of the professionals they work with. They begin to rely on themselves, to learn that they have choices, and to reclaim their power to exercise those choices. They begin to learn to tolerate distress without pathologizing it.

Slowly, they begin to understand that feeling bad can be part of life and doesn’t necessitate a return to the hospital. They realize they must help themselves and be active participants in their own recovery, rather than passive patients waiting to be cured from without.

Stage 4: Outside outside
As the film nears its end, listen to how people have transitioned out of the hospital and found community. Community is not just a place “out there,” outside the walls of the institution. Community is the nexus of human relationships that we create. I call this final stage, “Outside outside.” That is, people are not just outside the institution, they have also ejected the institution that they had internalized. In its place is a newfound sense of self-sufficiency, self direction, and self knowledge all of which is wrapped in a feeling of being connected to people through work, friendships, parenthood, etc. This is what recovery is all about. Recovery means discovering a new and valued sense of self in and through relationships with others.

Postscript
This film is a gift of love given to people in institutions who may have lost hope for recovery. The participants in this film were paid for their work, but no amount of money could have reimbursed them for the risks they took and their willingness to tell their story to the public. To have appeared on film telling such intimate details of one’s life was an act of love on the part of Lynne, Mandy, George, Christopher, Gus, Al, Ed, and Christen. They offer this gift in the hope that people in institutions will relate to their stories, find hope and begin their journey back home to the community. They offer this gift in the hope that staff will recognize the resilience of patients in institutions and never give up or call anyone “chronic” again. They offer this gift in the hope that policy makers will understand that recovery is not the privilege of a few exceptional people, but is a possibility for all.
Discussion questions for consumers

We expect that when people in institutions or mental health programs see this film, they will want to share their own stories. Telling one’s story and having it listened to with respect can be very healing. Questions that can facilitate such sharing might include those noted below.

1. What character in the film did you identify with? Could you relate to something that someone in the film said? Did you have any of the experiences that were described in the film?
2. What did you think of the film? What did you learn?
3. What were some of the things that people did in order to get out of the hospital and make a life for themselves in the community?
4. What were some of the things that caused people to return to the hospital?
5. Do you have hope for your own recovery? People in the film got their children back, began working or volunteering, bought a car, found their own apartments and developed new relationships. What positive things can you imagine in your future?
6. Starting today, what is one thing that you can do to work toward your recovery?

Discussion questions for staff

1. What did you learn from this film?
2. What helped or supported the recovery of the people in the film? What hindered their recovery?
3. How can staff support people as they move toward recovery?
4. Do you believe the people you work with can recover? Please discuss your thoughts on this.
5. Having watched this film, what is one thing you might do differently in your daily work with consumers?
6. What changes could be made in this program (hospital unit, nursing home, clubhouse, etc.) to better support consumers in their recovery?
7. What changes could be made in the policies and procedures of this program to better support consumer recovery?