
HONEST, OPEN, PROUD

to Eliminate the Stigma of Mental Illness

WORKBOOK



FOR PROGRAM FACILITATORS AND PARTICIPANTS
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Honest, Open, Proud was formerly known as Coming Out Proud to Eliminate the Stigma of Mental Illness. For information, contact Patrick Corrigan (Corrigan@iit.edu) or visit the website at www.hopprogram.org

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PREFACE

This is the companion workbook to the *HOP* program manual. The program is meant to be flexible and can be done in different formats based on feedback received from *HOP* facilitators.

- *HOP* might be completed as a daylong seminar of about eight hours with a three-hour booster about one month later.
- It can be done as four, 2-3 hour sessions which includes the booster one month later. Each session corresponds with one of the three lessons and the booster.
- *HOP* can be administered in as none, 1 hour sessions corresponding with the tasks under each lesson (as outlined in the Table of Contents on the previous page.) This approach would include a three-session booster one month later with each **booster** session corresponding to the follow-ups outlined in the table of contents.

Facilitators should decide among these options based on needed accommodations of program participants.

In this workbook, lessons/tasks are laid out with learning points, discussion questions, and group exercises. Individual lessons directly correspond with sections of the program manual. This program is best run with four to eight participants. One or two people should facilitate, preferably people with the lived experience of mental illness. All that is needed to run this program is a private room, manuals for the facilitators, and paper copies of the workbook for each participant. All materials in this workbook and in the program manual can be downloaded for free on the program website. (www.hopprogram.org).

Honest, Open, Proud

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Patricia Price**

Starting Each Lesson

The first thing we want to do at the beginning of each lesson is set the tone. To do this, we start by having facilitators provide their names and any other introductory information they would like to share with the group. Facilitators should then go around the room and ask each participant to share their first name (last names and titles are not necessary unless the person chooses to share this information with the group). After introductions, facilitators should state the overall purpose of the *Honest, Open, Proud* program:

“Our goal here is to consider what the costs and benefits are of disclosing one’s experiences with mental illness to some people. We also seek to discuss strategies for coming out most effectively should you decide to do so.”

Facilitators should also establish some general ground rules with the group:

- Confidentiality- what is said in the room stays in the room,
- Everyone’s opinion counts, and
- We respect each other.

The facilitators should also discuss with the group whether other ground rules might be helpful. Consensus should be sought if extra rules are proposed. Introductions and ground rules should be repeated prior to all subsequent lessons. The goal is to create an open environment where people feel comfortable sharing their opinions and feelings should they choose to do so.

LESSON 1

Considering the Pros and Cons of Disclosing

LESSON OVERVIEW

Honest, Open, Proud is the right decision for some people, but not for everyone. This section is a guide to help people decide what the right decision is for them. We approach the decision in two parts:

Task 1 We discuss the idea of IDENTITY and mental illness so you can decide how you frame your identity.

Task 2 We help you weigh the costs and benefits of coming out so that you can decide whether or not to disclose.

Task 1. Do You Identify Yourself as a Person With Mental Illness?

LEARNING OBJECTIVES

- Some people do not want to view themselves as people with mental illness while others do. This section helps people understand whether and how they identify themselves.
- Words are central to stigma. Participants consider how they like to label their experiences leading to stigma: mental illness, mental health challenge, or other term.
- Some people agree with stigma and beat themselves up as a result. Program participants might want to consider Appendix 1 -- *Challenging Personally Hurtful Self-Stigma* -- when in this situation.

Read the stories about Marie and John Henry.

Marie is 32 years old and has had more than a dozen years of struggling with schizophrenia. Despite this disability, things are working out well: she hasn't had a hospitalization in five years, she's working a good job, she's keeping a nice home, and she's living with a supportive husband. By many people's standards, she has beat her mental illness and recovered. Still, Marie frequently attends mutual help groups where she provides support to peers who are struggling with more acute problems related to their illness. She is also an outspoken advocate against stigma. She testifies at government hearings where she publicly discloses as a person with mental illness who is outraged by the disrespectful images of mental illness that are rampant in our society. **Marie is a person who identifies herself as “mentally ill.”**

John Henry has a very similar history to Marie. He has struggled with schizophrenia since he was 19. Now, he is 32, married, and working a great job in a law office. He has not been hospitalized in five years and almost no one at work or in his social circle knows about his illness. John Henry wants it that way. Not only does he choose not to let others know about his past, he does not view himself as a person with mental illness. *“I'm a complex being with only a very small piece of me having to do with mental illness.”* **John Henry is a person who does not identify himself as “mentally ill.”**

Hand out *Worksheet 1.1* and give participants 10 minutes to complete Section I. Then, the facilitator will lead a discussion based on participant responses to the questions.

Worksheet 1.1
Disclosure and More

SECTION I. IDENTIFY WITH MENTAL ILLNESS

What are the pros and cons of Marie's choice?

| PROS | CONS |
|-------------|-------------|
| | |

What are the pros and cons of John Henry's choice?

| PROS | CONS |
|-------------|-------------|
| | |

Do you identify with mental illness?

| |
|--|
| YES NO <small>circle one</small> |
| WHY OR WHY NOT? |

SECTION II. WHAT'S IN A NAME

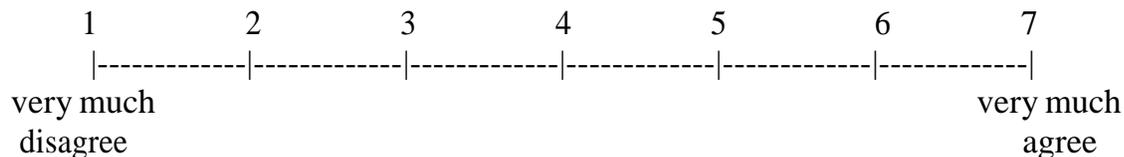
What ways – other than MENTAL ILLNESS - might the object of stigma be discussed?

| |
|---|
| <ul style="list-style-type: none">••••• |
|---|

How do you want to be referred? _____

SECTION III. HURTING MYSELF WITH SELF-STIGMA

It is hard to decide to come out when internalizing self-stigma. Honest, Open, Proud includes a strategy to control self-stigma which is included in Appendix 1, *Challenging Personally Hurtful Self-Stigma*. Please answer the following questions to decide whether you might benefit from this extra lesson. Use the seven point agreement scale:



_____ Sometimes I agree with stigma. People with mental illness are weak.

_____ Sometimes I agree with stigma. I should feel ashamed of myself.

_____ Sometimes I agree with stigma. I think I am less a person because of mental illness.

_____ Sometimes I agree with stigma. I can't reach my goals because of mental illness.

| |
|--|
| Add up all numbers To put a total score here. |
|--|

| |
|---|
| You may wish to participate in the extra lesson – <i>Challenging Personally Hurtful Self-Stigma</i> -- if you scored greater than <u>20</u>. |
|---|

The *Honest, Open, Proud* program is subtitled *eliminating the stigma of mental illness*. While terms like *people with mental health difficulties* and *people in recovery* might hurt less, they may confuse the public about the stigma issue. We believe it is mental illness and not mental health that is stigmatized by the population. Still, words can hurt and some people do not like to identify themselves as a person with mental illness. Hence, section II of *Worksheet 1.1* helps people consider terms that work for them, how they wish to identify themselves. After completing the discussion, participants might wish to state way(s) they wish to be identified in terms of their experience with stigma.

Section III. Hurting myself with self-stigma.

Honest, Open, Proud believes stereotypes and prejudice are false and unjust.

- People with mental illness are **violent** and **unpredictable**.
- They **choose** to be mentally ill.
- They are **weak** and **incompetent**.

Unfortunately, some people with mental illness may agree with stigmatizing beliefs like these and internalize them.

- I have a mental illness so I must be **violent** and **unpredictable**.
- I have a mental illness so I **choose** to be mentally ill.
- I have a mental illness so I must be **weak** and **incompetent**.

Appendix 1 includes a strategy that helps people control self-stigma, learning to replace false beliefs about danger or incompetence with affirming attitudes of recovery and self-determination. Section III of *Worksheet 1.1* is a brief assessment for participants to determine whether they might benefit from or participate in the self-stigma control strategies in Appendix 1. Facilitators and participants might want to consider an extra, 90-minute session for people scoring above 20 on the scale. Please keep in mind; the scale is meant to encourage discussion. In no way must a participant complete Appendix 1 if they choose not to, regardless of their score. In addition, participants with low scores might also want to participate in the extra lesson.

Task 2. Considering the Pros and Cons of Disclosing

LEARNING OBJECTIVES

- There are both benefits and costs to coming out.
- Only you can weigh them to decide whether it is worth coming out.
- Costs and benefits differ depending on the setting; for example, at work versus among your neighbors.

Several reasons why people might disclose are listed in *Worksheet 1.2*. Put checks next to the reasons that especially stand out for you. Are there others? Add them in the blank lines in the worksheet.

Worksheet 1.2

Some Reasons Why People Decided to Disclose Their Mental Illness

| | |
|--|--|
| 1. To Tell the Secret “I just wanted someone else to know that I get hospitalized for manic-depression.” “I don’t want to have to feel like I’m sneaking around with a secret.” “I felt bad for having to keep private. I don’t want to feel bad anymore.” | |
| 2. Understanding “I’m hoping others will understand not only my mental illness, but the difficulty of trying to keep it a secret.” “I’d like someone to say to me, ‘I’ve had problems too.’” | |
| 3. Support and Assistance “Sometimes I get sad. I’m looking for friends who can be supportive.” “Can you give me a ride to the doctor?” “Sometimes, I just need someone to talk to.” | |
| 4. Reasonable Accommodations “It’s the law. When I ask for sensible help at work, you need to give it to me.” “Can I come in a half hour late this week? I’m feeling a little down. I’ll make it up next week.” | |
| 5. | |
| 6. | |
| 7. | |

Now partner with another group member and discuss your *Worksheet 1.2* entries.

Let's make a list of all the costs and benefits of coming out, of telling other people about your experiences with mental illness. Benefits represent why you would do it, what you expect to happen that is positive as a result of disclosing to others. Costs are why you wouldn't do it, the negatives or harm that could result from disclosing. Write them down in *Table 1.1* below.

| <i>Table 1.1: Some Costs and Benefits of Coming Out with Mental Illness</i> | |
|--|--------------|
| Benefits | Costs |
| | |
| | |
| | |
| | |

Discuss the list with others in the group. The group facilitator should make a master list at the front of the room.

Now let's make a different kind of list. Write down the costs and benefits of staying in the closet, of **NOT DISCLOSING**. Again, discuss your list with others in the group. The facilitator should make a master list at the front of the room.

| <i>Table 1.2: Some Costs and Benefits of Not Disclosing</i> | |
|--|--------------|
| Benefits | Costs |
| | |
| | |
| | |
| | |

Now you have a comprehensive list of pros and cons. However, only you can decide for yourself how these costs and benefits balance. You will be using *Worksheet 1.3* on page 20 to lay them out. But first, we want you to consider other issues associated with weighing the costs and benefits of disclosure.

The impact of costs and benefits are sometimes relatively immediate; at other times, the impact is delayed. For example, Alan, in *Table 1.3*, identified short-term costs (“*If I tell my co-workers that I have been hospitalized for schizophrenia they may not want to meet me for lunch on Wednesday.*”) and short-term benefits (“*Perhaps other people in my office could help me deal with our hostile boss if they knew about my mental illness.*”) related to telling co-workers. He also identified long-term costs (“*If I tell my supervisor I have regular bouts of depression, he may pass over my promotion next year.*”) and benefits (“*If I tell, my boss he may be willing to provide me some on-the-job help after inventory is complete.*”). Generally, people tend to be more influenced by short-term costs and benefits because they happen sooner. But, long-term costs and benefits frequently have greater implications for the future. So, make sure you carefully consider those as well.

Sometimes people censor themselves as they list costs and benefits. For example:

“I'm worried that people won't have lunch with me if I tell... Nah, that's a dumb idea. I'm going to take that off the list.”

Don't dismiss any cost or benefit no matter how “silly” it may seem. Put them all on the list so that you can consider all advantages and disadvantages together. Sometimes the items that you want to censor are actually important; you may just be embarrassed about the issue. Know that, if the item is really irrelevant, you'll ignore it in the final analysis.

| Table 1.3: Example for Alan | | Setting: <u>at the office.</u> | |
|---|--|--|--|
| Short-Term Benefits | | Short-Term Costs | |
| <ul style="list-style-type: none"> - Others help me deal with our hostile boss. - Don't have to keep it hidden. - May identify co-workers with similar problems. - Make more friends at work. * | | <ul style="list-style-type: none"> - Co-workers won't ask me to lunch. - Worry about others talking about me. - Get left out of work opportunities. | |
| Long-Term Benefits | | Long-Term Costs | |
| <ul style="list-style-type: none"> - Boss provides on-the-job help. - With accommodations get better pay. - Stay on job longer. * | | <ul style="list-style-type: none"> - Supervisor passes over my promotion. - Rumors start about me. * - I quit in embarrassment. - I get fired. | |

After listing all the costs and benefits, put a star next to one or two that seem to be particularly important. Two benefits stood out for Alan. First, he thinks that he will be able to stay on the job longer. In the past, he has quit good jobs after a few months worrying that others were going to find out his secret. Second, staying on the job longer will help him make more friends. He also starred one cost: Alan was concerned that people would talk about him and spread rumors about his mental illness.

Important items are the ones you spend a lot of time thinking about. You may want to star (*) the items that make you nervous when you think about them (“*If I tell my buddies about seeing a psychiatrist, they'll laugh at me just like they give Marva a hard time about seeing a foot doctor.*”). Or, you may mark items that suggest a lot of hope (“*Maybe if I tell people on my softball team, my buddies will understand better why I don't go to bars after the games; I can't mix alcohol and meds.*”). Some people consider the list of advantages and disadvantages in *Table 1.4* for additional ideas about possible costs and benefits. However, don't limit yourself to these options. Frequently, you will come up with a cost or benefit not in the list that is especially relevant to you.

Table 1.4: Some Costs and Benefits of Coming Out with Mental Illness

| Benefits | Costs |
|---|--|
| You don't have to worry about hiding your mental illness. | Others may disapprove of your mental illness or your disclosure. |
| You can be more open about your day-to-day affairs. | Others may gossip about you. |
| Others may express approval. | Others may exclude you from social gatherings. |
| Others may have similar experiences. | Others may exclude you from work, housing, and other opportunities. |
| You may find someone who can help you in the future. | You may worry more about what people are thinking about you. |
| You are promoting your sense of personal power. | You may worry that others will pity you. |
| You are living testimony against stigma. | Future relapses may be more stressful because everyone will be watching. |
| | Family members and others may be angry that you disclosed. |

Your decision depends on the setting. Costs and benefits of disclosing your experience vary by the situation you are in. The example for Alan was his job at the office. Telling people your history with psychiatric experience is a lot different at work than in your neighborhood or with your rugby teammates. You could conceivably decide to tell people at work but not those in your neighborhood, or tell your close friends but not your son's teacher. Hence, you need to list costs and benefits of disclosing your lived experience with mental illness separately for each setting that is important to you. You can do this by making copies of the *Costs and Benefits Worksheet 1.3* and enter the name of each setting and the person to whom you might disclose on the first line at the top of the form: work (e.g. your co-worker), neighborhood (your next-door neighbor), social groups (your good friend), synagogue (your rabbi), or family (your cousin). Then write down the costs and benefits of disclosing to that person in each setting.

What is your decision? The purpose of *Worksheet 1.3* is to yield a decision about whether or not to disclose your mental illness. Two decisions are straightforward:

- Yes, I want to let some people know about my experiences with mental illness.
- No, I don't want people to know about my mental illness.

Although the options are clear, there is no easy way to add up the costs and benefits and come up with a decision. Good decisions are more than the sum of the right and left columns in the worksheet. Clearly, some advantages or disadvantages will be more important and, therefore, should weigh far more heavily in the decision—these are the items you starred in the list.

“Even though I came up with three benefits and nine costs, I can't get past the hope that I'll find other people who have similar problems. So I've decided to come out at work!”

Some people may not be able to make a decision about disclosing after reviewing costs and benefits; you may need to decide to postpone your decision. You may choose to use this additional time to gather more information about disclosure.

What is your goal in disclosing? After weighing the costs and benefits you listed, review what you found to be important in *Worksheet 1.2 (Some Reasons People Decided to Disclose Their Mental Illness)*. These reasons may have changed as you considered more costs and benefits of disclosing. When you come out, what do you want? List your goal in the box – *What is your GOAL in disclosing?* – at the bottom of *Worksheet 1.3*.

If you disclose, what do you expect? People who decide to come out have hopes and desires about the impact of their disclosure. These are among the benefits of coming out listed in *Worksheet 1.3*. One or two of these benefits are especially likely to drive your decision to disclose to someone. List these in the last box – *What do you expect will happen after disclosing?* – at the bottom of *Worksheet 1.3*. These are such important questions that we think you should highlight them separately from the overall consideration of costs and benefits. In what positive ways are you expecting people to

react? By the way, the answers to these questions will help guide the personal evaluation of how well coming out worked for you, in the next lesson.

Note that this consideration only matters IF you decide to come out. For some people, the decision to disclose is not right for them and, hence, disclosing should not be pursued at this time.

Let's get started on *Worksheet 1.3* on the next page. While you are filling out the worksheet remember: benefits are the reasons why you would want to disclose. Ask yourself the question, "*How will letting other people know about my mental illness help me?*" Costs are the disadvantages to disclosing your experiences with mental illness. Ask yourself: "*How will talking to others about my experiences hurt me?*" Some people like to carefully consider all the benefits first by listing as many as they can think of. Then, they write down the costs. Others just start writing down costs and benefits as they come to mind until they have them all listed. Use the strategy that works best for you. Remember, only you can decide for yourself how these costs and benefits balance.

Worksheet 1.3

The Costs and Benefits Worksheet for Disclosing My Mental Illness

Setting: _____ To Whom: _____

Don't censor any ideas. Write them all down.

Put a star (*) next to costs and benefits you think are especially important.

| Short-Term Benefits | Short-Term Costs |
|---------------------|------------------|
| | |
| | |
| | |
| | |
| | |

| Long-Term Benefits | Long-Term Costs |
|--------------------|-----------------|
| | |
| | |
| | |
| | |
| | |

Given these costs and benefits:

- I have decided **to disclose** my mental illness.
- I have decided **NOT to disclose** my mental illness.
- I have decided **to put off** my decision.

What is your GOAL in disclosing? (Consider reasons you listed in *Worksheet 1.1*)

What do you expect will happen after disclosing?

HOMEWORK

You just completed *Worksheet 1.3* about work. Now, take the blank worksheet on the next page home and complete it for another place and person with whom you might disclose, someplace and person currently important to you. You are not expected to return it at the next meeting nor share it with anyone. Rather, this is practice so you can better learn how to make disclosure decisions like these in the future. Appendix 4 of the workbook has five blank copies of *Worksheet 1.3* to use in the future.

Worksheet 1.3 -- Homework

The Costs and Benefits Worksheet for Disclosing My Mental Illness

Setting: _____ To Whom: _____

Don't censor any ideas. Write them all down.

Put a star (*) next to costs and benefits you think are especially important.

| Short-Term Benefits | Short-Term Costs |
|---------------------|------------------|
| | |
| | |
| | |
| | |
| | |

| Long-Term Benefits | Long-Term Costs |
|--------------------|-----------------|
| | |
| | |
| | |
| | |
| | |

Given these costs and benefits:

- I have decided **to disclose** my mental illness.
- I have decided **NOT to disclose** my mental illness.
- I have decided **to put off** my decision.

What is your GOAL in disclosing? (Consider reasons you listed in *Worksheet 1.1*)

What do you expect will happen after disclosing?

LESSON 2

There are Different Ways to Disclose

LESSON OVERVIEW

It might seem obvious, but there are different ways to come out.

Task 1 We describe five ways here, and then guide you through considering the costs and benefits associated with each strategy.

Task 2 We guide you through the process of selecting a person to whom you are considering disclosing.

Task 3 We then consider how others might respond to your disclosure.

Task 1. Different Ways to Disclose

LEARNING OBJECTIVES

- People might disclose their experiences with mental illness and corresponding treatments in different ways.
- Understand the costs and benefits of disclosing in the five different ways.
- Remember, you will perceive different costs and benefits associated with each of the five ways. The costs and benefits you identify may vary by setting.

Table 2.1 on the next page summarizes the five ways people might disclose their experiences with mental illness.

Table 2.1: Five Ways to Disclose or Not Disclose

| | |
|---|--|
| <p>1. SOCIAL AVOIDANCE: Not telling anyone about your mental illness and avoiding situations where people may find out about it. This could mean working or living in a sheltered or supported work environment, where you only associate with other people with mental illnesses.</p> | |
| <p>Benefit: You don't encounter people who will unfairly harm you.</p> | <p>Cost: You lose the opportunity to meet new people who may possibly be supportive.</p> |
| <p>2. SECRECY: Participating in work and community situations, but keeping your mental illness a secret.</p> | |
| <p>Benefit: Like social avoidance, you withhold information about your mental illness from others. But, you don't avoid important settings like work or the community in the process.</p> | <p>Cost: Some people feel guilty about keeping secrets. You may also receive less support from others because they are unaware of your mental illness.</p> |
| <p>3. SELECTIVE DISCLOSURE: Disclosing your mental illness to selected individuals, like co-workers or neighbors, but not to everyone.</p> | |
| <p>Benefit: You find a small group of people who will understand your experiences and provide support.</p> | <p>Cost: You may disclose to some people who then hurt you with the information. You may have difficulty keeping track of who knows and who doesn't.</p> |
| <p>4. INDISCRIMINANT DISCLOSURE: Making the decision to no longer conceal your mental illness; this does not mean, however, that you are telling everyone your story.</p> | |
| <p>Benefit: You don't worry who knows about your problems. And you are likely to find people who will be supportive.</p> | <p>Cost: You may tell people who then hurt you with the information.</p> |
| <p>5. BROADCAST YOUR EXPERIENCE: Actively seeking out and educating people about your experience with mental illness.</p> | |
| <p>Benefit: You don't have to worry who knows about your history of mental illness. You are promoting a personal sense of empowerment in yourself. You are striking a blow against stigma.</p> | <p>Cost: You are going to encounter people who may try to hurt you with this information. You are also going to meet people who disapprove of your political statement.</p> |

Let's consider how each of these might play out for Allison Miller, a person with schizophrenia who is a paralegal in a Chicago law firm. Each participant will perceive different costs and benefits of the five ways to disclose for Allison Miller. List some of them in *Worksheet 2.1* on the next page.

Worksheet 2.1

Costs and Benefits of the Five Ways to Disclose

| <u>Allison Miller is a paralegal at a Chicago law firm.</u> | |
|--|-----------------|
| Costs | Benefits |
| 1. Social Avoidance | |
| 2. Secrecy | |
| 3. Selective Disclosure | |
| 4. Indiscriminant Disclosure | |
| 1. Broadcast Your Experience | |

*Discuss some of the costs and benefits that you listed.

Costs and benefits of disclosing are likely to vary by setting. If time permits, list the costs and benefits of the five ways of disclosing at **your** place of work in *Worksheet 2.2*.

If you don't currently have a place of work, use somewhere you have worked in the past or somewhere you see yourself working in the future. Make sure to enter this information at the top of the table.

Worksheet 2.2

Costs and Benefits of the Five Ways to Disclose

| Setting: _____ | |
|-------------------------------------|-----------------|
| Costs | Benefits |
| 1. Social Avoidance | |
| 2. Secrecy | |
| 3. Selective Disclosure | |
| 4. Indiscriminant Disclosure | |
| 5. Broadcast Your Experience | |

*Discuss some of the costs and benefits that you listed.

Task 2. To Whom Might You Disclose?

LEARNING OBJECTIVES

- Some people are better to disclose to than others.
- Learn how to identify a good person to whom you might disclose.
- Understand the procedure for “*testing out*” the person before disclosing.

In the previous section, we showed that people might disclose their experiences with mental illness and corresponding treatments in different ways. If you are considering selective disclosure, this section helps you to identify a possible person for disclosure. Two things are considered:

1. How might you identify a good person to disclose to?
2. We propose a way in which you might “*test out*” the person before fully disclosing.

Who is a Good Person to Disclose to? There are several reasons why you might pick a specific person to disclose to. *Table 2.2* groups these into three types of relationships. Review each type and determine which one(s) appeals to you. There are blank lines where you might add additional types of relationships and qualities that are important to you. When finished, pair off with another group member and discuss what you wrote in the table.

Table 2.2: Types of Relationships & Important Characteristics of a Good Person to Disclose to

| |
|---|
| <p>1. FUNCTIONAL RELATIONSHIP</p> <p>The person provides some function to you where knowing your experiences with mental illness might help accomplish the function.</p> <p>Sample functional relationships include:</p> <ul style="list-style-type: none"> ▪ psychiatrist ▪ doctor ▪ minister ▪ car pool member ▪ supervisor ▪ co-workers ▪ teacher ▪ team member |
| <p>2. SUPPORTIVE RELATIONSHIP</p> <p>The person seems to be friendly and will provide support and approval to you when they find out about your experience.</p> <p>Characteristics of this kind of person include:</p> <ul style="list-style-type: none"> ▪ pleasantness ▪ concern for others ▪ trustworthiness ▪ open-mindedness ▪ loyalty ▪ helpfulness |
| <p>3. EMPATHIC RELATIONSHIP</p> <p>Some people to whom you might disclose have had similar, though perhaps less painful experiences: “<i>I know what it’s like to be depressed.</i>” These kinds of people can provide an empathic relationship.</p> <p>Their characteristics include:</p> <ul style="list-style-type: none"> ▪ willingness to listen ▪ kindness ▪ an understanding nature ▪ honesty |
| <p>4.</p> |
| <p>5.</p> |
| <p>6.</p> |
| <p>7.</p> |

Testing a Person for Disclosure. There is a nice way to test whether or not someone might be a good person for disclosure. This method is summarized in *Worksheet 2.3* on pages 26-27. As an example, consider someone you know at work to whom you might disclose. *“I see Mary on the loading dock every day; she seems to be a nice person.”* After entering the name of the person to whom you might disclose in the worksheet, write down a positive example about someone with mental illness from recent news stories, magazine articles, TV shows, or movies. Consider this example:

“Hey Mary. Did you see E.R. on Channel 5 last week? Sally Fields was in it. She portrayed this woman with bipolar disorder trying to help her adult son struggle with the first signs of mania. I was really impressed by the show; it seemed to do a nice job of describing the symptoms of their psychiatric illness; you know, in a fair way. What do you think? Do you know anyone like this? What do you think about people sharing their experiences with mental illness?”

Then, **stop** and listen to Mary’s response. How might you rate her answers to the follow-up questions in *Worksheet 2.3* if she said,

“Yeah... I saw that. I have a friend with bipolar disorder and shows like that one from ER really help me better understand what she must do to be successful.”

Some might rate her responses as high on being sensitive and kind and, thus, as a person to whom you might disclose. If Mary had said,

“You know, I am sick and tired of these kinds of cry baby shows where they make mental illness look so noble,”

how might your ratings be different? Some might view this reaction as less sensitive and hence, Mary might not be a good candidate for disclosure.

After listening to the person to whom you might disclose, rate her or him on the three follow up scales in the middle of *Worksheet 2.3*. Then, add up those ratings into a single total score, which you should enter into the provided box. If the score is higher than 16, the person is probably a good candidate for disclosure. Scores less than 9

suggest that the person may not be the best for disclosure. The decision is unclear for those in the 10 to 15 point range.

Let's practice this now. Enter a recent news story, TV show, or movie into *Worksheet 2.3*, one in which a person with mental illness is represented in a positive light. Then, partner with another group member and try to determine whether or not your partner would be a good candidate for disclosure. This is meant to be a role play, where you pretend this kind of interaction. After telling him or her about the news story/TV show/movie, listen to the response, and then rate the person on the three items in the worksheet. What was their total score? Where did they fall on the disclosure scale? Would you be likely to disclose to them.

Now rate the person's responses on the seven point agreement scales below.

The person's responses were sensitive.

| strongly disagree | | | moderately agree | | | strongly agree |
|-------------------|---|---|------------------|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

His/her responses were kind.

| strongly disagree | | | moderately agree | | | strongly agree |
|-------------------|---|---|------------------|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

They are the kind of responses I would want to get if I disclosed to him/her.

| strongly disagree | | | moderately agree | | | strongly agree |
|-------------------|---|---|------------------|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Add up the scores.

Below are some suggested cut offs for the score totals.

| |
|-------------------------|
| Enter total here |
|-------------------------|

| |
|--|
| 16-21: Probably a good person to disclose to. |
| 3-9: Probably not a good person to disclose to. |
| 10-15: Uncertain. |

| |
|--|
| Was there anything else to note about their response? If so, please write it here. |
|--|

Task 3. How Might Others Respond to Your Disclosure?

LEARNING OBJECTIVES

- Disclosure will impact the people around you.
- People may respond in different ways to your disclosure.
- Consider the different ways that people will react to your disclosure.

Be certain of one thing: disclosure will impact the people around you. You need to consider the various ways in which people may respond and plan your reactions accordingly. *Table 2.3* lists a variety of reactions to disclosure that are sorted into groups by positive versus negative emotional response.

| <i>Table 2.3: How People Might Respond to Your Disclosure</i> | |
|---|--|
|  EMOTIONAL RESPONSE | |
| Positive | Negative |
| <p>Understanding <i>"It must be hard living with your illness and the secret."</i></p> <p>Interpersonal Support <i>"I'm here for you if you need someone to talk to."</i></p> <p>Assistance <i>"Can I give you a lift to the doctor?"</i></p> | <p>Disrespect <i>"I don't want some dangerous loony like you around."</i></p> <p>Denial <i>"I'm not giving you any special breaks because of your mental illness."</i></p> <p>Retribution <i>"I'll get you fired. I don't have to work next to a crazy guy like you."</i></p> <p>Fear/Avoidance <i>"You're dangerous. I'm staying away."</i></p> <p>Gossip <i>"Hey, did you hear about Joe? He was committed to the insane asylum."</i></p> <p>Blame <i>"I have the same kind of problems as Gayle but I don't go around and blab about it."</i></p> |

Which of these have you experienced? Are there other examples? List them here, plus any others not in *Table 2.3*.

- _____
- _____
- _____
- _____
- _____

Discuss these with the group.

Worksheet 2.4 on the next page provides an opportunity to try out how it might feel to come out with one's mental illness. Find a partner and role play coming out at work. Say something that is part of your disclosure story. The example in *Worksheet 2.4* is "I was hospitalized for schizophrenia about six times?" Then ask your partner to say response 1: "Wow they let you out?" Pause a few seconds and repeat your comment. "I was hospitalized for schizophrenia about six times?" Ask partner to say response 2. Continue in this way.

The goal of this exercise is not to practice effective responses. Rather, the goal is to get a sense of how you feel when someone responds harshly. When done with the task, complete the four items below the box. Scores above a 4 on any scale in *Worksheet 2.4* may suggest that these kinds of insults will hurt you. You are reporting significant feelings of shame, anxiety, sadness, or anger because of bigoted comments. Thus, you need to ask yourself whether or not you want to put up with this kind of grief. And, remember, a comment from a partner in a role-play has far less sting than a remark from a co-worker in real life.

Worksheet 2.4
Are You Able to Cope With Disclosure?

Find a friend to role-play the following.

You are with several co-workers and say:

“I was hospitalized for schizophrenia about six times.”

Put your example here _____

Your role-play partner says:

“Wow, they let you out?”

“That’s affirmative action for you. Anybody can get a job out here.”

“Do you ever feel out of control?”

“I’m asking for a transfer. I don’t want to work around your kind.”

“That’s ok honey. I’ll cover up your mistakes.”

“Do you live in a hospital at night?”

After listening to these comments, rate yourself on the scales below.

Circle the number that best represents how you feel in response to these statements.

| | | | | | | |
|-------------------------------|----------|----------|-------------------------------|----------|----------|-------------------------|
| not at all ashamed | | | moderately ashamed | | | very ashamed |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | | | | | |
|-------------------------------|----------|----------|-------------------------------|----------|----------|-------------------------|
| not at all nervous | | | moderately nervous | | | very nervous |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | | | | | |
|---------------------------|----------|----------|---------------------------|----------|----------|---------------------|
| not at all sad | | | moderately sad | | | very sad |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | | | | | |
|-----------------------------|----------|----------|-----------------------------|----------|----------|-----------------------|
| not at all angry | | | moderately angry | | | very angry |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

LESSON 3

Telling Your Story

LESSON OVERVIEW

As a result of Lessons 1 and 2, you might have decided that you want to come out. Hence, this last lesson has several goals.

- Task 1 Learn a way to tell your story in a personally meaningful way.
- Task 2 Identify peers who might help you with the coming out process.
- Task 3 Review how telling your story felt.
- Task 4 Put together all you've learned in order to move forward.

Task 1. How to Tell Your Story

LEARNING OBJECTIVES

- Read through one example of how to tell the story of one's experience with mental illness.
- Use the provided guide to construct your story of experience with mental illness.
- Understand the values and issues related to public speaking.

We provide an example of one way that you might tell your story in a personal and meaningful way. We illustrate it with an example by Kyle Uphoff-Wasowski from *Don't Call Me Nuts* (by Patrick Corrigan and Robert Lundin).

Table 3.1: Kyle Uphoff-Wasowski's Story

Hi. My name is Kyle Uphoff-Wasowski and I'm here to tell you about a disease called bipolar disorder or manic-depression.

The disorder I have, when it's untreated, can cause severe mood swings. The actual disorder occurs in the brain and neuro-pathways. Illnesses like depression, manic-depression, and schizophrenia are referred to as neurobiological brain disorders.

I was diagnosed with manic-depression seven years ago now – shortly after the birth of

my first child. I had one severe depression that was so devastating I began thinking about ending my life. This is not a depression that most people think of as depression. There should be a different word for what those of us with a mental illness experience. It is like a paralysis of the whole brain – nothing like what I used to call depression! I honestly felt physically disabled – as though I’d had a stroke or something. Just getting out of bed and brushing my teeth was an unbelievable challenge. There was no joy in anything! – even my newborn son who I loved more than life itself, and who through no fault of his own, was a constant reminder to me of how useless I was.

Before my illness struck I lived a life much like anyone else, I guess. I am one of five children in my family. We have loving and supportive parents and come from an upper middle class background. I was always active in school with sports and friends and was quite popular in high school. I was cheerleader and a gymnast and hung out in the “popular crowd.” I don’t tell you any of this to impress you, but to impress upon you that my life was not abnormal from the get-go!

My own stereotypes of mental illness made it impossible for me to accept the diagnosis at first. I didn’t fit the stereotypes, so how could I have a mental illness? I was not a loner as a child. I had loving supportive parents and had not been sexually abused or traumatized as a child- nothing “twisted” happened to me at all. Therefore the doctors must be wrong!

When I was 28 years old I had my first child. My son, Luke, was born in Edison, New Jersey, and we lived happily there for another seven months. We wanted to move back to the Midwest because that’s where we were both raised, and our families were there. My husband got a transfer. The stress of moving, having an infant, the physical challenge going on in my body (at the time, my son was gradually weaning from nursing) and the fact that I was pre-disposed to having a mental illness – all created the right environment for this illness to emerge.

Before the move to Illinois, I felt tremendous lethargy and was also losing weight as well as having trouble sleeping. I attributed all of these symptoms to what was happening in my life – not to a mental illness. The unrecognized “blip” of depression that occurred in New Jersey was replaced by a full-blown manic episode in Illinois. At first my husband and I thought it was wonderful! I went from having no energy and feeling low, to feeling great and unpacking the entire house we’d moved into, painted rooms, and got the whole house organized in a day! Who would not love this?

I was very verbal and had tremendous insight about all kinds of things. My husband thought I was brilliant. Then my wonderful, insightful talks became hard to follow and somewhat bizarre. I had lost a lot of weight and was having trouble sleeping too. But having just had a baby I thought it was a good thing I was losing weight – and just figured I was having trouble sleeping because of stress. We still owned our home in New Jersey and we were unhappily paying the mortgage on both homes! My husband was concerned but kept telling himself I’d be O.K. Finally one day he came home from a business trip to find the house a mess (very uncharacteristic of me), and I was laughing and crying very inappropriately about things. Somehow as sick as I was, I always took good care of my son – he was not sitting in a dirty diaper somewhere in the corner!

By this time, my husband was quite frightened of my rapid mood swings and called 911. The ambulance came and took me to the hospital and held me there against my will. It’s interesting to note that my illness became much more severe the moment I was forced to stay in the hospital. I became delusional and paranoid and was convinced the whole staff was

plotting some story about why I had to stay on the psychiatric ward when I really didn't need to be there- and they all knew it! I thought there was literally a key I had to find to get out of there and the only way I could get it was to get the information from the staff. When I got the "information" I would find the key. The first hospitalization was the most painful thing that's ever happened to me – to know your mind can go off like that with no warning and that you could think and do such goofy things is terribly frightening. There is so much shame involved with this illness. I went home from the hospital and fell into a severe depression that lasted 9 months. I lost all my self-confidence and was so ashamed. My only focus was to make sure no one found out about my illness and try to look "normal" at all times. It was the beginning of hiding my big ugly secret.

So much of this illness has to do with stigma. In my experience most of the stigma was self-induced. I did more damage to myself than anyone could have! I worried so much about what people would think if they knew and convinced myself I wouldn't be accepted. I lived in utter fear that people would find out. I worried my friends wouldn't want to hang out with me if they knew, or the neighbors wouldn't let their kids play with mine. I worried about what my family "really" thought of me. I even went so far to think of what my mail carrier thought of me because I got mail from the National Alliance for the Mentally Ill. I was consumed by fear of being found out.

I began to get better the more I grew to accept my illness! I did this through educating myself. I read all the books I could find about manic-depression. I also joined a support group which helped me see that people do recover. I found a new doctor who is very supportive and encouraging and has never made me feel that I'm in any way responsible for my illness. Nor has he made me feel my parents are!

The one thing I've done that has improved my recovery the most is talk about my illness. What I have come to find out is that mental illnesses are extremely common and nothing to be ashamed of. In talking about my illness privately and publicly now for four years I feel totally liberated and healed.

I coordinate the Speaker's Bureau at the National Alliance for the Mentally Ill and encourage other people with mental illness to speak out about their experience. We go out to colleges, high schools, church groups, etc. I have actually found that my illness is something I can derive tremendous reward from; that in fact without the illness I would never know the reward I now experience. I would not be someone who would be doing public speaking otherwise! I am consistently amazed and pleased by the number of people who come up to me after I speak and share their stories of mental illness—either their own or family member and friends.

I have, since my diagnosis, had a second child, my daughter, Madison. She is such a gift. Not only did I think I would never have any more children after my son was born, and I felt tremendous sadness and loss because of this, but I felt my life would never be the same and was irreparable. My daughter was born in the same hospital where I've had my hospitalizations and has helped change the way I see it. The hospital is a place of health and life!

The group should now consider the following discussion questions.

- What are some of the things you liked about her story?
- How does it reflect a story of recovery?

-
- What parts of it might have been hard to tell?
 - What parts might you have said differently?

Worksheet 3.1 provides a template to fill out and yield a story that might work for you. Your story will vary depending on where you tell it. For this exercise, let's assume you are telling it to a civic group, like Rotary International. Remember, this is only one way to tell your story. To complete the exercise, do the following:

1. Enter your name and what you call your mental illness.
2. List some events in your youth that are typical of most people's lives and/or that might reflect the beginnings of your mental illness.
3. List ways in which your mental illness emerged, and the age that this occurred. As with all exercises in the program, do not say anything here that makes you feel uncomfortable. You only need to discuss those things that you feel okay sharing.
4. Share how your mental illness did not go away. Listeners need to understand that your illness was not a mild, passing adjustment disorder. List some of the things you struggled with over the past several years due to your mental illness.
5. Now, the important part. List your achievements and accomplishments, things that demonstrate recovery. Let's remember that recovery does not always mean a college degree, full time job, big income, or four-bedroom house. We all seek different goals depending on who we are and where we are currently at in life. Share those!
6. And now for the purpose of your story. Specify how stigma has thrown up hurdles on the path to your accomplishments. List some of the unfair experiences and harsh reactions that you have experienced from society.
7. ...which leads to the moral of your story:

***I, LIKE ALL PEOPLE WITH MENTAL ILLNESS, LIVE, CONTRIBUTE,
AND PLAY JUST LIKE YOU.***

***SO PLEASE TREAT ME THE SAME. DO NOT VIEW ME OR RESPOND TO
ME BASED ON ANY UNFAIR STEREOTYPES.***

Worksheet 3.1

A Guide to Setting Up a Story About Your Experiences
With Mental Illness

Hi, my name is _____
and I have a mental illness called _____.

Let me tell you about my childhood.

List some events in your youth that are typical of most people's lives and/or that might reflect the beginnings of your mental illness.

1. _____
2. _____
3. _____
4. _____

My mental illness started when I was about _____ years old.

List some of the difficult things that happened to you when you first noticed your mental illness beginning.

1. _____
2. _____
3. _____
4. _____

Unfortunately, my mental illness did not go away quickly.

List some of the things that you have struggled with the past several years due to your mental illness.

1. _____
2. _____
3. _____
4. _____

I have found my path of recovery living with my illness. What has worked (works) for me includes:

1. _____
2. _____

-
-
3. _____
 4. _____

Along the way, I have experienced some stigma and unfair responses to my illness. List some of the unfair experiences and harsh reactions you have experienced from society.

1. _____
2. _____
3. _____
4. _____

Despite my challenges and sometimes because of them, I have achieved several accomplishments.

List some of the things that you have accomplished in terms of your work, relationships, and other personal goals.

1. _____
2. _____
3. _____
4. _____

I want to end with these two key points:

1. **I, like all people with mental illness, live, contribute, and play just like you.**
2. **So, please treat me the same. Do not view me based on any unfair stereotypes.**

WHAT DO YOU WANT TO SAY?

You probably do not want to communicate **EVERYTHING** in the worksheet.
Remember your **GOAL** (from *Worksheet 1.3*).

1. **CIRCLE** the information in the sheet you think is important for the person to hear.
2. **PUT A LINE** through any information:
 - a. you believe is too personal (I was assaulted when I was six years old) or
 - b. the person might not understand (Sometimes I hear God's voice).

LET'S TRY IT OUT

Writing your story and saying it out loud are two very different experiences. Now you have a chance to say it out loud. First review the points you made in *Worksheet 3.1*. This is going to be your story. Take five minutes, find a quiet space and one through it in your head. Maybe you want to write out the story on a separate sheet of paper. Now is a time to do so.

Then find a partner and say your story to him or her. When done, complete *Worksheet 3.2, Quality of the Experience*. Try to write in the box anything not captured in the four questions. When done, listen to the story of your partner. Then join the group and share the experience.

Worksheet 3.2

Quality of Experience

Use the following 7-point scales to rate the quality of your experience telling your story about mental illness. If there were other feelings that you experienced while telling your story, please write them in at the bottom of the page. Don't discount any feelings you had, even if you think others may think they are silly; these are important in developing your strategy for disclosure.

How empowered do you feel after telling your story?

| not at all empowered | | | moderately empowered | | | very empowered |
|-------------------------|---|---|-------------------------|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Was it therapeutic to tell your story?

| not at all therapeutic | | | moderately therapeutic | | | very therapeutic |
|---------------------------|---|---|---------------------------|---|---|---------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

How anxious did you feel while telling your story?

| not at all anxious | | | moderately anxious | | | very anxious |
|-----------------------|---|---|-----------------------|---|---|-----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

How positive was your experience telling your story?

| not at all positive | | | moderately positive | | | very positive |
|------------------------|---|---|------------------------|---|---|------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please note anything else not already discussed about the quality of your experience telling your story.

Task 2. How Did It Go?

LEARNING OBJECTIVES

- Learn how to evaluate a specific instance of disclosure.

This section provides guidance on how to evaluate a specific instance of disclosure. *Worksheet 3.3* on the next page lays out the steps to assess whether an interaction in which you disclosed to someone was positive or negative. To complete *Worksheet 3.3*, first indicate to whom you disclosed, the date the conversation took place, and the location. This will be helpful for keeping track of successful or unsuccessful elements of the disclosure, and may help you to alter your strategy the next time you decide to disclose. Next, consider what your goals were for disclosing to this person. In the next box, note what you said to the person; remember to be specific! Again, this will help you keep track of key words that were successful or unsuccessful at getting your point across. In the box in the middle of the page, write down how the person reacted to your disclosure. It might also be important for you to note the tone of their voice and their body language, especially if it does not seem to match their verbal content. Finally, rate how satisfied you were with the exchange and how positive you thought the exchange was on the seven-point scale provided. Add up the two ratings into a total score. Totals greater than 10 suggest that the experience was a success and worth doing again. Totals less than 6 mean that it did not go so well and you might want to further evaluate what happened. Scores in between 6 and 10 mean that more information may be needed before going forward.

Worksheet 3.3

Details of Your Disclosure--How Did it Go?

Name of the person to whom you disclosed: _____

Date of disclosure: _____ Place of disclosure: _____

| | |
|--|---|
| <p>Your Goal(s):</p> <ul style="list-style-type: none">▪▪▪ | <p>What you said:</p> <ul style="list-style-type: none">▪▪▪ |
| <p>Person's Reaction</p> | |

___ How satisfied are you with the exchange?

| | | | | | | |
|---------------------------------|---|---|----------------|---|---|---------------------------|
| not at all satisfied | | | neither | | | very satisfied |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

___ How positive was the exchange?

| | | | | | | |
|--------------------------------|---|---|----------------|---|---|--------------------------|
| not at all positive | | | neither | | | very positive |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| |
|--------------------|
| TOTAL SCORE |
|--------------------|

| |
|--|
| MORE THAN 10: Good experience; worth doing again. |
| LESS THAN 6: Not so good; what went wrong? |
| BETWEEN 6 AND 10: Need more information for the future. |

Task 3. Honest, Open, Proud through Peer Support

LEARNING OBJECTIVES

- There are many types and characteristics of peer services.

Coming out can be easier when a person decides to join together with others for support. This might be informally, such as joining a group of friends who have shared lived experiences. But, here we talk about a more formal collection of programs, often called peer-support services. Peer-support services, which include self-help and mutual assistance programs, are perhaps the best kind of programs that promote empowerment. As the name suggests, peer-support programs were developed by peers for peers.

- *Where do I find peer support groups?* A great place to start is *Worksheet 3.4* where participants are to list all the programs they can think of. After doing so, have the group generate a master list.

Worksheet 3.4

Where do I go to find peer support?

List all peer support programs you know of and what you like about them.

| Name of Program | Where and contact info | What I like about it |
|-----------------|------------------------|----------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

Other places to look

Peer programs are slowly emerging around the world. We list resources here for how such programs might be found in different locales.

The United States of America. The National Mental Health Consumer's Self-Help Clearinghouse has an amazing online directory of consumer-driven services: <http://www.cdsdirectory.org>. The directory lists services by state or by zip code and may search among programs by a variety of categories including advocacy, peer support, or recovery education. Consumer-operated services are changing quickly in America. Each state now has the equivalent of an Office of Consumer Affairs; contact information for these offices can be found at http://www.nasmhpd.org/general_files/Rosters/NAC-SMHA%2010-7-11.pdf.

The European Union. The European Network of (ex-) Users and Survivors of Psychiatry lists organizations in individual countries in the language of each country: <http://www.enusp.org>.

Task 4. Putting it All Together

LEARNING OBJECTIVES

- Summarize insights from the worksheets provided in this workbook.
- Decide how you would like to move forward with the issue of disclosure.

We end the program with a pause for insight and direction. In *Worksheet 3.5*, questions are provided so that participants can summarize insights and decide on future directions. Complete these and then share your responses with a partner. After finishing your discussion with a partner, come back to the group as a whole and discuss one or two decisions that you have made about coming out and going forward from this program.

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FOLLOW-UP 1

The Decision to Disclose

FOLLOW-UP OVERVIEW

Coming out is the right decision for some people, but not for everyone. This section is designed to review your decision to disclose since completing the *Honest, Open, Proud* baseline program about one month ago. We approach this follow-up in two parts:

Task 1. We review previous intentions to disclose your mental illness, including to whom, when, and where you decided to disclose as well as what you expected from the disclosure.

Task 2. We discuss whether you disclosed and help you evaluate how the experience went and how it may affect future disclosures.

Task 1. Did You Intend to Disclose?

FOLLOW-UP OBJECTIVES:

- Review your intentions to disclose after you completed the HOP baseline program.

One month ago, we identified people that might be suitable for disclosure. The three main types of relationships included: functional (e.g., psychiatrist or supervisor), supportive (e.g., someone who is trustworthy) and empathic (e.g., someone who is understanding). Use *Worksheet 1.1* to review intentions you had for disclosure after you completed the baseline program.

After you are finished filling out *Worksheet 1.1*, pair up with a fellow participant to discuss the intentions to disclose that you had after completing the *Honest, Open, Proud* baseline program about one month ago.

Worksheet 1.1

Intension to Disclose- Who? When? Where? What?

When you completed the *Honest, Open, Proud* baseline program about one month ago, did you intend to disclose?

Yes No

If yes, please fill out this table.

| | |
|---|--|
| Who did you decide to disclose to? | |
| When did you plan on disclosing? | |
| Where did you plan on disclosing? | |
| What did you expect from the disclosure? | |

| |
|--|
| If no, why did you decide against it? |
|--|

Task 2. How Did Disclosure Go?

FOLLOW-UP OBJECTIVES:

- If you disclosed, describe how it went and rate the quality of the exchange.
- Explain how the experience changed your mind about disclosing.

During the baseline program, we learned how to evaluate a specific instance of disclosure. *Worksheet 1.2* is the same one you completed before. It lays out steps to assess whether interactions in which you disclosed to others were positive or negative. You may have disclosed. If so, discuss how it went here. If not, we can still learn from others. Fill in the worksheet **AS IF** you did disclose with a real person in a real setting.

Worksheet 1.2 is adapted from *Worksheet 3.5* in the *Honest, Open, Proud* baseline program. First indicate to whom you disclosed, the date the conversation took place, and the location. This will help track successful or unsuccessful elements of disclosure, and may help you to alter your strategy the next time you decide to disclose. Second, consider what your goals were for disclosing to this person and note what you said to the person; remember to be specific! Next, write down how the person reacted to your disclosure. It might also be important for you to note the tone of their voice and their body language, especially if it does not seem to match their verbal content. Finally, rate how satisfied you were with the exchange and how positive you thought the exchange was on the seven-point scale provided. Add up the two ratings into a total score. Totals greater than 10 suggest that the experience was a success and worth doing again. Totals less than 6 mean that it did not go so well and you might want to further evaluate what happened. Scores in between 6 and 10 mean that more information may be needed before going forward.

Worksheet 1.2

Did You Disclose? How Did it Go?

Please fill out this page about a disclosure from the past month.

Name of the person to whom you disclosed: _____

Date of disclosure: _____ Place of disclosure _____

| Your Goal(s) | What you said |
|--------------------|---------------|
| ▪ | ▪ |
| ▪ | ▪ |
| ▪ | ▪ |
| Person's Reaction: | |

_____ How satisfied were you with the exchange?

| | | | | | | |
|--------------------------------|----------|----------|----------------|----------|----------|---------------------------|
| not at all satisfied | | | neither | | | very satisfied |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

_____ How positive was the exchange?

| | | | | | | |
|-------------------------------|----------|----------|----------------|----------|----------|--------------------------|
| not at all positive | | | neither | | | very positive |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| |
|--------------------|
| TOTAL SCORE |
|--------------------|

| |
|--|
| MORE THAN 10: Good experience; worth doing again. |
| LESS THAN 6: Not so good; what went wrong? |
| BETWEEN 6 AND 10: Need more information for the future. |

Has your experience changed your mind about whether or not you will disclose in the future?

Yes No

How has it changed?

FOLLOW-UP 2

Peer Support Programs

FOLLOW-UP OVERVIEW

Some people find it helpful to seek a peer support group to share experiences and struggles of mental illness and to overcome the fear of disclosure. As a reminder, peer support services, which can include self-help and mutual assistance programs, may make coming out easier because a person is joining together with others for support. This includes those who have already come out and those who are still thinking about coming out. This section assesses your experiences with peer support programs since completing the *Honest, Open, Proud* baseline program.

Task 1 We discuss the meaning of peer support and identify pros and cons of peer support programs. At the same time, we help you rate the quality of your peer support experience.

Task 1. Did You Pursue Any Peer Support Programs?

FOLLOW-UP OBJECTIVES:

- Discuss what peer support means to you.
- Identify pros and cons of peer support programs.
- Evaluate your peer support experience and discuss the future of peer support in your life.

One month ago, everyone in the group brainstormed a list of peer support programs they might attend. In **Section I** of *Worksheet 2.1*, write down what peer support means to you and make a list of the pros and cons of attending a peer support program. **Section II** will help you to evaluate any peer support experience you may have

had since completing the baseline program. When you are finished filling out **Section I**, please discuss your ideas with the group before moving on to **Section II**.

Did You Pursue Any Peer Support Programs?

SECTION I.

Please provide a brief description of what peer support means to you.

Use the table below to list the pros and cons of attending a peer support program.

| Pros | Cons |
|------|------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SECTION II. Since completing the HOP baseline program, did you attend a peer support program?

Yes No

If yes, what was the program called? _____

When was the meeting? _____

Where was the meeting? _____

Please complete the following scales about the peer support program you attended.

I liked the peer support program.

| | | | | | | |
|---------------------|----------|----------|----------------------------------|----------|----------|------------------|
| Disagree greatly | | | Neither agree nor disagree | | | Agree greatly |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

I will go back to the peer support program.

| | | | | | | |
|---------------------|----------|----------|----------------------------------|----------|----------|------------------|
| Disagree greatly | | | Neither agree nor disagree | | | Agree greatly |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

I would recommend this peer support program to others.

| | | | | | | |
|---------------------|----------|----------|----------------------------------|----------|----------|------------------|
| Disagree greatly | | | Neither agree nor disagree | | | Agree greatly |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Will you return to this peer support program? Why or why not?

Will you find another peer support program? Why or why not?

FOLLOW-UP 3

What Has Changed?

FOLLOW-UP OVERVIEW

Experiences since completing the *Honest, Open, Proud* baseline program may have reshaped your thoughts about coming out. In this section we:

- Task 1 Reassess the costs and benefits for disclosure and compare them to what you brainstormed one month ago.
- Task 2 Evaluate what worked and did not work when telling your story and decide how you might change the story.

Task 1. Revisiting the Costs and Benefits of Disclosure

FOLLOW-UP OBJECTIVES:

- List the costs and benefits of disclosure as you see them now.
- Compare them to costs and benefits you brainstormed before.

In *Worksheet 3.1* we provide you a table to list the short-term and long-term costs and benefits to disclosing that you can think of now. Note that we do NOT want you to list only the new costs and benefits that you have. Rather, we want you to include EVERYTHING that you can think of, even if you remember that you included it before. As a reminder, benefits represent why you would disclose, or what you expect to happen that is positive as a result of disclosing to others. Costs are why you wouldn't do it, or the negatives or harm that could result from disclosing.

Just like before, don't dismiss any costs or benefits no matter how silly they may seem. Put them on the list so that you can consider all advantages and disadvantages together. Sometimes the items that you want to censor are actually

important; you may just be embarrassed about it. After listing all the costs and benefits, put a star (*) next to one or two that are especially important. When you are finished, you will be given your old cost and benefits worksheet to compare and answer the follow-up questions.

Worksheet 3.1

Revisiting the Costs and Benefits for Disclosing My Mental Illness

Setting: _____ To Whom: _____

Since completing the HOP baseline program:

- I have decided **to disclose** my mental illness.
- I have decided **NOT to disclose** my mental illness.
- I have decided **to put off** my decision.

Please use the tables below to list the costs and benefits of disclosure that you have now, about one month after completing the HOP baseline program.

Just like before, don't censor any ideas. Write them all down.

Put a star (*) next to costs and benefits that are especially important.

Make sure to specify the setting and audience to which each cost and benefit applies (e.g., work, family, etc.), if more than one is included.

| Short-Term Benefits | Short-Term Costs |
|----------------------------|-------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| Long-Term Benefits | Long-Term Costs |
| | |
| | |
| | |
| | |
| | |

Please review your copy of *Worksheet 1.3* from the HOP workbook at baseline—**The Costs and Benefits Worksheet for Disclosing My Mental Illness**—and put a circle around items that are the same in both worksheets. When you are finished, please answer the following questions:

Were there any differences in starred items on the two worksheets?

Did you star any of the NEW ITEMS as especially important? If so, which ones?

Why do you think you made these changes, if any?

Task 2. How Will You Tell Your Story Now?

FOLLOW-UP OBJECTIVES:

- Describe what worked and what did not work when telling your story.
- Brainstorm things to add and things to eliminate from your story.
- Receive feedback from peers.
- Determine whether goals in disclosing have changed.
- Rewrite your story and review how you felt telling it.

One month ago, you were provided with a template on how you might formulate your coming out story. It included the following parts:

1. Your name and what you call your mental illness;
2. Some events in your youth that are typical of most people's lives and/or that might reflect the beginnings of your mental illness;
3. Ways in which your mental illness emerged, and the age that this occurred;
4. How your mental illness did not go away and your ensuing struggles;
5. Your achievements and accomplishments despite your mental illness;
6. The purpose of your story and struggles with stigma;
7. And the moral of your story:

***I, LIKE ALL PEOPLE WITH MENTAL ILLNESS, LIVE, CONTRIBUTE,
AND PLAY JUST LIKE YOU.
SO PLEASE TREAT ME THE SAME. DO NOT VIEW ME OR RESPOND TO
ME BASED ON ANY UNFAIR STEREOTYPES.***

You will be given the story template that you completed one month ago, and you will have the opportunity to use it in order to complete the next worksheet. *Worksheet 3.2* has two parts. **Section I** should only be completed if you have already disclosed. This will give you the opportunity to reflect on parts of your story that did and did not

work. **Section II** will then ask you to determine whether there are things that you would like to add or eliminate in your story. If you have not yet disclosed, you should only complete **Section II**.

When you are finished brainstorming, please pair up and discuss your ideas with a peer. The last part of the worksheet will ask you to explain whether or not your goal in disclosing has changed as a result of rewriting your story. Once you have finished, *Worksheet 3.3* serves as a fresh copy of the story template so that you can apply any changes that you decided to make in *Worksheet 3.2*.

Worksheet 3.3

A Guide to Setting Up a Story About Your Experiences
With Mental Illness

Hi, my name is _____
and I have a mental illness called _____.

Let me tell you about my childhood.

List some events in your youth that are typical of most people's lives and/or that might reflect the beginnings of your mental illness.

1. _____
2. _____
3. _____
4. _____

My mental illness started when I was about _____ years old.

List some of the difficult things that happened to you when you first noticed your mental illness beginning.

1. _____
2. _____
3. _____
4. _____

Unfortunately, my mental illness did not go away quickly.

List some of the things that you have struggled with the past several years due to your mental illness.

1. _____
2. _____
3. _____
4. _____

I have found my path of recovery living with my illness. What has worked (works) for me includes:

1. _____
2. _____

-
-
3. _____
 4. _____

Along the way, I have experienced some stigma and unfair responses to my illness. List some of the unfair experiences and harsh reactions you have experienced from society.

1. _____
2. _____
3. _____
4. _____

Despite my challenges and sometimes because of them, I have achieved several accomplishments.

List some of the things that you have accomplished in terms of your work, relationships, and other personal goals.

1. _____
2. _____
3. _____
4. _____

I want to end with these two key points:

1. **I, like all people with mental illness, live, work, and play just like you.**
2. **So, please treat me the same. Do not view me based on any unfair stereotypes.**

WHAT DO YOU WANT TO SAY?

You probably do not want to communicate **EVERYTHING** in the worksheet.
Remember your **GOAL** (from *Worksheet 3.2*).

1. **CIRCLE** the information in the sheet you think is important for the person to hear.
2. **PUT A LINE** through any information:
 - a. you believe is too personal (I was assaulted when I was six years old) or
 - b. the person might not understand (Sometimes I hear God's voice).

LET'S TRY IT OUT

Writing your story and saying it out loud are two very different experiences. Now you have a chance to say your rewritten story out loud. First review the points you made in *Worksheet 3.3*. This is going to be your new story. Take five minutes, find a quiet space and one through it in your head. Maybe you want to write out the story on a separate sheet of paper. Now is a time to do so.

Then find a partner and say your story to him or her. When done, complete *Worksheet 3.4, Quality of the Experience*. Try to write in the box anything not captured in the four questions. When done, listen to the story of your partner. Then join the group and share the experience.

Worksheet 3.4

Quality of Experience

Use the following 7-point scales to rate the quality of your experience telling your story about mental illness. If there were other feelings that you experienced while telling your story, please write them in at the bottom of the page. Don't discount any feelings you had, even if you think others may think they are silly; these are important in developing your strategy for disclosure.

How empowered do you feel after telling your story?

| not at all empowered | | | moderately empowered | | | very empowered |
|-------------------------|---|---|-------------------------|---|---|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Was it therapeutic to tell your story?

| not at all therapeutic | | | moderately therapeutic | | | very therapeutic |
|---------------------------|---|---|---------------------------|---|---|---------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

How anxious did you feel while telling your story?

| not at all anxious | | | moderately anxious | | | very anxious |
|-----------------------|---|---|-----------------------|---|---|-----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

How positive was your experience telling your story?

| not at all positive | | | moderately positive | | | very positive |
|------------------------|---|---|------------------------|---|---|------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please note anything else not already discussed about the quality of your experience telling your story.

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Appendix 1. Challenging Personally Hurtful Self-Stigma

LEARNING OBJECTIVES

- Some people internalize stigma and feel shame as a result.
- This lesson teaches ways to manage thoughts related to internalized or self-stigma.

Stigmas are hurtful attitudes about people.

- People with mental illness are **violent** and **unpredictable**.
- They **choose** to be mentally ill.
- They are **weak** and **incompetent**.

Some people with mental illness may agree with stigmatizing beliefs like these and internalize them.

- I have a mental illness so I must be **violent** and **unpredictable**.
- I have a mental illness so I **choose** to be mentally ill.
- I have a mental illness so I must be **weak** and **incompetent**.

There are five steps for changing personal hurtful attitudes like these.

Step 1. Begin with a clear statement of the hurtful attitude using the formula:

I must be _____ because _____.

“I must be a bad person because I am weak due to my mental illness.”

Step 2. If you further define this negative attitude, two true-false assumptions seem to account for the bad feelings associated with keeping your mental illness a secret:

- (1) *Believing that “normal” people never feel weak due to life challenges* and
- (2) *It is shameful to have a mental illness.*

I believe the first assumption is true and therefore feel worse about myself.

Step 3 and Step 4. To challenge these two assumptions you want to first **ask others** whether or not they believe them to be true. You will likely give up hurtful attitudes when you discover that their underlying assumptions are actually false. So, let’s start by challenging the first assumption: *believing that “normal” people never feel weak due to life challenges*. To do this, seek out a circle of trusted people for feedback; for example, a bible study group. In this example, you might also decide to check with your pastor, who you think is reliable and a “*straight shooter*.” From your bible study group you learn that six out of seven people admitted to “*feeling weak*” at times. Then, your pastor tells you that she is sometimes overwhelmed by church work and feels weak. Both your pastor and the people in the bible group said there are many reasons why people feel weak but it does not necessarily mean MENTAL ILLNESS. After speaking with them, you understand that your hurtful belief (*that “normal” people never feel weak due to life challenges*) is not true.

Step 5. The final step is to translate your findings into an attitude that **counters** the hurtful belief. For example:

“I’m not bad for feeling weak. Everyone does.”

You may wish to write this saying down on a card so that you can remember it better.

Then, the next time that you're questioning your integrity for keeping a secret, in particular your secret of mental illness, pull out the card. Remind yourself that everyone keeps secrets and that there is nothing wrong with it, as long as you aren’t keeping your secret based on assumptions that might actually be false.

| | |
|-------------------------------|-------|
| COUNTER TO: I AM WEAK! | Date: |
| _____ | |
| _____ | |
| _____ | |

Now that we have addressed the first assumption, let’s challenge the second one: that *it is shameful to have a mental illness*. To do this, we will use an example from Alan to see the process he went through to challenge assumptions and change hurtful beliefs. You can see Alan’s completed worksheet on the next page.

Alan believed he was a weak person because he was sometimes overwhelmed by his mental illness. By completing the worksheet, he turned this belief into true-false assumptions by changing the statement from a personal “I” belief, to a statement that includes “*all people like me.*”

- All strong people don't have mental illnesses.
- Weak means bad. All people who have problems are bad.

The truth of “I” statements is not always clear; however, change it to a general statement about everyone, and its falseness becomes evident.

Alan decided to challenge these assumptions by asking others whether or not they believe the two attitudes are true. Alan sought out a circle of trusted people for feedback, in this case a group from After Hours, an adult social club that he attends weekly. Alan also decided to check with his older sister Connie, who is highly respected in her neighborhood and someone in whom he has confidence. Alan was surprised by the response from people at After Hours. Not only did they disagree with the statement that “*Strong people don't have mental illnesses,*” but they all shared some experience with depression or anxiety. Two friends, in fact, had been hospitalized like Alan. Members of After Hours also took exception with the second assumption that struggling with personal problems meant that a person is bad. Alan was especially moved by what Connie said:

Here is Alan's completed worksheet.

| <i>Table A.1: Change Our Attitudes Exercise</i> | <i>ALAN</i> |
|--|---|
| 1. State the hurtful belief. | I MUST BE <u>a weak person</u> BECAUSE I <u>have a mental illness.</u> |
| 2. Define the True-False Assumptions: | Strong people don't have mental illnesses. Weak means bad. All people who have problems are bad. |
| 3. Challenge the assumptions by checking them out with whom? | <ul style="list-style-type: none">• I'll ask people in my After Hours social group. They have been my friends for a while and will give an honest answer.• My older sister. She is smart and always tells me the truth. |
| 4. Collect evidence that challenge the assumptions. | <ul style="list-style-type: none">• All my friends in the social club said they've had psychiatric problems, like mild depression or anxiety, but they don't believe they're weak.• They said struggling with problems and being bad are clearly two different things.• My sister said that dealing with psychiatric problems is a sure sign of strength, not weakness. |
| 5. Restate the attitude so that it doesn't injure you. This is a COUNTER. | I'm not weak or bad because I have a mental illness. In fact, I must be a hero for moving forward with my life. |

*“Are you weak because you struggle with mental illness once in a while?
No way Alan! If anything, what you've overcome means you're a hero.
Few people can contend with the symptoms, the hospitals, the side effects
and get back on their feet as well as you.”*

Not only was Connie's feedback supportive, but it countered his belief about being weak because of his past psychiatric problems.

As the final step, Alan sought to translate findings from *Table A.1* into a **counter**. Even though Alan benefitted greatly from feedback from his friends and sister, he's likely to struggle with these self-stigmatizing beliefs again. Alan put together the various things people said about not being weak into a counter statement that he could use in the future against that stigmatizing belief.

“I'm not weak or bad because of my mental illness. In fact, I'm a hero for moving on.”

Alan actually wrote this counter on the back of the calendar listing his monthly After Hours meetings. When he was alone and feeling ashamed, he'd pull out the card and read this message to himself.

Let's use *Worksheet A.1* on the next page to change a hurtful attitude you hold about your experience with mental illness. What are some of these hurtful attitudes? List them here.

- _____
- _____
- _____
- _____
- _____

For the purpose of this exercise, use other group members to challenge and collect evidence against the assumptions. But, please consider whom you might ask outside the group at a later date. If you decide to follow through with this exercise outside of this group session, you need to make sure to go to someone who will prove these hurtful statements to be **false**.

Worksheet A.1

Change Our Attitudes Exercise

Complete all five steps.

1. State the hurtful belief:

I MUST BE _____ BECAUSE _____.

2. Define the True-False Assumptions:

3. Challenge the assumptions by checking them out with whom?

4. Collect evidence against the assumptions:

5. Restate the attitude so that it does not injure you. This is a COUNTER.

Appendix 2. Protections Against Unwanted Disclosure

In making decisions about disclosing your experiences with mental illness, you first need to consider how your right to privacy is protected. Most governmental bodies have passed laws guaranteeing that interactions with mental health professionals remain confidential. Things may vary a bit from country to country. A fact sheet summarizing the key points of these laws is provided in *Table A.2*.

Table A.2: A Fact Sheet About Confidentiality Laws

All states in the Union have legislation that requires mental health workers to NOT disclose any information about you without your permission. Depending on the State, this generally means the following for adults.

- Every interaction you have with a mental health organization is considered confidential and may not be disclosed without your permission.

This includes obvious issues like individual and group psychotherapy, meetings with a psychiatrist, participation in community meetings, and medical examinations by a nurse practitioner.

Moreover, this literally means every interaction. Talking to the receptionist, waiting in the lounge, riding on the agency van, bumping into the janitor are all interactions that are confidential. No one has a right to know about anything you do in a mental health organization without your prior written permission.

In fact, no one has the right to know that you ATTEND a mental health organization without your permission.

- Confidentiality laws also apply to all mental health-related records: written charts, videotapes, or computer files. They may not be disclosed without your permission.
- Confidentiality applies to everyone who works for an organization: from the medical director to the gardener to even volunteers.
- No one - including your employer, landlord, or family members - may obtain confidential information about you without your written permission.
- Your confidentiality is protected forever, even after you die. Employees of a mental health organization have to respect your confidentiality forever, even after they leave the organization.

Table A.2 continues on the next page.

-
-
- You may choose to disclose any part of your record or interactions with a mental health organization. You can only do this when you sign a written release of information that specifies what materials are to be released (John Doe's history in the Opportunities Vocational Program from October 1 to December 1, 1998) and where they are being sent (to Dr. Jones at Blackhawk Mental Health Center).

 - The only authority that can order a mental health professional to violate your confidentiality is a judge in a court of law when you are involved in civil or criminal proceedings.

Confidentiality Laws

Very few governmental bodies allow mental health professionals to disclose information about your history without your permission. This includes clinical interactions with the mental health system such as psychotherapy, group therapy, and participation in community meetings. But, it usually also means every interaction you have in a mental health setting, such as a conversation with a receptionist or while riding in the hospital van to an outing. No one has the right to know that you have ever been in a hospital or attended a community mental health center, without your prior written permission.

After you leave a hospital or community program, confidentiality applies to all of your records. These records cannot be released without your explicit permission. These include written charts, videotapes, and computer files. Similarly, anyone seeking your medical charts will be rebuffed unless they have your permission, such as landlords, your employer, or even your family members. Your records are kept from everyone, even after you die. You may release your records to another mental health organization or person, but only with a prior, written release. Consider the two stipulations here. First, permission must be obtained prior to the release of information; it is rarely legal to do so after information has been shared. Mental health agencies cannot ask you to sign a release when they have already given material about you to someone else. In addition, this permission must be written and must specify what information is to be released,

where it is being sent, who will receive it, and when the release will no longer apply. By the way, you are entitled to a copy of that release and may revoke it later if you change your mind. Also, an agency cannot pressure you in any way to sign a release of information.

A judge presiding over a civil or criminal case in which you are involved is the only person who may override this system of confidentiality, in some situations. He or she can order your mental health agency to provide information about you in matters before the court. You can decide to appeal this decision (usually with the help of an attorney representing your interest). Nevertheless, the final decision in these cases usually lies with the court.

Who the laws do and don't apply to. Confidentiality laws clearly apply to psychiatrists, psychologists, social workers, nurses, and other staff providing mental health services. In fact, these laws apply to all paid employees of an agency including receptionists, bus drivers, food service workers, and housekeeping staff. In addition, these laws apply to unpaid workers associated with the mental health program: recreation volunteers, therapy students, outside advocates, and members of the board of directors. Note, however, that laws do not apply to one group of people who you regularly encounter at a mental health program: the other people receiving services. Confidentiality laws do not apply to fellow consumers who you meet in a psychiatric unit of a hospital, or who you meet in group therapy at a community program. Nor must family members attending therapy sessions protect your confidentiality. It is certainly the case that staff will request that fellow group members respect your confidentiality -- they probably wish the same protections for themselves -- but there are no laws requiring that be so.

Other government laws may protect your privacy outside of mental health institutions. Defamation, slander, and libel are statutes that prevent falsehoods about you from being published or otherwise disseminated. For example, Title 18 of the U.S. Code prevents people from learning about you by reading your mail. Hence, correspondence from your psychiatrist, for example, is protected by law.

There are clearly many legal protections to ensure your privacy. Unfortunately, these protections are not absolute; gossip may always spread. For example, there are no laws that prevent co-workers from telling stories, and neighbors and friends may pass out information about you in a spiteful manner. Hence, you will need to make an explicit decision about whether or not you wish to disclose your experiences with mental illness.

Appendix 3. Did This Program Help?

Some people want to know whether completing the *Honest, Open, Proud* program helped them. We believe that people who complete the program will experience a greater sense of personal empowerment. One way to assess empowerment is to complete the *Personal Empowerment Self-Assessment Scale*. Note that it is provided TWICE in *Worksheet A2*: one prominently marked **BEFORE PARTICIPATING IN THE PROGRAM**, and the second marked **AFTER PARTICIPATING IN THE PROGRAM**. The strategy is to complete the scale **BEFORE** and **AFTER**, and then to examine the difference in order to determine if there was any improvement.

Readers should answer the questions in the scale in order to determine if they beat themselves up with stigma, or if they have some sense of personal empowerment. The key for the scale and the interpretation guidelines can be found at the bottom of this page. Complete the scale fully before reviewing the key.

Worksheet A2

BEFORE PARTICIPATING IN THE PROGRAM
Personal Empowerment Self-Assessment Scale

Rate how much you agree with the following statements using this scale:

| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|-------------------|----------|----------------------------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |

- ____ 1. I am able to accomplish my personal goals.
- ____ 2. I want to change my community's view of mental illness.
- ____ 3. I have control over my treatment.
- ____ 4. It is okay for me to get mad at people who stigmatize mental illness.
- ____ 5. I am not a bad person because of mental illness.
- ____ 6. We can beat stigma if we work together.
- ____ 7. Things will work out in my future.
- ____ 8. I'm going to make waves about stigma.
- ____ 9. I am okay even if I have a mental illness.
- ____ 10. I get mad at the way mental illness is portrayed on TV.

Scoring:

Add up the scores of all the ODD numbered items and enter the total in Box 1. **Box 1**

Then add up all the EVEN numbered items and enter the total in Box 2. **Box 2**

The total in Box 1 represents views about empowerment towards yourself: self-esteem, future optimism, and self-effectiveness. Scores in Box 1 that are less than 8 suggest that you do not have much empowerment towards yourself. In this case, you will benefit from many of the suggestions to improve empowerment that are listed in this lesson.

The total in Box 2 represents views about empowerment towards your community: righteous anger and willingness to take action. Scores in Box 2 that are less than 8 suggest that you are unsure about challenging your community and its stigmatizing ways. You will benefit from the empowerment strategies as well as the anti-stigma approaches reviewed in this lesson.

AFTER PARTICIPATING IN THE PROGRAM

Personal Empowerment Self-Assessment Scale

Rate how much you agree with the following statements using this scale.

| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|-------------------|----------|----------------------------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |

- ____ 1. I am able to accomplish my personal goals.
- ____ 2. I want to change my community's view of mental illness.
- ____ 3. I have control over my treatment.
- ____ 4. It is okay for me to get mad at people who stigmatize mental illness.
- ____ 5. I am not a bad person because of mental illness.
- ____ 6. We can beat stigma if we work together.
- ____ 7. Things will work out in my future.
- ____ 8. I'm going to make waves about stigma.
- ____ 9. I am okay even if I have a mental illness.
- ____ 10. I get mad at the way mental illness is portrayed on TV.

Scoring:

Add up the scores of all the ODD numbered items and enter the total in Box 1.

Box 1

Then add up all the EVEN numbered items and enter the total in Box 2.

Box 2

The *Self-Assessment Scale* provides two scores for people who complete the test.

They represent the two ways in which empowerment impacts the person with mental illness. People who feel empowered have good self-esteem, believe they are effective in life, and are optimistic about their future. Low scores on this scale (below 8) suggest that the person does not feel empowered about him or herself. Alternatively, empowerment can affect a person's view of his or her community. Empowered people may show righteous anger against prejudice and actually participate in civil actions that target stigma. Low scores on this scale (below 8) mean that the person is intimidated by public stigma and does little to counter it.

Comparing Your Scores

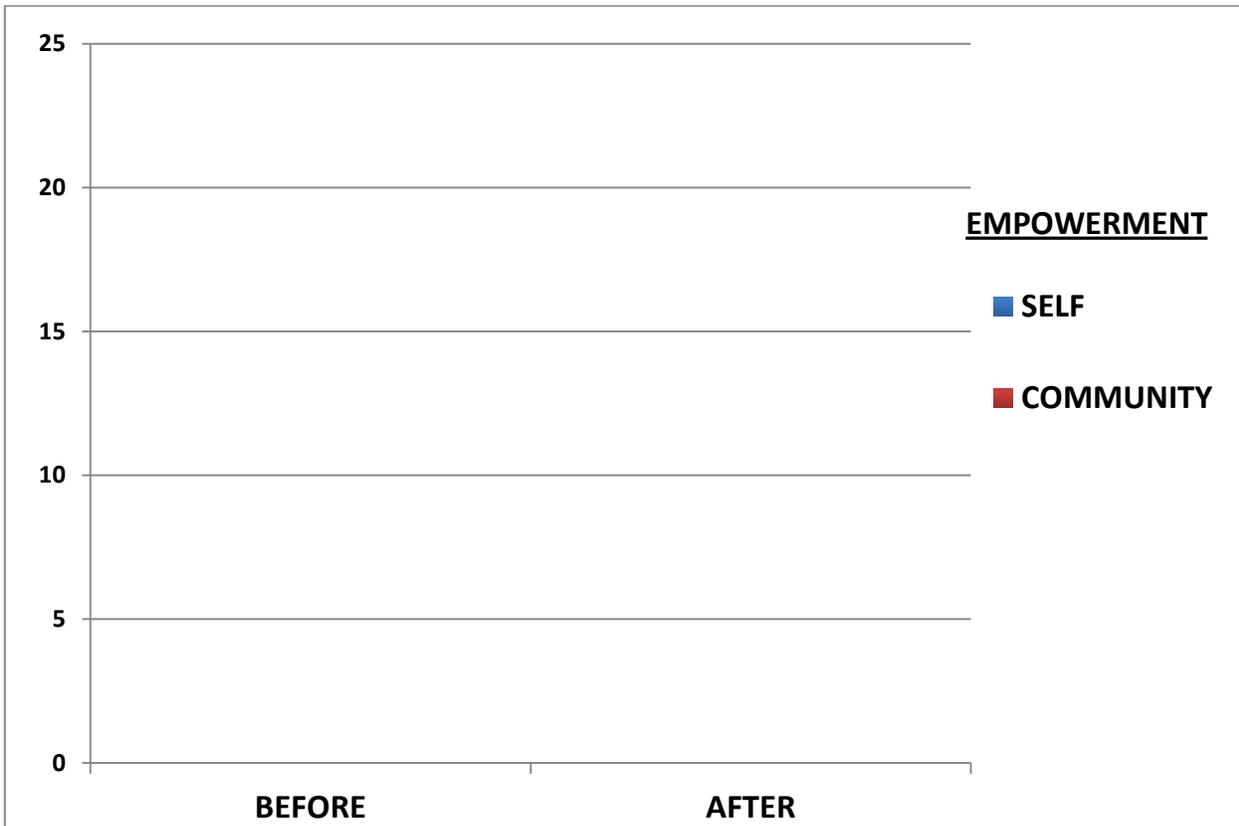
Now put your scores from **BEFORE** participating in the program, that were entered in Box 1 and 2 (*Worksheet A2*), into *Worksheet A3*. Use the total in Box 1 (SELF) and draw in a bar up to the corresponding number. Make sure to draw it above the **BEFORE** section. Then, do the same for the Box 2 total (COMMUNITY). Make sure to use a different colored pen or marker for scores in Box 2 and draw the bar in the **BEFORE** section.

Now, put your scores from **AFTER** participating in the program, that you entered in Box 1 and 2 (*Worksheet A2*), into *Worksheet 3.8*. Use the total in Box 1 (SELF) and draw a bar up to the corresponding number on the next page. Make sure to draw it above the **AFTER** section. Remember to use the same color you used for Box 1 (SELF) from the **BEFORE** section. Then do the same for the Box 2 total (COMMUNITY). Make sure to use the same colored pen or marker that you previously used for Box 2 (COMMUNITY).

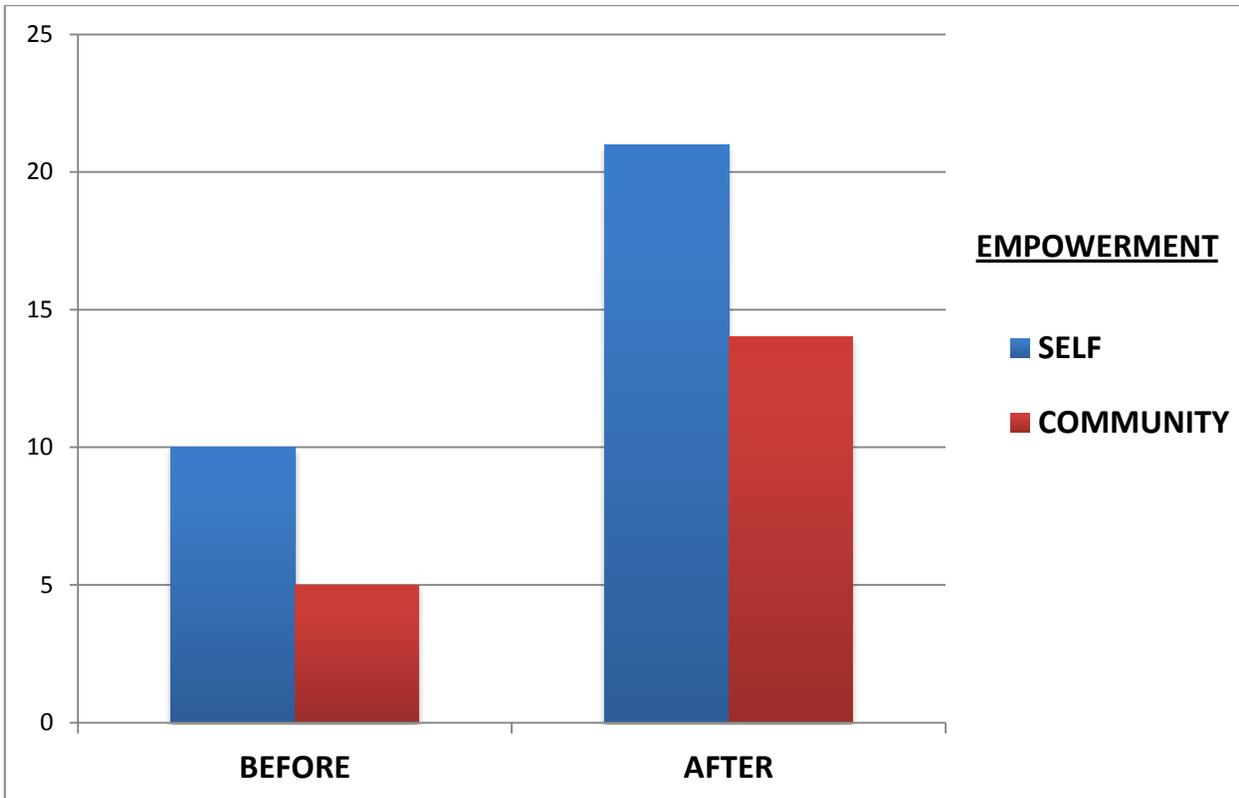
Take a look at your bar graph. How do your scores from **BEFORE** participating and **AFTER** participating differ? Are your scores from **AFTER** participating in the program higher than before participating? This should give you a sense of whether or not the program helped.

Comparing Your Scores on Self and Community Empowerment-
Did Your Scores Improve?

Take your scores from *Worksheet A2* and enter them into the blank bar graph below. Use different colored pens or markers to distinguish between SELF and COMMUNITY empowerment. By comparing your scores from **BEFORE** participation in the program and **AFTER** participation in the program, you will get a sense of whether or not the program helped.



Here is an example of improvement in both SELF and COMMUNITY empowerment after participating in the *Coming Out Proud* program.



Appendix 4. Extra Forms

Worksheet 1.3

The Costs and Benefits Worksheet for Disclosing My Mental Illness

Setting: _____ To Whom: _____

Don't censor any ideas. Write them all down.

Put a star (*) next to costs and benefits you think are especially important.

| Short-Term Benefits | Short-Term Costs |
|---------------------|------------------|
| | |
| | |
| | |
| | |
| | |

| Long-Term Benefits | Long-Term Costs |
|--------------------|-----------------|
| | |
| | |
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| | |
| | |

Given these costs and benefits:

- I have decided **to disclose** my mental illness.
- I have decided **NOT to disclose** my mental illness.
- I have decided **to put off** my decision.

What is your GOAL in disclosing? (Consider reasons you listed in *Worksheet 1.1*)

What do you expect will happen after disclosing?

Worksheet 1.3

The Costs and Benefits Worksheet for Disclosing My Mental Illness

Setting: _____ To Whom: _____

Don't censor any ideas. Write them all down.

Put a star (*) next to costs and benefits you think are especially important.

| Short-Term Benefits | Short-Term Costs |
|---------------------|------------------|
| | |
| | |
| | |
| | |
| | |

| Long-Term Benefits | Long-Term Costs |
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| | |
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| | |
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- I have decided **to disclose** my mental illness.
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What is your GOAL in disclosing? (Consider reasons you listed in *Worksheet 1.1*)

What do you expect will happen after disclosing?

Worksheet 1.3

The Costs and Benefits Worksheet for Disclosing My Mental Illness

Setting: _____ To Whom: _____

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| | |
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What do you expect will happen after disclosing?

A Guide to Setting Up a Story About Your Experiences
With Mental Illness

Hi, my name is _____
and I have a mental illness called _____.

Let me tell you about my childhood.

List some events in your youth that are typical of most people's lives and/or that might reflect the beginnings of your mental illness.

1. _____
2. _____
3. _____
4. _____

My mental illness started when I was about _____ years old.

List some of the difficult things that happened to you when you first noticed your mental illness beginning.

1. _____
2. _____
3. _____
4. _____

Unfortunately, my mental illness did not go away quickly.

List some of the things that you have struggled with the past several years due to your mental illness.

1. _____
2. _____
3. _____
4. _____

I have found my path of recovery living with my illness. What has worked (works) for me includes:

1. _____
2. _____

-
-
3. _____
 4. _____

Along the way, I have experienced some stigma and unfair responses to my illness. List some of the unfair experiences and harsh reactions you have experienced from society.

1. _____
2. _____
3. _____
4. _____

Despite my challenges and sometimes because of them, I have achieved several accomplishments.

List some of the things that you have accomplished in terms of your work, relationships, and other personal goals.

1. _____
2. _____
3. _____
4. _____

I want to end with these two key points:

3. **I, like all people with mental illness, live, contribute, and play just like you.**
4. **So, please treat me the same. Do not view me based on any unfair stereotypes.**

WHAT DO YOU WANT TO SAY?

You probably do not want to communicate **EVERYTHING** in the worksheet.
Remember your **GOAL** (from *Worksheet 1.3*).

3. **CIRCLE** the information in the sheet you think is important for the person to hear.
4. **PUT A LINE** through any information:
 - a. you believe is too personal (I was assaulted when I was six years old) or
 - b. the person might not understand (Sometimes I hear God's voice).

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