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# **HONEST, OPEN, PROUD**

**to Eliminate the Stigma of Mental Illness  
High School**

## ***WORKBOOK***

FOR PROGRAM PARTICIPANTS

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# PREFACE

This is the workbook for the High School version of the *Honest, Open, Proud* program. We put these exercises together to help young people like yourself to talk about their mental health challenges. The strongest, current evidence for what works to reduce the stigma of mental illness is for people to have direct social contact with people who can talk about their mental health challenges and the insights they have gained on the path of recovery. This can also be a very helpful way to reduce self-stigma. \*\*

One of the things that you might have strong feelings about is whether you want to use words like, emotional struggles and mental health challenges, or whether you want to use diagnostic labels like depression or bipolar, or whether you feel that it's important to indicate how serious the challenges are by using terms like mental illness or serious mental health conditions. This workbook will mostly use the terms mental health challenges and mental illness. It is important for you to consider how you wish to identify yourself. If you do not already have ideas about this, this workbook may help you decide what language you want to use for now in your life. You might find it helpful to discuss this with the group.

We have set up the program so that it can be done **briefly** in five lessons, with each lesson requiring about 1 hour. In this workbook, you will find learning points for each lesson, discussion questions, and activities such as worksheets.

Materials in this workbook along with the videos can be downloaded for free from the Manual and Resources page of Honest, Open, Proud ([www.HOPprogram.org](http://www.HOPprogram.org)).

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All children have the right to be safe. As a participant in this program, you will have the opportunity to share information about experiences in your life during which you may not have felt/were not safe or protected. In order to support and protect all children, if information about abuse or neglect of a child is shared during this program, an adult group leader will share this information with local community professionals who will work to assure that child's safety. If you have questions about what this means, please talk with one of the group facilitators.

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*Logo on cover page: Using the Mental Health Unity logo means that you pledge to provide a safe space for persons to discuss mental health. A safe space is a space that is free of judgment, where every individual is treated as capable and valuable in our community. (see Lesson 5)*

\*\* - For definitions of public stigma, self-stigma, recovery and other terms used in this workbook, see Appendix A.

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## **Setting the Tone: Starting Each Lesson**

The first thing we want to do at the beginning of each lesson is set the tone. To do this, we will do an exercise that offers you a chance to focus your mind and engage in the session. It is also helpful to remind ourselves of the overall purpose of the *Honest, Open, Proud* program:

*“Our goal here is to consider what the costs and benefits are of disclosing (talking about) one’s experiences with mental health challenges to some people. We also seek to discuss strategies for disclosing most effectively should you decide to do so.”*

Some general ground rules that will help each of us to fully engage with the group are:

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

We want to create an open environment where people feel comfortable sharing their opinions and feelings should they choose to do so.

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# LESSON 1 - The Story I Tell Myself

## OVERVIEW

This lesson will help you identify the story you have been telling yourself about your mental health challenges and consider how to challenge any hurtful self-talk.

### **1. Helpful and Hurtful Self-Talk**

**Maggie and Darryl had an assignment to write a diary entry to summarize their life in the past four years. Read what they wrote.**

**Maggie:** I am 17 years old and have been struggling with bipolar disorder since sixth grade. I went through some really tough years that included some school suspensions, some poor choices around alcohol and two hospitalizations. Despite all of that, things are working out pretty well. I haven't had a hospitalization in two years, I have a good job after school, and get pretty good grades. While I cannot wait to be on my own after high school, I get along OK with my parents. I know that people think I have beaten my mental illness and recovered. Yes, I am living in recovery, but I do not think many people realize how much work I put into my mental health to live a balanced life. I am part of a great group that meets at our youth center on Sunday afternoons. I get lots of support from the other teens that attend. We don't hang out together at school. I don't think I will ever have good friends to hang out with. I shared my story for a speech class assignment and was asked if I wanted to share it again at the school's mental health month event. I feel pretty proud of how far I have come, but I am not sure if I am ready for the bullying that might come from sharing my story at the health month event.

**Darryl:** I struggled with bipolar disorder since I was 14. I am 18 now. I was so stupid and messed up. My family and friends hated having me around. After two hospitalizations and the right medications they finally got me on the right track. The coach let me play football my senior year and I just found out that they accepted me into college. I have worked hard with my therapist and I have not been hospitalized in two years. No one at school knows about my illness. I want it that way. No one understands what this is like, so I deal with it alone.

## Analyzing A Story For Hurtful And Helpful Self-Talk

After reading the stories of Maggie and Darryl, answer these questions.

1. What are the helpful beliefs that Maggie and Darryl hold about themselves and how they have faced mental health challenges?

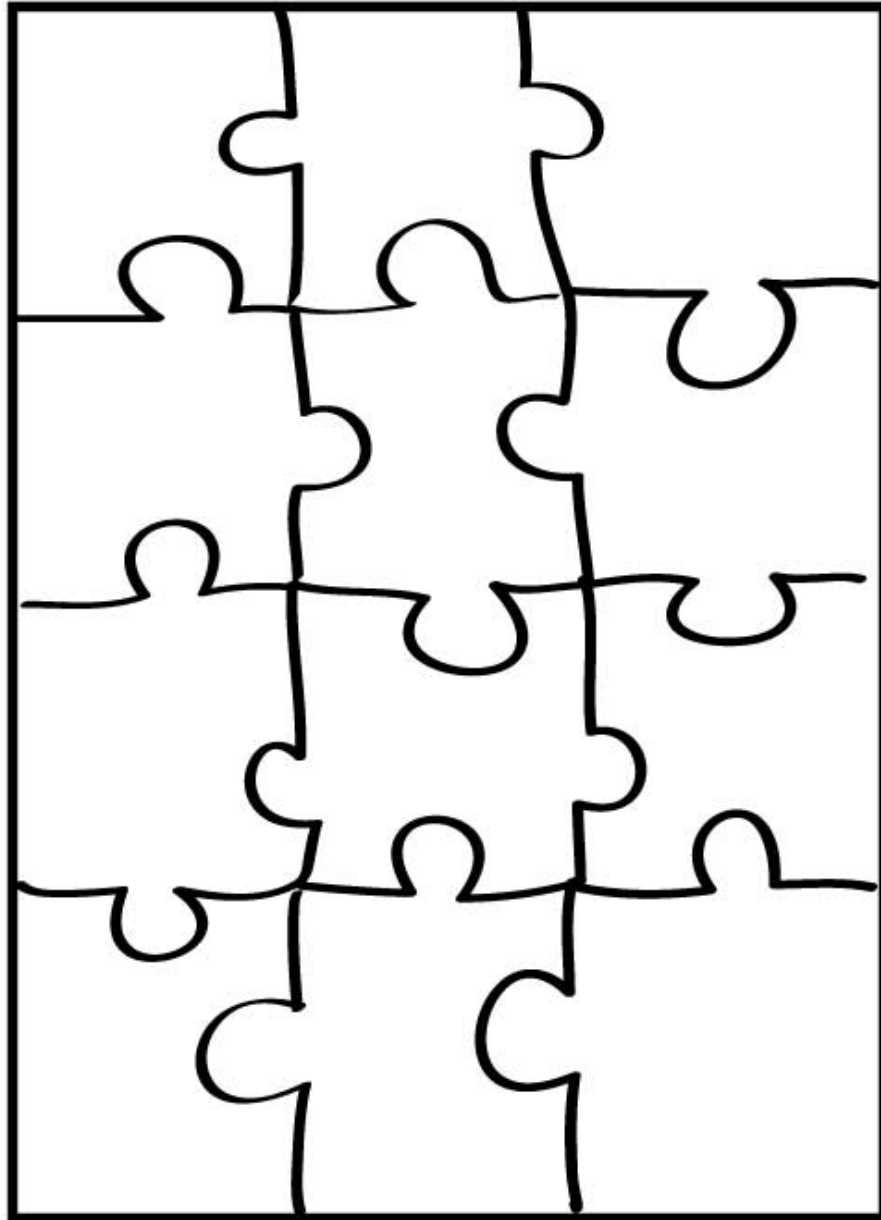
<b>Maggie</b> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
<b>Darryl</b> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>

2. What are the hurtful beliefs they hold about themselves in relation to their mental health challenges?

<b>Maggie</b> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
<b>Darryl</b> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>

## **Your Self-Talk Puzzle**

Now that you have looked at the helpful and hurtful beliefs that Darryl and Maggie held, think of beliefs that you hold about yourself related to your mental health challenges and recovery journey. List one belief on each puzzle piece.



After you fill the puzzle with examples of your self-talk, place a ✓ next to each that you think is helpful and a ✗ next to each that is hurtful.

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## 2. Five Steps For Changing Personally Hurtful Self-Talk

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

***I must be \_\_\_\_\_ because \_\_\_\_\_.***

An example of Maggie's hurtful attitude:

***"I must be unable to make friends because people don't want to be friends with people who have a mental illness."***

**Step 2.** These negative attitudes about self can be **turned into true-false statements** about people with mental illness in general.

A true-false statement from Maggie's example:

"People with mental illness cannot be friends with those who do not have a mental illness."

**Step 3.** **Ask others** whether or not they believe the statement to be true. Ask people whose opinions you value. You will likely give up hurtful attitudes about yourself when you discover that your underlying beliefs (put into a true-false statement) are actually false.

Maggie's example of selecting people to seek out their opinions:

Maggie decided to ask friends of her college-aged sister and a few trusted teachers at school.

**Step 4.** **Collect evidence** that proves the statement to be false.

Maggie's example of collecting evidence:

Maggie asked her sister's friends and two trusted teachers if they have any friends who have a mental illness. She discovered that most of them have a friend with a mental illness of some kind. Matter of fact, many said that they had more than one friend with a mental illness, and two of them even disclosed that they have a



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mental illness. After speaking with them, she understood that her hurtful belief (*that people without mental illness would not be friends with her*) is not true.

**Step 5.** The final step is to translate your findings into a true statement that **counters** the hurtful belief.

Maggie's example of a counter:

*"My mental illness will not keep me from having good friends!"*

Maggie may wish to write this statement down on a card so that she can remember it better. Then, the next time that she is questioning if she needs to keep her mental illness a secret in order to make friends, she can look at the card.

Now that we have addressed Maggie's hurtful self-attitude, let's challenge one from Darryl. Darryl believed: ***"I must be a bad person because of past problems I caused with my friends and family."***

The worksheet on the next page shows how Darryl's belief was challenged- *Table 1A*.

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Here is Darryl's completed worksheet.

<i><b>Table 1A: Change Our Hurtful Self-Talk Exercise</b></i>	<i><b>Darryl</b></i>
<b>1. State the hurtful belief.</b> I MUST BE <u>a bad person</u> BECAUSE <u>I caused problems with friends and family.</u>	
<b>2. Turn into a true-false statement:</b> <i>People who had problems in their past are bad.</i> <i>The blame for the problems lies on the person, not the illness.</i>	
<b>3. Ask someone you trust to see if they believe it is true.</b> <ul style="list-style-type: none"><li><i>I'll ask my football coach.</i></li><li><i>My older sister is usually honest and direct with me.</i></li></ul>	
<b>4. Collect evidence that shows the statement is false.</b> <ul style="list-style-type: none"><li><i>My coach said he does not blame people and that he did some things when he was depressed but is proud of how he faced it and is doing good now.</i></li><li><i>My sister said people should not be blamed and that they often don't know the whole story. My sister said she does not blame me for our past problems and is proud of me.</i></li></ul>	
<b>5. Create a new, true statement that COUNTERs your hurtful belief.</b> <i>"I'm not bad because of my past problems. In fact, I have reasons for having pride in how I "tackled" my challenges."</i>	

Use *Worksheet 1.2* on the next page to change a hurtful attitude you noted on your word puzzle.

For the purpose of this exercise, use other group members to challenge and collect evidence against the hurtful belief. 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 you think will prove these hurtful statements to be **false**.

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*Worksheet 1.2*

**Change Our Attitudes Exercise**

Complete all five steps. Cut out your counter and keep it with you to use when you need it.

**1. State the hurtful belief:**

I MUST BE \_\_\_\_\_ BECAUSE \_\_\_\_\_.

**2. Turn into a true-false statement:**

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**3. Ask someone you trust to see if they believe it is true. Whom will you ask?**

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**3. Collect evidence that shows the statement to be false:**

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**5. Create a new, true statement that COUNTERs your hurtful belief.**

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# LESSON 2 - Disclosure Options

## LESSON OVERVIEW

In this lesson you will look at the pros and cons of talking about your mental health challenges and recovery journey (disclosure) to others to help you decide if it is the right decision for you at this time. You will explore different levels of disclosure and settings where you will be making decisions about disclosure, including social media.

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### **1. Considering the Pros and Cons of Disclosing**

On *Worksheet 2.1*, make a list of all the benefits and costs of telling other people about your experiences with mental health challenges. Benefits represent why you would do it and what you expect to happen that is positive as a result of disclosing to others. Costs are why you wouldn't do it and/or the negatives or harm that could result from disclosing.

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*Worksheet 2.1*

List of all the benefits and costs of disclosing your mental health challenges.

<b><i>Some Costs and Benefits of Disclosing Your Mental Health Challenges</i></b>	
<b>Benefits</b>	<b>Costs</b>

Now, write down the costs and benefits of keeping your experiences a secret, of **NOT DISCLOSING**

<b><i>Some Costs and Benefits of Not Disclosing Your Mental Health Challenges</i></b>	
<b>Benefits</b>	<b>Costs</b>

The impact of costs and benefits are sometimes relatively immediate; at other times, the impact is delayed. Look at the example for Darryl, on *Table 2A*. 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.

<b>Table 2A: Example for Darryl</b>		<b>Setting: Classroom</b>	
<b>Short-Term Benefits</b>		<b>Short-Term Costs</b>	
<ul style="list-style-type: none"> <li>- Others help me deal with our intimidating teacher.</li> <li>- Don't have to keep it hidden.</li> <li>- May identify classmates with similar problems.</li> <li>- Make more friends in class. *</li> </ul>		<ul style="list-style-type: none"> <li>- Classmates won't ask me to lunch.</li> <li>- Worry about others talking about me.</li> <li>- Get left out of group study sessions.</li> </ul>	
<b>Long-Term Benefits</b>		<b>Long-Term Costs</b>	
<ul style="list-style-type: none"> <li>- I learn how to get accommodations to support my learning.</li> <li>- Avoid failing the class. *</li> <li>- The friends I have know and accept me for who I am.</li> </ul>		<ul style="list-style-type: none"> <li>- It will be harder to find friends in high school</li> <li>- Rumors start about me. *</li> <li>- I start skipping class and fail.</li> </ul>	

## Five Points to Remember About Disclosure Decisions:

### 1. Don't dismiss any cost or benefit no matter how "silly" it may seem.

Consider all advantages and disadvantages together. Sometimes what you want to censor is actually important; you may just feel embarrassed about it. Know that if the item is really not important to you, you'll ignore it in the final stage of your decision-making.

2. Your decision depends on the setting. Costs and benefits of disclosing your experience vary by the situation you are in. The example for Darryl concerned his classes. Telling people your history with mental health challenges is a lot different in

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your classes than with a close friend or with your teammates. You could decide to tell people on your sports team but not those in your classes, or tell your close friends but not your teacher. You need to think about costs and benefits of disclosing your experience with mental health challenges separately for each setting that is important to you.

**3. Your decision can be yes, no, or to decide later.** Two decisions are straightforward: Yes, I want to let some people know about my experiences with mental health challenges. No, I don't want people to know about my mental health challenges.

Although the options are clear, there is no simple way to add up the costs and benefits and make a decision. Clearly, some advantages or disadvantages will be more important and, therefore, should weigh far more heavily in the decision.

*“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 talk to my friends.”*

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** and think more.

**4. Know your goal.** When you talk about your challenges and what helps you to live in recovery, what do you want to happen? Review what you found to be most important to you when you listed the benefits. Is your goal to be understood, to get assistance, to tell the secret you have been holding, or another?

**5. Prepare yourself for expected and unexpected reactions.** People who decide to disclose have hopes about how the person or group will react to their disclosure. In what ways are you expecting people to react? Are you prepared to respond calmly and confidently to unexpected reactions?

Ask yourself the questions, *“How will letting other people know about my mental health challenges help me?”* and *“How will talking to others about my experiences hurt me?”*

Note that these questions only matter IF you decide to come out in the setting you are considering. For some people, the decision to disclose is not right for them.

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*Worksheet 2.2*

**My Costs and Benefits Worksheet for Disclosing Mental Health Challenges and Recovery**

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 health challenges.
- ☐ I have decided **NOT to disclose** my mental health challenges.
- ☐ 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?**



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## 2. Levels and Settings for Disclosure

Table 2.A below summarizes the five levels where people decide whether to disclose their experiences with mental health challenges or not.

<b>Table 2.A: Five Levels of Disclosure</b>	
<b>1. SOCIAL AVOIDANCE: Not telling anyone about your mental health challenges and avoiding situations where people may find out about it.</b>	
<b>Benefit:</b> You don't encounter people who will unfairly harm you.	<b>Cost:</b> You lose the opportunity to meet new people who may possibly be supportive.
<b>2. SECRECY: Participating in activities, but keeping your mental health challenges a secret.</b>	
<b>Benefit:</b> Like social avoidance, you withhold information about your mental illness from others. But, you don't avoid important things like participating in sports or friendships in the process.	<b>Cost:</b> Some people feel guilty about keeping secrets. You may also receive less support from others because they are unaware of your mental illness.
<b>3. SELECTIVE DISCLOSURE: Disclosing your mental health challenges to selected individuals, like a teacher or boyfriend/girlfriend, but not to everyone.</b>	
<b>Benefit:</b> You find a small group of people who will understand your experiences and provide support.	<b>Cost:</b> 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.
<b>4. INDISCRIMINANT DISCLOSURE: Making the decision to no longer hide your mental health challenges; however, this does not mean that you are telling everyone your story.</b>	
<b>Benefit:</b> You don't worry who knows about your problems. You are likely to find people who will be supportive.	<b>Cost:</b> You may tell people who then hurt you with the information. People who you have disclosed to may break your confidentiality and tell others.
<b>5. BROADCAST YOUR EXPERIENCE: Actively seeking out and educating people about your experience with mental health challenges.</b>	
<b>Benefit:</b> 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.	<b>Cost:</b> 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.

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We looked at Maggie's story in our first lesson. Consider how each of these might play out for Maggie. In case you don't remember, here is a refresher of what she wrote about herself:

**Maggie:** I am 17 years old and have been struggling with bipolar disorder since sixth grade. I went through some really tough years that included some suspensions, some poor choices around alcohol and two hospitalizations. Despite all of that, things are working out pretty well. I haven't had a hospitalization in two years, I have a good job after school, get pretty good grades, and while I cannot wait to be on my own after high school, I get along OK with my parents. I know that people think I have beaten my mental illness and recovered. Yes, I am living in recovery, but I do not think many people realize how much work I put into my mental health and a balanced life. I am part of a great group that meets at our youth center on Sunday afternoons. I get lots of support from the other teens that attend. We don't hang out together at school. I don't think I will ever have good friends to hang out with. I shared my story for a speech class assignment and was asked if I wanted to share my story at the school's mental health month event. I feel pretty proud of how far I have come but I am not sure if I am ready for the bullying that might come from sharing my story at the mental health month event.

Now, consider the five ways of disclosing in groups **you are** a part of by listing the costs and benefits in *Worksheet 2.3*.

For the setting, name a group for which you are, were or will be a member.

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*Worksheet 2.3*

**Costs and Benefits of the Five Levels of Disclosure for Me**

<b>Setting:</b> _____.	
<b>Benefits</b>	<b>Costs</b>
<b>1. Social Avoidance</b>	
<b>2. Secrecy</b>	
<b>3. Selective Disclosure</b>	
<b>4. Indiscriminant Disclosure</b>	
<b>5. Broadcast Your Experience</b>	

\*Discuss some of the benefits and costs that you listed with a partner.

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*Worksheet 2.4*  
**Social Media: Setting for Disclosure?**

Media I Use the Most

Now split up into pairs and discuss costs and benefits of using the media you listed above as your means of disclosure. Develop your costs and benefits based on which kind of disclosure you would prefer to use (selective disclosure versus broadcasting your experience).

COSTS:

BENEFITS:

**Given these costs and benefits:**

- ☐ I have decided **to disclose** my mental health challenges using social media.
- ☐ I have decided **NOT to disclose** my mental health challenges using social media.
- ☐ I have decided **to put off** my decision.

**What do you expect will happen after disclosing using social media?**

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# LESSON 3 - Disclosure Decisions

## LESSON OVERVIEW

In this lesson, you will review what we did in the first two lessons using the Disclosure Decision Practice Game. Then, you will explore how to choose a safe and helpful person to whom you can disclose. You will consider how others might respond to your disclosure and prepare for different reactions.

### **1. Disclosure Decisions Practice Game**

Practice considering the levels of disclosure (from Lesson Two) through an interactive card game.

#### Instructions:

1. Break into groups of approximately three.
2. Make two card piles. The larger cards have the stories of six different high school students on them. The small cards have different settings and situations a person might consider disclosing in.
3. One person draws a card from the large card pile and another draws from the smaller card pile.
4. First, read the larger story card aloud to the other people in your group. Then, read the smaller setting/situation card and discuss what level(s) of disclosure might be most appropriate for that person in that setting or situation, and why. Discuss what would be needed in order to move to a new level of disclosure, such as support, or circumstances shifting. Draw a few different setting/situation cards for each story.
5. After you've drawn a few setting/situation cards and discussed, draw a new story card, and repeat the process.

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## 2. To Whom Might You Disclose? Are They Safe to Tell?

In the previous section, we showed that people might disclose their experiences with mental health challenges and steps of recovery in different ways. If you are considering selective disclosure, this section helps you to identify what makes a good person to disclose to.

### **Who is a Good Person to Disclose to?**

Before considering ways of testing out a person for disclosure, we begin by identifying some functions of relationships and characteristics of people that will help us decide who to disclose to.

### **Functional Relationships**

These are relationships that you have because of a certain functions you need or want to do such as:

<u>Function</u>	<u>Relationship</u>
Learn at school	Teacher
Improve your mental health	School social worker, therapist or psychiatrist
Play a sport	Coach
Cooperatively live with others	Family members

If the other person knows your experiences with mental health challenges, it might help accomplish the function of your relationship.

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*Worksheet 3.1*

**Testing a Peer for Disclosure**

Name of Person \_\_\_\_\_

**News Story, TV show, or Movie**

- What do you think of stories (shows, movies) like these?
  
  
  
  
  
  
  
  
  
  
- What do you think of people like this in the story (show, movie)?
  
  
  
  
  
  
  
  
  
  
- Do you know anyone like this?

Worksheet continues on the next page.

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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 someone.**

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.



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### 3. How Might Others Respond to Your Disclosure?

Disclosure **will** impact the people around you. You need to consider the ways in which people may respond and plan how you want to react. *Table 3.A* lists a variety of reactions to disclosure that are sorted into groups by positive versus negative emotional response. Think of examples of what these responses might sound like.

<i><b>Table 3.A: How People Might Respond to Your Disclosure</b></i>	
<div><div><b>EMOTIONAL RESPONSE</b></div></div>	
<b>Positive</b>	<b>Negative</b>
<b>Understanding</b>	<b>Disrespect</b>
<b>Interpersonal Support</b>	<b>Denial</b>
<b>Assistance</b>	<b>Retribution</b>
<b>Sincere interest</b>	<b>Fear/Avoidance</b>
	<b>Gossip</b>
	<b>Blame</b>

#### **React to Responses Cards**

You will be given a set of cards with different relationships on them such as a coach, a grandparent, etc. You will consider how you would react to different responses by the people in your own life to your disclosure.

#### **Instructions:**

1. Break into groups of approximately three.
2. One person selects a relationship card. The second person chooses a possible response to disclosure from the list your group has brainstormed. That person states out loud the response to the third member of the group as if they are that

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relation to the third group member. The third person shares how they would respond if they were trying to give a calm and confident reaction to the response.

3. Example:

Group member #1 selects the relationship card “teacher”

Group member #2 selects a response to disclosure from the brainstormed list: “I hope you do not expect me to treat you any differently than anyone else!” and reads it to group member #3 as if you are #3’s teacher.

Group member #3 chooses a response to the teacher that is calm and confident such as: “I know that my success in your class depends on you knowing how I best learn. I told you about my anxious feelings in small groups so we could work together to find another way for me to meet the learning expectations. If you would like to know what I have worked out with other teachers so I can best learn the material, I am happy to share that with you.”

4. Repeat the process for the other two group members using new relationship cards and brainstormed responses so they can practice their reactions.

## **Protections Against Unwanted Disclosure**

In making decisions about disclosing your experiences with mental illness, you 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; however, if you are under the age of 18, a mental health professional is required to report any known or suspected child abuse, and they must report if they believe that you are a danger to yourself or others. Most teachers and other school workers are also mandated reporters. This means that if you disclose that you feel like hurting yourself or someone else or that you have been abused, a mandated reporter would have to share that information with the people in your life or your community who could keep you safe. Appendix B had further information for you about this topic.

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# LESSON 4 - Telling Your Story to Others

## LESSON OVERVIEW

As a result of Lessons 1 - 3, you might have decided that you want to talk to someone or a group of people about your mental health challenges and steps you are taking in recovery. In this lesson, you will consider different ways to tell your story, read one person's story, and use the provided guide to construct your story.

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## 1. How to Tell Your Story

### **Different Ways of Telling your Story**

There are a lot of different ways to tell your story depending on the level of disclosure you've decided you're comfortable with at this time. You may feel comfortable giving a speech about your mental health challenges and recovery journey to a group, or talking about it in a small group. You may have decided you're only comfortable with selective disclosure, or no disclosure at all. Below is a short list of different ways to tell your story.

- Write a letter

This is a good way of selectively disclosing to a person you trust in a one-on-one setting. This is especially good for a person who is good with the written word, but struggles more to express things in conversation. Don't send it as an email or facebook message. You may wish to bring a physical copy, and ask the person to read it while you sit with them, so you can discuss it with them. This way you can lay out all your thoughts clearly if you're afraid you'll forget what to say.

- Write a poem/spoken word piece

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You may have a talent in this area. This is a great way to share your story with an audience, or just with a couple people.

- Write a song/rap.

You may want to express yourself through song lyrics and music.

- Give a speech to a group.

If you have decided you're ready for broadcast disclosure, you'll have the opportunity to put together and practice delivering a speech. Always practice with a small group first.

- Create a collage or scrapbook

You can share this with your loved ones, or just keep it for yourself as a record of your recovery.

- Visual Art

Create a piece of visual artwork. You can share this and explain what it means to you. If you've chosen to share on the broadcast level, you might show your work at an art exhibit and write about your recovery in your artist statement.

When putting together your story, remember two key things:

1. Consider your "whys" or the goals for your disclosure.
2. Use your counters to avoid sharing hurtful self-talk.

Before going into the next section, we again want to stress that you are in control of what level of sharing you're comfortable with, as well as to whom you disclose. While we provide the opportunity for people to be able to share their story in front of the group, there is no requirement to participate if you've decided against that level of disclosure.

Now we are going to show an example of telling your story as a speech.

On the next page, we provide one example of how Grenesha tells her story. You can view a brief video of her story online at <http://rogersinhealth.org/resources/grenesha-finds-recovery>

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## *Grenesha's Story*

My name is Grenesha. Even when I was very young, I always felt different. I always felt like I was there, but I wasn't there. I dealt with depression all my life, but junior year of high school is when things really started to get bad. I sought some treatment, but I never really stayed on meds or anything. There were times when I thought, "There's nothing wrong with me. I'm just depressed or something." But I had a number of hospitalizations, and after a while, I thought, "Okay, maybe there is something going on."

I was diagnosed with schizoaffective disorder. Schizoaffective is some symptoms of schizophrenia, and some symptoms of bipolar disorder. I dealt with grandiose thoughts, and at times, extreme paranoia. On the bipolar side, I dealt with depression, and I had moments of hypomania—talking fast, spending money I didn't have, not sleeping, starting a lot of projects and not finishing them—things like that. So I decided to get help in day treatment. That's when my recovery process really began.

We did a lot of different things in day treatment—exercise, meditation, occupational therapy, art therapy. The majority of the groups we had were about learning life skills and mindfulness, and learning to communicate with others and have goals for your life. Fitness is also a big part of my recovery, like doing tae kwon do.

There's also the psychiatry and therapy part where you talk to your therapist or psychiatrist to work on medication. Before day treatment, they had me on very high doses, and I just slept all the time. So I would go off it, but I did it without the help of a doctor. In day treatment, I worked with my psychiatrist to find the right medications in the right combinations.

In day treatment, they also told me about Grand Avenue Club. Since I've been a member there, it has just been amazing. Grand Avenue Club is part of the international clubhouse movement, and it offers support, friendship, and purpose. We go to a lot of events in the city, and there's also the transitional employment that I have been involved in. I remember getting my first real check that didn't say Social Security on it and that was a very big deal. This is the first time I actually had a job, and to see that I am capable of doing something and capable of working with others is very motivational and makes me wonder what else can I do.

Now I would like to go to college for art and design. Five years ago, I really didn't see myself anywhere. I was so depressed, I just figured I would probably, if I was lucky, get a job at a fast food place or something. I thought I might end up homeless. I thought of school, but didn't really see it as a possibility of something I could stick to.

Today, there are many possibilities. I just thank God for giving me a second chance at life, and for all the support I've had in this process. Now, there are so many different ways I could go. I've always loved drawing. I've already been accepted into the animation program at a local technical college. Recently, I was at National Portfolio Day and they said, whatever you want to do, you can do it because you obviously have talent. I'm not trying to brag or anything, but it felt really good to hear that. Like I really do have a purpose and I really do have something to offer. I even have a boyfriend now. I used to think it wouldn't be possible for me to have a relationship, so it's amazing to be able to connect with somebody.

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I'm very proud to be me now. Before I was more ashamed than proud, but now I'm definitely proud. Now I understand that there is maybe a purpose to the mental health challenges I've faced. It adds to my creativity, and I might think of things or look at things a certain way than somebody who hasn't faced these challenges. I wouldn't be who I am without my mental illness, and I'm proud of who I am.

Consider the following 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?

Remember, there are a lot of other ways to tell your story. That is an example of a person telling their story in a speech format, to a small or large group. You may wish to role-play a more natural conversation with a partner, where your partner takes on the role of the person in your life you are considering disclosing to. Do not feel pressure to participate in a level of disclosure that you have not yet decided you're comfortable with.

## 2. Story Practice

*Worksheet 4.1* provides a template to fill out to help you outline a story that might work for you. Your story will vary depending on where you tell it. For this exercise, select a setting and person you are thinking about talking to.

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## Worksheet 4.1

### **A Guide to Setting Up a Story**

**Hi, my name is** \_\_\_\_\_

**and I deal/live with** \_\_\_\_\_.

**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 health challenges.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**My mental health challenges started when I was about \_\_\_\_\_ years old.**

List some of the difficult things that happened to you when you first noticed them beginning.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Unfortunately, it did not go away quickly.**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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**Along the way, I have experienced some stigma and unfair responses.** 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 classwork, 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 health challenges, live, go to class and study 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 to consider your **GOAL**.

1. **CIRCLE** the information in the sheet you think is important for the person or audience 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).



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**Let's try it.** For those who are willing, you will now be given a chance to tell your story to fellow participants. Tell the parts of the story that work for you. When listening, the goal is to SUPPORT. Listen intently to your peer and praise the person for their message and their courage.

**Take turns now.** After you are done, complete the *Quality of Experience Worksheet 4.2* on the next page. The worksheet lists a series of questions about your feelings related to telling your story.

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## Worksheet 4.2

### Quality of Experience

Use the following 7-point scales to rate the quality of your experience telling your story about mental health challenges. 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 story telling experience.

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# LESSON 5 - Moving Forward

## 1. Honest, Open, Proud through SOLIDARITY and Peer Support

Honest, Open, Proud promotes that people realize that experiences with mental health challenges are a large part of who they are. Instead of keeping it quiet, people may want to share their stories with others. Instead of “passing as normal,” people want to be accepted for who they are. **SOLIDARITY** is the desire and expectation that the public stands with us as we are, for whom we are. People who disclose their mental health challenges and recovery journeys are doing just that. Solidarity also has two meanings.

- Disclosure is easier when I stand proudly with peers.
- I expect others to stand with me as I stand proudly.

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## Mental Health Unity



When you display the Mental Health Unity logo it signifies to others that you pledge to provide a safe space for persons to discuss mental health. A safe space is a space that is free of judgment, where every individual is treated as capable and valuable in our community.

**Peer Support:** Disclosure 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 more formal school and community programs, often called peer-support services. Peer-support services, which include self-help and group programs, are perhaps the best kind of programs that promote empowerment. As the name suggests, peer-support programs were developed by peers for peers in school and the community.

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*Worksheet 5.1*

**Where do I go to find peer support?**

List peer support programs you know of and learn about today.

Name of Organization	Location and contact info	What I/others like about it
1		
2		
3		
4		
5		

**Where do I go to find adult support?**

List programs you know of and learn about today.

Name of Organization	Location and contact info	What I/others like about it
1		
2		
3		
4		
5		

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## 2. Putting it All Together

- 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 5.2*, questions are provided so that you 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 disclosure and going forward from this program.

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## Worksheet 5.2

### **Insights and Future Directions**

Reflect on what you have learned during this program and answer the following questions. These questions are meant to promote discussion, so please feel free to write down any other comments or concerns you would like to discuss with the group.

#### **Discussion Questions**

- What did you learn about stigma and disclosure from this program?
  
  
  
  
  
  
  
  
  
  
- What are the costs and benefits of you disclosing? Might you disclose in some places? Where? (*Worksheet 2.1 and 2.2*)
  
  
  
  
  
  
  
  
  
  
- What levels of disclosure might work for you? (*Worksheet 2.3*)
  
  
  
  
  
  
  
  
  
  
- To whom might you disclose? (*Lesson 3 section 2*)

- What could you do to manage stigmatizing responses from others? (*Lesson 3 section 3*)
  
  
  
  
  
  
  
  
  
  
- What do you think of your story? How might you improve it? (*Worksheets 4.1 and 4.2*)
  
  
  
  
  
  
  
  
  
  
- What organizations or groups at school or in the community might offer you peer and/or adult support? (*Worksheet 5.1*)
  
  
  
  
  
  
  
  
  
  
- Given all of this, list three things you might do in terms of disclosure in the future.
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  - 
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# Appendix A

## Definitions

**Disclosure** means to make something known, to reveal something that has been unknown or hidden.

**Mental health** is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society.

**Mental illness** is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in **thinking, mood, or behavior** (or some combination thereof) associated with distress and/or impaired functioning. E.g. Depression - alterations in mood and Attention-deficit/hyperactivity disorder- alterations in behavior (over-activity) and/or thinking (inability to concentrate).

*First two definitions come from Surgeon General's report on Mental Health (2000)*

**Trauma** is a reaction to a traumatic event or situation that overwhelms a person's ability to cope, and inhibits them from moving forward with life in a normal manner

As family, classmates, co-workers and friends, we seek to draw on the strengths of one's overall health to deal with mental illness or the effects of trauma.

**Resilience** refers to the capacity of people to succeed and thrive, despite experiencing illness, poverty, neglect and/or trauma. "Resilience" can apply to children, youth and adults. Resilient people are able to succeed because they have "protective factors" that help them survive the adversity.

**Protective factors** come from many things – they can be inherent qualities the individual possesses, such as optimism, self-confidence or a strong faith. Protective factors can also come from outside, such as the support of loving family, special friends or caring professionals.

**Recovery** is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Four dimensions include:

1. Health – overcoming or managing one's disease and living in physically and emotionally healthy way
2. Home – a stable and safe place to live
3. Purpose – meaningful daily activities, e.g., job, school, volunteerism, family caretaking or creative endeavors; and independence, income and resources to participate in society
4. Community – relationships and social networks that provide support, friendship, love, and hope

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### **Recovery support components:**

- Hope – recovery is real – can overcome internal and external challenges, barriers, and obstacles. Hope internalized and fostered by others – catalyst for recovery process
- Person driven – self-determination and self-direction foundations for recovery as individuals define their own life goals and design unique paths towards their goals.
- Holistic - Recovery encompasses individual's whole life, including mind, body, spirit, and community.
- Peers and allies – Mutual support and mutual aid groups, including sharing of experiential knowledge and skills, as well as social learning, play invaluable role in recovery.
- Relationships and social networks – important factor in recovery process presence and involvement of people who believe in person's ability to recover; who offer hope, support, and encouragement; and who suggest strategies and resources for change
- Culturally-based and influenced – culture and culture background, including values, traditions, and beliefs key to determining person's journey and unique pathway to recovery
- Addresses trauma – trauma precursor to drug use, mental health problems, etc – services and supports must be trauma informed
- Individual, family, and community strengths and responsibility – all resources and strengths serving as foundation for recovery and all have responsibility to help and offer support
- Based on respect – Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – crucial to achieving recovery

**Stigma** can be described with three words-

- stereotypes (ideas),
- that lead to prejudice (beliefs),
- that play out in discrimination (behaviors).

It comes in the form of public stigma, internalized shame/self-stigma (for those experiencing mental health challenges), and structural stigma (policies and processes that reinforce discrimination). In relationships where there is a power differential, it is referred to as oppression.

**Self-stigma** happens when people who face mental health challenges believe the false ideas about mental illness and turn those hurtful attitudes towards themselves. Self-stigma can be a barrier to someone realizing their own resilience and finding their unique pathway of recovery.

### **Co-Occurring Experiences And Stigma**

People living with mental health challenges are multi-dimensional and sometimes face stereotypes, prejudices and discrimination from more than one angle. Examples of other “stigmas” people face are: heterosexism, racism, sexism, ableism, etc.

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## Appendix B

### Protections Against Unwanted Disclosure

#### *Who Must You Tell?*

No one! You are not required to tell anyone about the mental health challenges you've faced. After going through this program, you may decide to tell some people for reasons such as gaining support or accommodations; however, you do not have to tell anyone if you choose not to. You do not have to tell anyone simply because they are in a position of authority. You are bound only by federal and state law, as well as the rules of your school. For example, some schools require students to take their medications in the school office. Let's say you need to leave class at a certain time of day in order to take your medication. If a teacher asks you what medication you are taking or what you are taking it for, you are not required to tell them.

Similarly, you are not required to disclose this information to the police. If a police officer, teacher, or school official tries to pressure you to reveal information about yourself that you are not comfortable revealing, you have a right to ask for the presence of a parent or attorney before answering further questions.

If you believe that your rights have been violated in some way, reach out to your local chapter of the American Civil Liberties Union (ACLU) for assistance.

#### *Confidentiality Laws*

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; however, there are some exceptions to this in the case of minors. Laws vary somewhat by state. In many states, a provider may disclose information about your treatment to your parent or legal guardian as a result of certain conditions being met. For example, in the state of California, your provider may disclose information to your parent or legal guardian in the event that three conditions are met: your situation poses a substantial threat to the life or physical well-being of you or another; this threat may be reduced by communicating

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relevant facts to your parents; you lack the capacity because of extreme youth or a mental or physical condition to make a rational decision on whether to disclose to your parents. Again, laws vary by state. Some may permit disclosure about your treatment to a parent or legal guardian under less stringent circumstances, while the laws of other states may be similar to California's. You can look into the laws of your individual state. In addition, there are some practical concerns. Even if you make the appointment on your own, if your parents get insurance statements or bills related to your care, they will know you are seeing a therapist.

Contact the ACLU, or ask for help from another trusted adult if you are unsure of how to do research about the laws in your state.

**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 other people 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 they do.

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 classmates from telling stories, and neighbors and friends may pass out information about you in a spiteful manner. These are all important things to consider as you make decisions about talking about your mental health challenges