HONEST, OPEN, PROUD
To Eliminate the Stigma of Mental Illness

WORKBOOK

Veterans Affairs Version

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 six hours.

- It can be done: 1 day as a 6 hour session; 8 separate 45 minute sessions; 6 separate 1 hour sessions; or 3 separate 2 hour sessions.

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](http://www.hopprogram.org)).
**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 are the costs and benefits of disclosing one’s experiences with mental illness to some people. We also seek to discuss strategies for disclosing 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 disclosing 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 a 42 year-old Veteran who has struggled with schizoaffective disorder which was first diagnosed while she was in the Service. She served in the Army from age 22 until 28 and her MOS was as an Information Technology Specialist. Despite this disability, things are working out well: She hasn’t had a hospitalization in five years, she is working a good IT job, and she’s living with a supportive husband. By many people standards, she has beat her mental illness and recovered. Still, Marie frequently attends support groups at the VA 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 as a member her VA’s veteran’s advisory council and 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 has a very similar history to Marie. He has struggled with schizoaffective disorder since he was 20 years old, diagnosed his 2nd year in the Navy. Now, he is 32, married and working a great job in construction. He has not been hospitalized in five years and almost no one at work or in his social circle knows about his illness. John wants it that way. He sees his primary care doctor once a year and does not wish to seek other services. 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 and mental illness does not define me.” **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.
SECTION I. IDENTIFY WITH MENTAL ILLNESS

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

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<tr>
<th>PROS</th>
<th>CONS</th>
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</table>

What are the pros and cons of John’s choice?

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<tr>
<th>PROS</th>
<th>CONS</th>
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<td></td>
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</table>

Do you identify with mental illness?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>circle one</td>
</tr>
</tbody>
</table>

WHY OR WHY NOT?
SECTION II. WHAT’S IN A NAME

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

- 
- 
- 
- 

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:

1 2 3 4 5 6 7  
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<tbody>
<tr>
<td>very much</td>
<td>very much</td>
<td>very much</td>
<td>very much</td>
<td>agree</td>
<td></td>
</tr>
<tr>
<td>disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_____ 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 – Challenging Personally Hurtful Self-Stigma -- if you scored greater than 20.
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 disclosing.
- Only you can weigh them to decide whether it is worth disclosing.
- 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

<table>
<thead>
<tr>
<th>1. To Tell the Secret</th>
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<tbody>
<tr>
<td>“I just wanted someone else to know that I get hospitalized for manic-depression.” (Bipolar Disorder)</td>
<td></td>
</tr>
<tr>
<td>“I don’t want to have to feel like I’m sneaking around with a secret.”</td>
<td></td>
</tr>
<tr>
<td>“I felt bad for having to keep private. I don’t want to feel bad anymore.”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Understanding</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“I’m hoping others will understand not only my mental illness, but the difficulty of trying to keep it a secret.”</td>
<td></td>
</tr>
<tr>
<td>“I’d like someone to say to me, ‘I’ve had problems too.’”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Support and Assistance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Sometimes I get sad. I’m looking for friends who can be supportive.”</td>
<td></td>
</tr>
<tr>
<td>“Can you give me a ride to the doctor?”</td>
<td></td>
</tr>
<tr>
<td>“Sometimes, I just need someone to talk to.”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Reasonable Accommodations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“It’s the law. When I ask for sensible help at work, you need to give it to me.”</td>
<td></td>
</tr>
<tr>
<td>“Can I come in a half hour late this week? I’m feeling a little down. I’ll make it up next week.”</td>
<td></td>
</tr>
</tbody>
</table>

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

NOTE: The above quotes are from previous participants in HOP.
Let’s make a list of all the costs and benefits of disclosing, 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.

**Table 1.1: Some Costs and Benefits of Disclosing with Mental Illness**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

**Table 1.2: Some Costs and Benefits of Not Disclosing**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 17 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 post-traumatic stress 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 post-traumatic stress, 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  

<table>
<thead>
<tr>
<th>Short-Term Benefits</th>
<th>Setting: at the office.</th>
<th>Short-Term Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Others help me deal with our hostile boss.</td>
<td></td>
<td>- Co-workers won’t ask me to lunch.</td>
</tr>
<tr>
<td>- Don’t have to keep it hidden.</td>
<td></td>
<td>- Worry about others talking about me.</td>
</tr>
<tr>
<td>- May identify co-workers with similar problems including fellow Veterans with PTSD.</td>
<td></td>
<td>- Get left out of work opportunities.</td>
</tr>
<tr>
<td>- Make more friends at work. *</td>
<td></td>
<td>- Coworkers will think I’m unstable or one of those guys about to snap.</td>
</tr>
<tr>
<td>Long-Term Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Boss provides on-the-job help.</td>
<td></td>
<td>- Supervisor passes over my promotion.</td>
</tr>
<tr>
<td>- With accommodations get better pay.</td>
<td></td>
<td>- Rumors start about me. *</td>
</tr>
<tr>
<td>- Stay on job longer. *</td>
<td></td>
<td>- I quit in embarrassment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- I get fired.</td>
</tr>
</tbody>
</table>

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 me 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 Disclosing with Mental Illness**

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

*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 using the extra copies of the *Costs and Benefits Worksheet 1.3 in Appendix 4* 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 disclosing 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 disclosing 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.

<table>
<thead>
<tr>
<th>Short-Term Benefits</th>
<th>Short-Term Costs</th>
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<th>Long-Term Benefits</th>
<th>Long-Term Costs</th>
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</table>

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?
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 do not have to share it with anyone but if you would like to bring it to our next meeting and share, time permitting, you are welcome to do so. Appendix 4 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.

<table>
<thead>
<tr>
<th>Short-Term Benefits</th>
<th>Short-Term Costs</th>
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<table>
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<th>Long-Term Benefits</th>
<th>Long-Term Costs</th>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit:</strong> You don’t encounter people who will unfairly harm you.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. SECRECY: Participating in work and community situations, but keeping your mental illness a secret.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit:</strong> 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. SELECTIVE DISCLOSURE: Disclosing your mental illness to selected individuals, like co-workers or neighbors, but not to everyone.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit:</strong> You find a small group of people who will understand your experiences and provide support.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit:</strong> You don’t worry who knows about your problems. And you are likely to find people who will be supportive.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. BROADCAST YOUR EXPERIENCE: Actively seeking out and educating people about your experience with mental illness.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit:</strong> 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.</td>
</tr>
</tbody>
</table>

Let’s consider how each of these might play out for Willie Jackson, a person with depression who is a police officer in a large Midwest city. Each participant will perceive different costs and benefits of the five ways to disclose for Willie Jackson. List some of them in Worksheet 2.1 on the next page.
Worksheet 2.1
Costs and Benefits of the Five Ways to Disclose

Willie Jackson is a police officer in a large Midwest city.

<table>
<thead>
<tr>
<th>Costs</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social Avoidance</td>
<td></td>
</tr>
<tr>
<td>2. Secrecy</td>
<td></td>
</tr>
<tr>
<td>3. Selective Disclosure</td>
<td></td>
</tr>
<tr>
<td>4. Indiscriminant Disclosure</td>
<td></td>
</tr>
<tr>
<td>5. Broadcast Your Experience</td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Setting:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Costs</strong></td>
<td><strong>Benefits</strong></td>
</tr>
<tr>
<td>1. Social Avoidance</td>
<td></td>
</tr>
<tr>
<td>2. Secrecy</td>
<td></td>
</tr>
<tr>
<td>3. Selective Disclosure</td>
<td></td>
</tr>
<tr>
<td>4. Indiscriminant Disclosure</td>
<td></td>
</tr>
<tr>
<td>5. Broadcast Your Experience</td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>1. FUNCTIONAL RELATIONSHIP</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The person provides some function to you where knowing your experiences with mental illness might help accomplish the function.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample functional relationships include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- psychiatrist</td>
<td>- supervisor</td>
<td></td>
</tr>
<tr>
<td>- doctor</td>
<td>- co-workers</td>
<td></td>
</tr>
<tr>
<td>- minister</td>
<td>- teacher</td>
<td></td>
</tr>
<tr>
<td>- car pool member</td>
<td>- team member</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. SUPPORTIVE RELATIONSHIP</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The person seems to be friendly and will provide support and approval to you when they find out about your experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Characteristics of this kind of person include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- pleasantness</td>
<td>- open-mindedness</td>
<td></td>
</tr>
<tr>
<td>- concern for others</td>
<td>- loyalty</td>
<td></td>
</tr>
<tr>
<td>- trustworthiness</td>
<td>- helpfulness</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. EMPATHIC RELATIONSHIP</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Some people to whom you might disclose have had similar, though perhaps less painful experiences: “I know what it’s like to be depressed.” These kinds of people can provide an empathic relationship.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Their characteristics include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- willingness to listen</td>
<td>- an understanding nature</td>
<td></td>
</tr>
<tr>
<td>- kindness</td>
<td>- honesty</td>
<td></td>
</tr>
</tbody>
</table>

4.  

5.  

6.  

7.
**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 28-29. 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. Do you watch Homeland, you know that show with Clair Danes on Showtime? She portrays this character, Carrie Matheson, who is a CIA agent and who is also diagnosed with Bipolar Disorder. I am really impressed by the show; it does a nice job of describing and showing the symptoms of mental illness, you know, in a fair way and even a positive way. For example, one time she went off her medication because she wanted to solve the crime. However, whether taking or not taking medication, she is very energetic, smart and often solves the mystery before anyone else does. *What do you think? Do you know anyone with Bipolar Disorder? 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’ve watched Homeland. I have a friend with bipolar disorder and shows characters like Carrie really help me better understand mental illness and how someone with a mental illness can be just as successful as the next person.”

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.
Worksheet 2.3
Testing a Person for Disclosure

Name of Person______________________________________________________

News Story, TV show, Movie [Positive Image of Mental Illness]

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

**The person’s responses were sensitive.**

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>moderately agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**His/her responses were kind.**

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>moderately agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>moderately agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>EMOTIONAL RESPONSE</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Understanding</strong></td>
<td>“It must be hard living with your illness and the secret.”</td>
<td>Disrespect</td>
</tr>
<tr>
<td><strong>Interpersonal Support</strong></td>
<td>“I’m here for you if you need someone to talk to.”</td>
<td>Denial</td>
</tr>
<tr>
<td><strong>Assistance</strong></td>
<td>“Can I give you a lift to the doctor?”</td>
<td>Retribution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fear/Avoidance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gossip</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blame</td>
</tr>
</tbody>
</table>
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 disclosing 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.

<table>
<thead>
<tr>
<th>not at all ashamed</th>
<th>moderately ashamed</th>
<th>very ashamed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>not at all nervous</th>
<th>moderately nervous</th>
<th>very nervous</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
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<td>6</td>
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<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>not at all sad</th>
<th>moderately sad</th>
<th>very sad</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>4</td>
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<td></td>
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<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>not at all angry</th>
<th>moderately angry</th>
<th>very angry</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4</td>
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<td>6</td>
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<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>
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 disclosing 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.

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 Lloyd from Coming Out Proud to Erase the Stigma of Mental Illness Stories and Essays of Solidarity. (by Patrick Corrigan, Jonathan Larson, and Patrick Michaels).
In December 1976 while a senior at Southern Wells High School in Poneto, Indiana, I enlisted for the US Navy being advised to take advantage of the delayed entry program for Montgomery G.I. Bill benefits. My parents were ecstatic with this prospect as they urged me to consider any new living arrangements I could obtain after High School graduation.

Due to my high achievement on military entrance ASVAB test scores I qualified for Submarine Service and it thrilled me to go through all preparations and class work for the Submarine Sonar Technician Rate and attend Submarine School at Groton, Connecticut. This followed basic recruit training at Great Lakes USN Training Center in North Chicago, Illinois. My home port was Charleston, South Carolina and the USS James Madison SSBN627, a 16-missile Ballistic Boomer was my boat assignment and duty station. After a single patrol I passed ship’s board exams for Submariner Qualification and received my Dolphin Pin and Deterrent Patrol insignia to wear beneath it. This 1st cruise exposed me to the exotic coast of Puerto Rico where the sea bed could be seen easily under our boat through crystal translucent waters.

I was just a buffed 19 year old pup, beginning to get my sea legs firmed up, and well into my US Navy enlistment when mental illness struck me. At the Portsmouth Naval Regional Medical Center in the summer of 1979 I was psychiatrically triaged and hospitalized for approximately 9 months. The admission to the unit was quite traumatic for me. Two male escorts led me into the unit and then to the shower room; I was advised to remove all my clothing and wait for them to give me something to wear. They bagged each piece of my removed clothing in front of me, and then as I stood from head to toe totally nude, they produced a pair of light blue hospital pajamas for me and flat green and black sponge molded footie slippers.

My symptoms included delusions of the television telling me what to do and monitoring my thoughts and holding me hostage to its agenda. And my recovery was delayed until I could gain personal insight to positive and negative symptoms associated with my SMI diagnosis. I also lacked any realization to consider even having a mental illness. When I was finally able to walk out of that hospital, the maintenance dose of Haloperidol and its refill prescriptions went into a trash can at the end of the sidewalk. Denial worked against me for several years to follow after leaving U.S. Navy's Submarine Service and becoming a civilian worker.

My family gathered around me after my departure from the Navy, and insisted that I had no mental illness, and that if I just bucked-up some and got on with my life I’d be just fine. Well, I tried this, but there were gradual and ever-present subtle symptoms that would not abate with passages of time, but some easily hid behind more or less self-medicating use of alcohol, a tobacco habit, and occasional marijuana use.

My life continued with this denial and I attained a Bachelor’s of Science degree at Ball State University leading to a fair, but not very lucrative CAD designing and quality engineering career. I had a temporarily happy marriage that would last only 13 years before intimate relationship failure due partly to my blunted emotional responses and untreated symptoms. My career path followed a roller-coaster trajectory. Fulltime employment to downsized layoff. Temp Job to renewed Fulltime Employment with Benefits. Then catastrophe struck;
I received a no-fault downsize layoff notice on August 31, 2001; less than 2 weeks before the 9-11 terror attack on New York, Washington, DC, and Pennsylvania.

After succumbing to homelessness, the NAMI Peer-to-Peer Course assisted me with sound and reasonable instruction and basic scientific knowledge which became effective for me to develop a personal recovery plan and take steps forward that were a very long time in coming. Succinctly worded, my epiphany. Since entering this program of recovery, I have strongly advocated for others with serious mental illnesses, and especially military veterans. I have also written grant requests and saw awards from them in support of fellow homeless veterans who also shared misfortunes in homeless situations.

Between 2004 and 2008 I served as Chairman for NAMI Indiana’s Statewide Consumer Council Executive Committee, and proactively advocated for the passage of Parity Legislation and other public policy bills to support and protect the rights of individuals with mental health problems. I further developed and redefined myself with a new profession in the field as a Recovery Peer Specialist. I actively help others in their recovery as a Consumer/Provider by providing the services they need to live their daily lives and successfully stay in the community, and pursue their own goals. I am a role model of recovery and I willingly facilitate interested consumers with developing personal Wellness Recovery Action Plans (WRAP). Dr. Mary Ellen Copeland’s WRAP is now an evidence-based practice.

Changing the mental health system is an evolutionary process that I am involved with and through my daily employment effort to shift medical models to Recovery and person-centered foci models. The changes that need to happen include eradicating stigma created by and propagated through media, and breaking down barriers to accessible care and treatment; also promoting social inclusion, and restoring dignity to individuals affected by serious mental illnesses and reconnecting patients to community, natural, and family supports.

Since 2010, I ascended much higher into Advocacy than I knew was possible by obtaining an appointment to the Indiana Protection and Advocacy Services or IPAS Commission. Presently, I continue to serve on this commission as its Vice Chairman. I participate in the NAMI National Military and Veterans Council. In my everyday job at the Marion VA campus, I support my fellow Veterans and our new returning Veterans at VA Northern Indiana Health Care System, on our Mental Health Intensive Case Management Team.

Many of the veterans I serve have been disowned by their families, estranged from even parents, aunts, uncles, and spouses. Many of these veterans endure meager and marginal existence and some require highly structured living environments, but the care and support we show them sustains and encourages them. We are seeing recovery take root in many more Veterans’ lives and my participation within this effort continues to fuel my torch-bearing advocacy and driving passion until all my brothers and sisters shall regain their places and returning home.
The group should now consider the following discussion questions.

- What are some of the things you liked about his 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:
   - you believe is too personal (I was assaulted when I was six years old) or
   - 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?

<table>
<thead>
<tr>
<th>not at all empowered</th>
<th>moderately empowered</th>
<th>very empowered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was it therapeutic to tell your story?

<table>
<thead>
<tr>
<th>not at all therapeutic</th>
<th>moderately therapeutic</th>
<th>very therapeutic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How anxious did you feel while telling your story?

<table>
<thead>
<tr>
<th>not at all anxious</th>
<th>moderately anxious</th>
<th>very anxious</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How positive was your experience telling your story?

<table>
<thead>
<tr>
<th>not at all positive</th>
<th>moderately positive</th>
<th>very positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________________________

<table>
<thead>
<tr>
<th>Your Goal(s):</th>
<th>What you said:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Person’s Reaction

____How satisfied are you with the exchange?

<table>
<thead>
<tr>
<th>not at all satisfied</th>
<th>neither</th>
<th>very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

____How positive was the exchange?

<table>
<thead>
<tr>
<th>not at all positive</th>
<th>neither</th>
<th>very positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Disclosing 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 independently list all the programs they can think of. After doing so, have the group generate a master list.

- *NOTE: As you are probably aware, peer support specialists (PSS) work at the VA and may be the staff person leading a HOP group.* PSS often work in multiple settings in the VA, such as mental health outpatient, inpatient or in specialty programs focusing on trauma, substance abuse, serious mental illness, or community integration. Within these programs, they often lead groups on a variety of topics. Make sure to include these in Worksheet 3.4 or ask your instructor and fellow group members about VA PSS resources if you are unsure of them.
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.

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Where and contact info</th>
<th>What I like about it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<td>4</td>
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<td>8</td>
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<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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](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.nasmhp.org/general_files/Rosters/NAC-SMHA%202010-7-11.pdf](http://www.nasmhp.org/general_files/Rosters/NAC-SMHA%202010-7-11.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](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 disclosing and going forward from this program.
**Worksheet 3.5**

**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 have to discuss with the group.

<table>
<thead>
<tr>
<th>Discussion Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ What did you learn about stigma and disclosing from this program?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>▪ What are the costs and benefits of you disclosing? Might you come out in some places? Where? <em>(Worksheet 1.3)</em></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>▪ What ways might work for you in terms of disclosing? <em>(Worksheet 2.2)</em></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>▪ To whom might you disclose? <em>(Worksheet 2.3)</em></td>
</tr>
</tbody>
</table>
- How did you feel about stigmatizing responses from others? *(Worksheet 2.4)*

- What do you think of your story? How might you improve it? *(Worksheets 3.1 and 3.2)*

- Are there consumer-operated VA or non-VA programs that might work for you? *(Worksheet 3.4)*

- Given all of this, list three things you might do in terms of disclosing in the future.
  
  o
  
  o
  
  o
Appendices

Appendix 1. Challenging Personally Hurtful Self Stigma .......... 73
Appendix 2. Protections Against Unwanted Disclosure .......... 79
Appendix 3. Did This Program Help? .............................. 83
Appendix 4. Extra Forms .............................................. 89
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.
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.

<table>
<thead>
<tr>
<th>Table A.1: Change Our Attitudes Exercise</th>
<th>ALAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. State the hurtful belief.</strong></td>
<td></td>
</tr>
<tr>
<td>I MUST BE a weak person BECAUSE I have a mental illness.</td>
<td></td>
</tr>
<tr>
<td><strong>2. Define the True-False Assumptions:</strong></td>
<td></td>
</tr>
<tr>
<td>Veterans are strong who people don’t have mental illnesses.</td>
<td></td>
</tr>
<tr>
<td>Weak means bad. All people who have problems are bad.</td>
<td></td>
</tr>
<tr>
<td><strong>3. Challenge the assumptions by checking them out with whom?</strong></td>
<td></td>
</tr>
<tr>
<td>• I’ll ask people at the VFW. They have been my friends for a while and will give an honest answer.</td>
<td></td>
</tr>
<tr>
<td>• My older sister. She is smart and always tells me the truth.</td>
<td></td>
</tr>
<tr>
<td><strong>4. Collect evidence that challenge the assumptions.</strong></td>
<td></td>
</tr>
<tr>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td>• They said struggling with problems and being bad are clearly two different things.</td>
<td></td>
</tr>
<tr>
<td>• My sister said that dealing with psychiatric problems is a sure sign of strength, not weakness.</td>
<td></td>
</tr>
<tr>
<td><strong>5. Restate the attitude so that it doesn’t injure you. This is a COUNTER.</strong></td>
<td></td>
</tr>
<tr>
<td>I’m not weak or bad because I have a mental illness.</td>
<td></td>
</tr>
<tr>
<td>In fact, I must be a hero for moving forward with my life.</td>
<td></td>
</tr>
</tbody>
</table>

"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 VFW 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>
<thead>
<tr>
<th>Table A.2: A Fact Sheet About Confidentiality Laws</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>➢ Every interaction you have with a mental health organization is considered confidential and may not be disclosed without your permission.</td>
</tr>
<tr>
<td>This includes obvious issues like individual and group psychotherapy, meetings with a psychiatrist, participation in community meetings, and medical examinations by a nurse practitioner.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>In fact, no one has the right to know that you ATTEND a mental health organization without your permission.</td>
</tr>
<tr>
<td>➢ Confidentiality laws also apply to all mental health-related records: written charts, videotapes, or computer files. They may not be disclosed without your permission.</td>
</tr>
<tr>
<td>➢ Confidentiality applies to everyone who works for an organization: from the medical director to the gardener to even volunteers.</td>
</tr>
<tr>
<td>➢ No one - including your employer, landlord, or family members - may obtain confidential information about you without your written permission.</td>
</tr>
<tr>
<td>➢ 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.</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

____ 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. Then add up all the EVEN numbered items and enter the total in 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.
Worksheet A2

AFTER PARTICIPATING IN THE PROGRAM

Personal Empowerment Self-Assessment Scale

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

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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_____ 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. Then add up all the EVEN numbered items and enter the total in 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 A3*. 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.
Worksheet A3

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 *Honest Open Proud* program.

![Empowerment Diagram](image)

- **Before**: 
  - SELF: [Value]
  - COMMUNITY: [Value]

- **After**: 
  - SELF: [Value]
  - COMMUNITY: [Value]
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.

<table>
<thead>
<tr>
<th>Short-Term Benefits</th>
<th>Short-Term Costs</th>
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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.

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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

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What do you expect will happen after disclosing?
**Worksheet 1.3**

**The Costs and Benefits Worksheet for Disclosing My Mental Illness**

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### Worksheet 1.3

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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 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:

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).
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:

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

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4. _________________________________________

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3. _________________________________________
4. _________________________________________

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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:

7. **I, like all people with mental illness, live, contribute, and play just like you.**

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1. __________________________________________
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List some of the things that you have struggled with the past several years due to your mental illness.
1. __________________________________________
2. __________________________________________
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1. __________________________________________
2. __________________________________________
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. ____________________________________________________________
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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. ____________________________________________________________
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I want to end with these two key points:

9. **I, like all people with mental illness, live, contribute, and play just like you.**
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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. _______________________________________________________________________ 

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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:

11. **I, like all people with mental illness, live, contribute, and play just like you.**
12. **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).

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