

HOP
TO ERASE THE STIGMA OF MENTAL ILLNESS
HOP

WORKBOOK
Veterans Affairs
Version
(VHA-HOP)



FOR PROGRAM FACILITATORS AND PARTICIPANTS

HONEST, OPEN, PROUD
To Eliminate the Stigma of Mental Illness
Veterans Affairs Version (VHA-HOP)

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Specifically, Joanna Strong Kinnaman, Ph.D. for her invaluable technical
assistance.

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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INTRODUCTION

What is HOP? Honest Open Proud (HOP): To Eliminate the Stigma of Mental Illness (Corrigan and Lundin, 2012) is an innovative group intervention taught by individuals in recovery to help others learn whether and how to best disclose their mental health experiences in order to reduce self-stigma.

Research indicates that individuals who participate in HOP experience decreased stress due to stigma and self-disclosure, decreased application of stereotypes and resulting self-harm, and increased perception of the benefit of disclosing (Rusch and Kusters (2021; Corrigan et. al., 2015; Rüsck et. al., 2014). The overall purpose of the Honest, Open, Proud program is for participants *to explore the costs and benefits of disclosing to others (i.e., telling others) about their experiences with mental illness and discuss strategies for disclosing should they decide to do so. The costs, benefits and strategies are always considered in light of who is receiving the information and the setting.*



Overview of the HOP Program

This program guides participants through multiple tasks and is divided into three lessons as follows:

Lesson 1: Considering the pros (benefits) and cons (costs) of sharing one's recovery story

Lesson 2: Learning various strategies of sharing and determining who is a safe person or group with whom to share

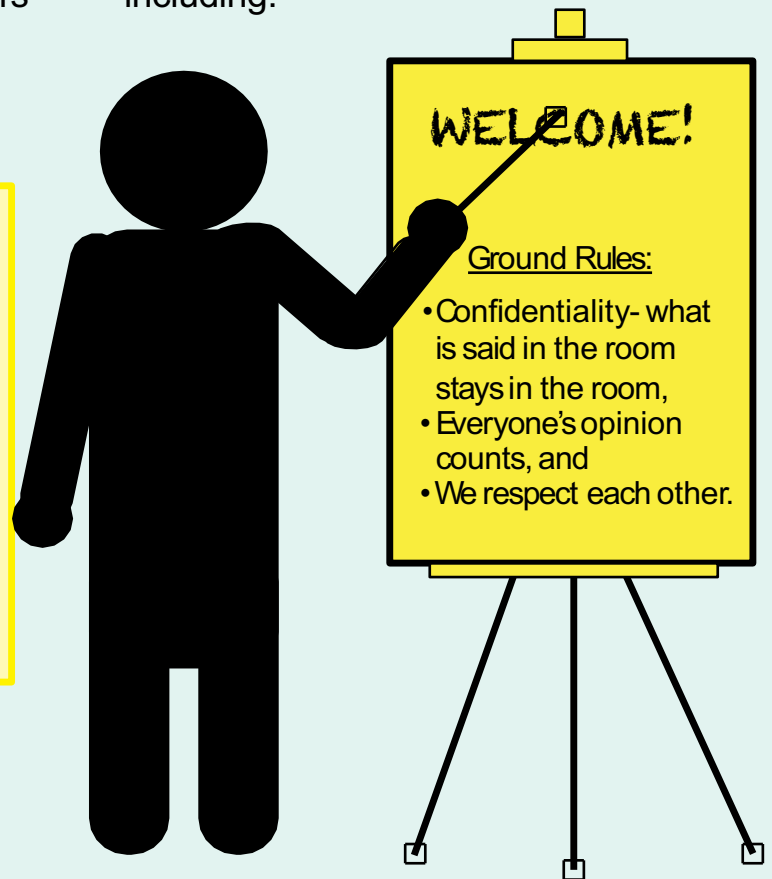
Lesson 3: Crafting and telling one's recovery story

In this workbook, lessons/tasks are laid out with learning points, discussion questions, and exercises completed individually, in pairs or as a group.

Your facilitators will first establish some general ground rules with the group including:

HOP is a 6-hour program but is meant to be flexible and can be delivered in different formats such as:

- a daylong seminar
- 3 separate 2-hour sessions
- 6 separate 1-hour sessions
- 8 separate 45-minute sessions



Your facilitators will also discuss with the group whether other ground rules might be helpful. They may provide you this workbook but please note all materials related to HOP can be downloaded [on the VA Peer Support Sharepoint](#). (Also note: the appendices consist of optional exercises and extra worksheets, so you do not need to print them out unless your facilitator instructs you to or you wish to do so.) You can also read more about HOP on this website and learn about the various settings for which it has been adapted and key people involved.

We hope you learn a lot from this program, both about yourself and about the concept of mental illness stigma and enjoy the process and getting to know your fellow participants and facilitators. As mentioned above, we know from the research that individuals benefit from participating in HOP in multiple important ways. Even when we have not done formal research, participants share how the program has helped them. If you are interested in measuring some of the ways the program impacts you, see Appendix 1 for a questionnaire you can complete before and after the program. If you are interested in learning even more about how this program impacts participants, speak with your facilitator for assistance.

Let's get started!

Lesson 1



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LESSON 1

Considering the Benefits and Costs of Disclosing

LESSON OVERVIEW



Disclosure is allowing someone to know your lived mental health experiences. It may be the right decision for some people at times, but not for everyone all the time. This section offers considerations to help people think about what the right decision is for them in various situations. **We approach the decision in two parts:**

Task 1: We discuss the idea of IDENTITY and mental illness so you can decide how it fits in with your identity.

Task 2: We help you weigh the costs and benefits of disclosing so that you can decide how much 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 think through how they identify themselves.
- Words are central to stigma. Participants consider how they prefer to label their mental health experiences: mental illness, mental health challenge, psychiatric disability or other terms.
- Unfortunately, it is not uncommon for people to identify with stigmatizing statements about mental illness and beat themselves up as a result. Program participants might want to consider completing the exercise -- *Challenging Personally Hurtful Self-Stigma* (in Appendix 2) -- when in this situation and keep in mind that change is possible.

Read the stories about Marie and John

Marie

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. Marie is now working a good IT job and living with a supportive husband. She hasn't been hospitalized for mental health reasons in five years. 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 veterans advisory council and is outraged by the disrespectful images of mental illness that are rampant in our society.

Marie is a person who identifies as having a "mental illness."

John

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."

Using *Worksheet 1.1* on the next page, explore the benefits (i.e., the advantages or pros) and the costs (i.e., the disadvantages or cons) of Marie's and John's choices. Then think about yourself. Do you identify more with Marie's or John's choices in terms of how you identify yourself?

Worksheet 1.1

IDENTIFYING AS SOMEONE WITH A MENTAL ILLNESS

What are some of the benefits and costs of Marie's choice?

BENEFITS	COSTS

What are some of the benefits and costs of John's choice?

BENEFITS	COSTS

Do you identify as someone with a mental illness (circle one)?

YES NO
WHY OR WHY NOT?

The Problem of Self-Stigma

As you read in the introduction, *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. Completing the first section of *Worksheet 1.2* on the next page will first help you consider terms that work for you, how you wish to identify yourself in terms of your experience with mental illness.

The second part of *Worksheet 1.2* pertains to stereotypes. **Negative stereotypes like the three listed below are false, unjust and harmful.**

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

Unfortunately, some people have absorbed these stereotypes as if they are true and may agree with them. When this happens to someone who has a mental illness, it's called self-stigma or internalized stigma. **For example, those same stereotypes above become:**

- 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.

You may feel as if you don't experience self-stigma and for your sake, we hope you do not. However, be aware that it can sneak up on you because of how common stigma is in our society. *Worksheet 1.2*, on the following page, gets us thinking about this.

It contains a brief assessment for you to determine your own beliefs about mental illness stigma and whether you might benefit from completing additional self-stigma change strategies in Appendix 2. The exercise in Appendix 2 includes a strategy that helps people learn to replace false beliefs about danger or incompetence with affirming attitudes of recovery and self-determination.

Worksheet 1.2

WHAT'S IN A NAME AND WORDS

What other words or labels might be used to describe mental illness?

-
-
-
-

When other people refer to you, which word(s) do you prefer? _____

Hurting myself with self-stigma:

The scale below can give you a snapshot of your views on self-stigma. It is hard to decide whether to and how to disclose information about your mental illness or what services to use when self-stigma makes you feel bad about yourself and your condition. Luckily, there are effective strategies to help decrease it. Please answer in the blanks how much you agree/disagree with each of the four statements below, using this seven-point scale, then follow directions below:

1	2	3	4	5	6	7
_____	_____	_____	_____	_____	_____	_____
very much disagree	Sometimes I agree with stigma. People with mental illness are weak.					very much agree
_____	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 your ratings four ratings and put the total here.

You may wish to participate in an extra lesson – *Challenging Personally Hurtful Self-Stigma* (Appendix 2)- if your total is more than 20.
(Of course, feel free to complete this extra lesson, if you are interested, regardless of your score.)

Task 2. Considering the Benefits and Costs of Disclosing

LEARNING OBJECTIVES

- There are both benefits and costs to disclosing.
- Only you can decide what the benefits and costs are and whether it is worth disclosing.
- Costs and benefits differ depending on the setting and situation; for example, disclosing to coworkers at work versus to your neighbors in your neighborhood.

In this task, we are preparing for an exercise at the end of this lesson (*Worksheet 1.4*) that will help us think through decisions about disclosure. This is one of the most important exercises in this workbook and central to the HOP program.

You will first identify a setting in which and the person(s) to whom you are considering disclosing. Then you will explore the benefits and costs of disclosure as well as the goals and expectations for disclosure in that context.

Since this is such an important exercise, we are going to walk you through how to complete this worksheet step-by- step. As you will see, the majority of this preparation will focus on exploring the costs and benefits of disclosure. But we will first start with exploring possible reasons for disclosure which is a great way to get us thinking about all the sections included in the Worksheet.

Reasons to disclose. Reason is defined as “a cause, explanation or justification for an action or event.” So, in this context, your reason to disclose is your cause or explanation for doing so. Several reasons why people might disclose are listed below in *Worksheet 1.3*. Put checks next to the ones that especially stand out for you. Are there others? Add them in on the blank lines at the end of the worksheet.

Worksheet 1.3

Some Reasons People Decide to Disclose About Their Mental Illness

Below are several reasons people might decide to disclose information about their mental illness experiences to others. Each one includes quotes from past HOP participants.

Please put a check in the second column next to each one that especially stands out for you.

If you have other important reasons, add them in the blank lines at the end.

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

Costs and Benefits. Making a list of reasons to disclose gets us thinking about its costs and benefits. *Benefits* are why you would do it; what could happen that is positive as a result of disclosing. Some people ask themselves “How will letting people (in that situation) know about my mental illness help me?” in order to figure out potential benefits. *Costs* are why you wouldn’t do it; the negatives or harm that could result from disclosing. People ask themselves: “How could talking to others about my experiences hurt me?”

In Table 1.1, write down some general benefits and costs that are important to you. There are no wrong answers. This is a brainstorming exercise so write whatever first comes to your mind. (Your facilitator may lead you as a group or in pairs to brainstorm answers for Tables 1.1 & 1.2).

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

Now let’s consider the flip side. Below, write down some costs and benefits of NOT DISCLOSING information about your mental illness experiences.

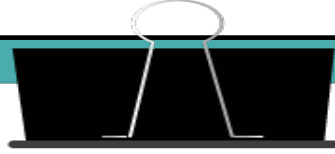
Table 1.2: Some Benefits and Costs of NOT Disclosing Mental Illness	
Benefits	Costs

As you did this exercise, you may have realized that there are various issues to consider when weighing the costs and benefits of disclosure such as the following:

Your Decision Depends on the Situation. Costs and benefits of disclosing your experiences can vary by the setting, relationships, and needs involved. Consider how different your relationships are in different settings. You may have a co-worker who you interact closely with daily vs. a neighbor you only see on the weekends while working in the yard. Hence, you will want to work out the potential costs and benefits of disclosure separately for each relationship/situation/setting and make decisions accordingly. For example, you might decide to disclose to your co-worker but not share at all in your neighborhood or vice-versa depending on the costs and benefits you identify.

Short vs. Long Term Effects. The impact of costs and benefits is sometimes immediate and sometimes more delayed. Generally, people tend to be more influenced by short-term costs and benefits because they happen sooner and may be experienced more intensely. Long-term costs and benefits are experienced more subtly but frequently have greater implications for the future and last over time. Make sure you carefully consider both and do not dismiss potential important long-term outcomes.

Some Benefits/Costs are More Important than Others. It is essential to not censor yourself when identifying costs and benefits. Don't dismiss any cost or benefit that is on your mind no matter how "silly" it may seem. Sometimes the items that you want to censor are important. (Remember, if you decide an item is truly irrelevant, you can just ignore it in the final analysis.) You want to be able to determine if a benefit or cost may be so important that it outweighs all the others. Important items are the ones you spend a lot of time thinking about or that bring up strong emotions such as nervousness about a potential cost or hopefulness about a potential benefit. Make these items stand out by putting an Asterix or star (*) next to them or some other method to highlight them.



Alan's Example

To help demonstrate these considerations, Let's take the example of Alan (see Table 1.3), who is considering disclosing at his place of employment (i.e., the office) to his co-workers. His costs and benefits are divided into long-term and short-term in order to help you distinguish between them. Also, notice that there are stars (*) next to some of his items. As you can see, two benefits stood out as really important to 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, not only may disclosure help him stay on the job longer, but it might help him make more friends. He also starred one potential long-term cost: Alan was concerned that people would talk about him and spread rumors about his mental illness. Read through the rest of his example. What else do you notice?

Table 1.3: Example for Alan - Setting: At the Office

Short-Term Benefits	Short-Term Costs
<ul style="list-style-type: none"> - Others to help me deal with our hostile boss. - Don't have to keep it hidden. - May identify co-workers with similar problems, like fellow Veterans with PTSD. - Make more friends at work. * 	<ul style="list-style-type: none"> - Co-workers won't ask me to lunch. - Worry about others talking about me. - Get left out of work opportunities. - Coworkers will think I'm unstable or one of those guys about to snap.
Long-Term Benefits	Long-Term Costs
<ul style="list-style-type: none"> - Boss provides on-the-job help. - With accommodations get better pay. - Stay on job longer. * 	<ul style="list-style-type: none"> - Supervisor passes over my promotion. - Rumors start about me. * - I quit in embarrassment. - What if they fire me?

Table 1.4 below lists additional benefits and costs to consider that Alan did not include in his example. Of course, there may be others not in this list that are especially relevant to you.

Table 1.4: Other Benefits and Costs of Disclosing Mental Illness	
Benefits	Costs
You don't have to worry about hiding your mental illness.	Others may disapprove of your mental illness or your disclosure.
You can be more open about your day-to-day affairs.	Others may gossip about you.
Others may express approval.	Others may exclude you from social gatherings.
Others may have similar experiences.	Others may exclude you from work, housing, and other opportunities.
You may find someone who can help you in the future.	You may worry more about what people are thinking about you.
You are promoting your sense of personal power.	You may worry that others will pity you.
You are living testimony against stigma.	Future relapses may be more stressful because everyone will be watching.
You feel good about yourself.	Family members and others may be angry that you disclosed.

Notice that Alan identified gossip as a potential cost and chances are when you completed tables 1.1 and 1.2 above you also identified others talking about you without your permission as a possible disadvantage of disclosing. In Appendix 3, there is more information about confidentiality and the laws protecting you to further explore this topic.

Now that you have explored the general benefits and costs of disclosure, some specific considerations, and reviewed a case example (i.e., Alan), you are ready to identify your own costs and benefits on Worksheet 1.4. However, before you do so, let's examine a few other important considerations, particularly your **goals** and **expectations** for the situation, which appear on the second half of *the worksheet*. In addition to assisting you in the decision of disclosure, identifying goals and expectations also will help guide your personal evaluation of how well disclosing went for you after you disclose. (Of course, this is relevant only IF you decide to disclose. For some people and situations disclosing is not the right thing at this time.)

Goals. What is your goal in disclosing? It is important to think through what you want to happen as a result of disclosing, but sometimes it is hard for people to determine their goal(s). Reviewing the possible benefits of disclosing that you listed in Table 1.1 and the possible costs of not disclosing that you listed in Table 1.2, plus the information on *Worksheet 1.3 (Some Reasons People Decided to Disclose Their Mental Illness)* can help you clarify why you may want to share some of your lived mental health experience with others. Remember to consider the specific setting where and people to whom you are considering disclosing, and what your goal would be for doing so. You will write your goal in the box labeled “*What is your GOAL in disclosing?*” at the bottom of *Worksheet 1.4*.

Expectations. If you disclose, what do you expect will happen? Related to your goal, people who decide to disclose something about their mental health condition or treatment have expectations about the impact of their disclosure. Oftentimes this will be similar to your goal but it may also be different from your goal. For example, someone’s goal for disclosing at church may be to serve as a role model in decreasing stigma but they may expect fellow churchgoers to initially feel anxious about the disclosure. Thus, this section is about how are you expecting people to react? You will list these expectations in the last box at the bottom of *Worksheet 1.4– What do you expect will happen after disclosing?*

Making your decision. Reviewing the costs, benefits, goal(s) and expectation(s) of disclosure leads us to one of the major purposes of *Worksheet 1.4* - to help you make a disclosure decision. There are three possible decisions. Two of them are very straightforward:

- Yes, I want to let some people know about my experiences with mental illness.

-No, I don’t want to let some people to know about my mental illness.

It is important to remember that there is no one right or wrong way to “add up” the costs and benefits you are considering for your situation. Good decisions are more than the sum of the right and left columns in the worksheet. Clearly, some potential benefits or costs are more important to you and, therefore, should weigh far more heavily in your decision—these are the items you starred (*) in the list. For example, someone might think, *“Even though I came up with three possible benefits and nine possible costs, I can’t get past the hope that I’ll find other people with similar experiences and that is really important to me. So, I’ve decided to disclose at work.”*

There is also an important third option: I don’t know whether I want to disclose in this situation or not. That is, you may find you are not yet ready to make a decision about disclosing after reviewing the possible costs and benefits and your goals and expectations. You may need to sleep on it for a day or two and come back to the worksheet and decide later. That is fine. You may also decide that you want to gather more information before deciding. That is also a fine decision. The point is to thoughtfully consider your situation – whatever you decide will be best for you.

Worksheet 1.4. Great job. You are now prepared to complete *Worksheet 1.4*. Decide what *situation/setting/person(s)* you want to consider for disclosure and then incorporate everything you have learned in this task. When you are finished, the facilitator will guide you in how to discuss this process and share your answers with others in your group and where to go from here.

Worksheet 1.4

THE COSTS AND BENEFITS WORKSHEET FOR DISCLOSING MY MENTAL ILLNESS

Setting: _____ To Whom: _____

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

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

Short-Term Benefits	Short-Term Costs
_____	_____
_____	_____
_____	_____
_____	_____

Long-Term Benefits	Long-Term Costs
_____	_____
_____	_____
_____	_____
_____	_____

What is your GOAL in disclosing? (Consider reasons you listed in Worksheet 1.3)

What do you EXPECT will happen after disclosing?

Given these costs and benefits, goals and expectations:

- I have decided to **disclose** my mental illness in this situation at this time.
- I have decided **NOT to disclose** my mental illness
- I have decided **to put off** my decision for now.

HOMework

Now that you have completed *Worksheet 1.4*, we invite you to complete it again for a different situation or person with whom you might want to share information about your experiences with mental illness -- someone important to you. See the next page for a blank copy of *Worksheet 1.4* to use for this. You do not have to share your completed form with anyone, but if you would like to bring it to our next meeting to discuss, time permitting, please do!

Also, Appendix 4 has five more blank copies of *Worksheet 1.4* in case you want to continue to explore disclosure in other settings or with other people.



Worksheet 1.4 - Copy for Homework

THE COSTS AND BENEFITS WORKSHEET FOR DISCLOSING MY MENTAL ILLNESS

Setting: _____ To Whom: _____

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

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

Short-Term Benefits	Short-Term Costs
_____	_____
_____	_____
_____	_____
_____	_____

Long-Term Benefits	Long-Term Costs
_____	_____
_____	_____
_____	_____
_____	_____

What is your GOAL in disclosing? (Consider reasons you listed in Worksheet 1.3)

What do you EXPECT will happen after disclosing?

Given these costs and benefits, goals and expectations:

- I have decided **to disclose** my mental illness in this situation at this time.
- I have decided **NOT to disclose** my mental illness
- I have decided **to put off** my decision for now.

Lesson 2



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LESSON 2

There are Different Levels of Disclosing



LESSON OVERVIEW

Task 1: We describe five levels of disclosure and guide you through considering the costs and benefits associated with each one.

Task 2: We walk through the process of selecting a person to whom you might disclose.

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


Task 1. Different Levels of Disclosing

LEARNING OBJECTIVES

- Understand that there are at least 5 different levels or degrees of disclosure of experiences with mental illness.
- Understand the costs and benefits of these different levels of disclosure.
- Consider that the different costs and benefits often associated with each of the five levels may also vary by lifestyle, setting and over time.

Table 2.1 summarizes five levels of disclosure that people sometimes adopt regarding their experiences with mental illness, with a few examples of benefits and costs associated with each. People may change levels over time or sometimes experience a mix of levels. For example, a person's living situation may be mostly Level 1 but perhaps she is advocate for mental illness with NAMI and occasionally speaks out publicly (level 5).

Table 2.1: Five Levels of Disclosing	
<p>1. SOCIAL SEGREGATION: Living, working, and socializing only, or almost only, with other people who also have mental illness. Not interacting much with people or settings outside of mental health except maybe close family. For example, living in a mental health residential program, working in a sheltered work environment, and associating only with other clients of those programs.</p>	
<p>Benefits: People around you understand mental illness, and you encounter less stigma from others in this setting.</p>	<p>Costs: You miss opportunities to meet a wide variety of people (many of whom may be supportive) or to take part in many roles and activities (jobs, clubs, civic life, etc.)</p>
<p>2. SECRECY: Participating in varied work and community situations but keeping your mental illness a secret. Not telling anything about your experiences to (almost) anyone, avoiding situations and conversations where people may find out about it.</p>	
<p>Benefits: Somewhat protecting one's self from disrespect due to stigma while taking part in social, community, and work settings.</p>	<p>Costs: Hiding parts of one's life can be tiring and cause feelings of guilt or shame. It also means others don't get to know you well, so you may miss out on friendships and support.</p>
<p>3. SELECTIVE DISCLOSURE: Disclosing selected things about your experiences with mental illness to certain individuals you choose (like family, co-workers, neighbors, friends) but not to everyone and not in the same ways.</p>	
<p>Benefits: You decide what you share and with whom depending on your needs, preferences, relationships, etc. You may find more supportive people.</p>	<p>Costs: You may disclose to some people who react negatively and are unkind or discriminatory. It may be difficult to keep track of who knows what about your experiences.</p>
<p>4. BROAD DISCLOSURE: Deciding to not put effort into concealing your mental health experiences most of the time; disclosing more to more people with less deliberation about who, what, and when.</p>	
<p>Benefits: You don't worry about who knows what about you. You are likely to find people who are supportive and good allies.</p>	<p>Costs: Some people may be unkind or discriminatory towards you; especially as you disclose more broadly.</p>
<p>5. PUBLIC DISCLOSURE: Actively seeking out opportunities to educate people about your experiences with mental illness and/or mental health care.</p>	
<p>Benefits: You don't worry who knows about your mental health experiences. You use them for empowerment, education, and to erode stigma.</p>	<p>Costs: Some people may be unkind or discriminatory towards you in response to your disclosures. A few may disapprove of your education efforts as a political statement.</p>

 **Now you practice. In *Worksheet 2.1* you are invited to consider how the costs and benefits at each of these levels might play out for a hypothetical person, Mr. Jackson.**

Worksheet 2.1

COSTS AND BENEFITS OF THE FIVE LEVELS OF DISCLOSURE

Mr. Willie Jackson is a Veteran and a retired police officer in a large Midwestern city. He is also a person living with depression. What potential benefits and costs might he consider when thinking about disclosure of his experiences with depression at each of the five levels. Try to list a couple possible benefits and costs at each.

1. SOCIAL SEGREGATION: Living, working, and socializing only, or almost only, with other people who also have mental illness. Not interacting much with people or settings outside of mental health except maybe close family. For example, living in a mental health residential program, working in a sheltered work environment, and associating only with other clients of those programs.

Benefits:

Costs:

2. SECRECY: Participating in varied work and community situations but keeping your mental illness a secret. Not telling anything about your experiences to (almost) anyone, avoiding situations and conversations where people may find out about it.

Benefits:

Costs:

3. SELECTIVE DISCLOSURE: Disclosing selected things about your experiences with mental illness to certain individuals you choose (like family, co-workers, neighbors, friends) but not to everyone and not in the same ways.

Benefits:

Costs:

4. BROAD DISCLOSURE: Deciding to not put effort into concealing your mental health experiences most of the time; disclosing more to more people with less deliberation about who, what, and when.

Benefits:

Costs:

5. PUBLIC DISCLOSURE: Actively seeking out opportunities to educate people about your experiences with mental illness and/or mental health care.

Benefits:

Costs:

Worksheet 2.2

LEVELS OF DISCLOSURE- YOUR TURN!

Now try it yourself. Pick an area of your lived experience with mental illness in which you are thinking about whether or what to disclose -- Write your choice in the blank below. Then brainstorm the benefits and costs that come to mind under each level even if those levels don't apply to you. (For example, you may not identify with social segregation but still try to brainstorm costs and benefits at this level).

What I want to disclose:

1. SOCIAL SEGREGATION: Living, working, and socializing only, or almost only, with other people who also have mental illness. Not interacting much with people or settings outside of mental health except maybe close family. For example, living in a mental health residential program, working in a sheltered work environment, and associating only with other clients of those programs.

Benefits:

Costs:

2. SECRECY: Participating in varied work and community situations but keeping your mental illness a secret. Not telling anything about your experiences to (almost) anyone, avoiding situations and conversations where people may find out about it.

Benefits:

Costs:

3. SELECTIVE DISCLOSURE: Disclosing selected things about your experiences with mental illness to certain individuals you choose (like family, co-workers, neighbors, friends) but not to everyone and not in the same ways.

Benefits:

Costs:

4. BROAD DISCLOSURE: Deciding to not put effort into concealing your mental health experiences most of the time; disclosing more to more people with less deliberation about who, what, and when.

Benefits:

Costs:

5. PUBLIC DISCLOSURE: Actively seeking out opportunities to educate people about your experiences with mental illness and/or mental health care.

Benefits:

Costs:

Task 2. To Whom Might You Disclose?

LEARNING OBJECTIVES

- Appreciate and learn how some people are better to disclose to than others.
- Understand how to *gauge* a person's attitudes about mental illness before you disclose

In the previous section, we showed how people disclose their experiences with mental illness to various degrees or levels. Many people engage in selective disclosure. If you are considering selective disclosure, this section helps you to identify who you might, or might not, want to disclose to. ***We consider two steps:***

1. **How might you identify people who would be good to disclose to?**
2. **How might you gauge or “test out” the person's or group's attitude toward mental illness before disclosing?**

Who is a Good Person to Disclose to?

There are several reasons why you might pick a specific person to disclose to. One reason is the type of relationship you have with them. In different kinds of relationships, disclosure can lead to different types of benefits for you. In Table 2.2, we've described three broad types of relationships and the people or characteristics involved in each. Review each type and think about who in your life fits in that category. Certain people can belong in multiple categories, such as a counselor who helps you navigate mental health services (type 1) and also is supportive to you (type 2).

At the bottom of Table 2.2 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: Important Characteristics & Relationship Types Good for Disclosure

There are many reasons you might disclose information about your experiences with mental illness and mental health care to specific people, each hinging on an important characteristic of your relationship with that person. Below we group these into three types. Review each and think about which one(s) appeal to you. Feel free to add additional relationship types and personal qualities in the blank rows as well.

1. FUNCTIONAL RELATIONSHIPS

The person provides a function to you where knowing something about your experiences with mental illness might help accomplish the function. Examples include:

- psychiatrist
- doctor
- minister
- counselor / therapist
- supervisor
- co-worker
- teacher / professor
- team member

2. SUPPORTIVE RELATIONSHIPS

The person seems friendly and likely to offer support and approval once they know about your experiences with mental illness. Characteristics of this kind of person include:

- pleasant
- concern for others
- trustworthiness
- compassion
- open-minded
- loyalty
- thoughtfulness
- helpfulness

3. EMPATHIC RELATIONSHIPS

The person has had personal experience with mental illness that enables them to relate to yours, to share empathy. They may share their own experiences with you as well.

Their characteristics include:

- willingness to listen
- kindness
- an understanding nature
- honesty

4. Other?

5. Other?

6. Other?

How To Gauge a Person's Attitudes Towards Mental Illness?

There is a nice way to test out how someone is likely to respond to your disclosure, something you may have used before in getting to know someone. When we are uncertain where a person stands on certain issues or beliefs, we say a little bit about the topic, something not too personal or controversial, to see how they react. For example, if you want to know if someone attends church, but you don't want to come right out and ask them, you might share that you had a childhood friend who used to go to church for 3 hours every Sunday. If they respond by saying "Wow, that's a lot more time than my church involves!" or "My Sunday morning is for sleeping in!" then either way you have your answer.

If you want to check out someone's beliefs on mental illness and whether or not they might hold stigmatizing attitudes, you can use the same method. By engaging them in a brief conversation about mental illness depicted in popular media or a well-known event you can gauge their reaction to the topic before revealing anything personal. Let's take this fictional example- you just started a new job and your co-worker Mary is someone whom you would like to get to know better and potentially disclose your lived experience with mental illness.

You could say the following:

"Hey Mary, have you seen those signs around the building about the first week of October being Mental Illness Awareness Week sponsored by the National Alliance of Mental Illness (NAMI)? They are going to have a panel presentation by individuals diagnosed with a mental illness who will share their experiences. What do you think of that?"

STOP
and
LISTEN
to Mary's
reponse

What would you think if she said the following:

"Yeah... I've heard of that organization and Mental Illness Awareness Week. Advocates from NAMI have come to my church and talk openly about their experiences. I think their messages have really helped others in the congregation and are inspiring."

Most people hear this response as empathic and kind and, thus would feel more comfortable sharing information about their own experiences with mental illness with Mary. **Do you agree?**

In contrast, what if Mary said this:

“You know, I’m sick and tired of hearing people talk about their bad moods and their problems. I mean we all have bad days. They should just get over it and pull themselves up by the boot straps.”

How might you think about this response?

Most people hear this reaction as less sensitive and even a bit harsh. Hence, in this case, Mary might not be a good candidate for you to disclose your lived experience, or at least you’d want to be ready for a potentially negative reaction.

Sometimes a person’s response may be unclear, or incomplete, or you are not sure how it makes you feel. In these cases, you may have to ask clarifying questions, or try another example at another time, to determine whether or not your disclosure would be received with support.

Let’s practice.

Worksheet 2.3 gives you an opportunity to try out this method and to assess your reactions and conclusions to help determine if a person is a good candidate for disclosure. Here’s what you and your partner will do:

First, on the top of *Worksheet 2.3*, summarize a recent news story, TV show, book, article, event, or movie which portrays someone (or people) with mental illness in a positive light. We will call this your “Positive Image of Mental Illness Example.”

Second, partner with another group member and share your Positive Image of Mental Illness Example with them. Then ask the three questions at the bottom of the worksheet. Since this is a role play, your partner can choose to “play” someone who is very empathetic and kind or the opposite.

Third, answer the questions on the 2nd page of the worksheet and total the score to determine the degree of your role play partner’s kindness and sensitivity. Use the score guidance provided to help you figure out whether or not they are a good person to disclose to.

Lastly, after you are finished, you and your partner will switch roles using the same steps as outlined above (e.g., they will share their Positive Image of Mental Illness Example with you, ask you what you think about it, you will respond, and they will rate your response.)

Worksheet 2.3

HOW MIGHT THIS PERSON REACT TO DISCLOSURE?

Name of Person _____

Summarize News Story, TV Show, Movie, Event

[Positive Image of Mental Illness Example]

Tell the person about the positive portrayal you summarized above and then follow up with key questions such as:

- What do you think of stories like these?
- What do you think of people like this in the story or event?
- Do you know anyone like this?

...and listen closely to their answers

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.

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

The person's responses were kind.

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

They are the kind of responses I would want to get if I disclosed to someone.

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

Add up the three ratings.

Enter total here

Below are some suggested cut offs for the score totals.

3 - 9: Probably not a good person to disclose to.
10-15: Uncertain or unclear, may need to talk again
16-21: Probably a good person to disclose to.

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

- Understand ways that disclosure will impact the people around you.
- Reflect on different ways that different people may respond to your disclosure.
- Consider how you may react to their different responses

Be certain of one thing: disclosure will impact the people around you and their reactions will impact you. Therefore, you need to consider the various ways in which people may respond and plan accordingly. Table 2.3 lists a variety of reactions to disclosure, sorted into groups of positive versus negative emotional responses.

Table 2.3: Various Ways People Might Respond to Your Disclosure

POSITIVE	NEGATIVE
<p>Compassion “It must be hard living with your illness and the secret.”</p> <p>Interpersonal Support “I’m here for you if you want someone to talk to.”</p> <p>Offering Assistance “Can I give you a lift to the doctor?”</p> <p>Respectful Interest “What is that like for you? I’d really like to understand more.”</p> <p>Appreciation “Thank you for trusting me enough to talk about this.”</p> <p>Respect “Wow you are really brave.”</p> <p>Solidarity “I also deal with mental illness [Or a sister, friend, spouse, etc does]. We should stick together and help each other.”</p>	<p>Disrespect “I don’t want some dangerous loony like you around.”</p> <p>Fear / Avoidance “You’re dangerous. Stay away from me.”</p> <p>Suspicious “Don’t think I’m going to give you any special breaks because of your mental illness.”</p> <p>Retribution “I’ll get you fired. I don’t have to work next to a crazy guy like you.”</p> <p>Gossip “Hey, did you hear about Joe? He was committed to an insane asylum.”</p> <p>Blame “Well if you just lived a healthier life you wouldn’t have problems, you brought them on yourself.”</p> <p>Secrecy “I have the same kind of problem but I don’t go around and blab about it. Keep it quiet!”</p>

Which of these have you experienced? Are there other examples? List them here.

- _____
- _____
- _____
- _____

Worksheet 2.4 provides an opportunity to try out how it might feel to receive a negative response from someone when you disclose something about your mental illness. You will do this by role-playing disclosure with a partner in the group.

First, choose what you are going to disclose. You can use the example (telling co-workers about being hospitalized) offered at the top of the worksheet or use your own example – something that is part of your disclosure story or something you choose to make up for the role play. If you choose your own example, make sure to tell your role play partner you are doing so.

Second, say what you chose to disclose out loud to your partner. Ask your partner to say response 1, “*Wow they let you out?*” (or a variation that fits with the statement you choose to use).

Third, pause a few seconds, then repeat your statement and have your role play partner say one of the other responses in *Worksheet 2.4* that fits the situation. Continue in this way for at least 3 responses. The goal is to get a sense of how you feel when someone responds harshly.

When you are finished, complete the four emotion ratings at the bottom of *Worksheet 2.4*. Any scores above a 3 suggest that you reported significant feelings of shame, nervousness, sadness, or anger because of your partner’s negative comments. It’s important to recognize how such harsh statements affect you and that a comment from a partner in a pretend role play may sting far less than a remark from someone in real life.

Once you are done, the group will debrief. Your facilitator will help the group explore and share resources for coping with responses like these should they occur. Some additional sources of support will also be covered in Lesson 3 - *Where To Find Peer Support*.

Worksheet 2.4

EXPERIENCES AFTER 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." (Or use your own example)

Your role-play partner then says one of the following: (Or can make up a response)

"Wow, they let you out?"

"That's affirmative action for you. Anybody can get a job out here."

"Do you ever feel out of control?"

"I'm asking for a transfer. I don't want to work around your kind."

"That's ok honey. I'll cover up your mistakes."

"Do you live in a hospital at night?"

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

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

not at all
ashamed

moderately
ashamed

very
ashamed

1

2

3

4

5

6

7

not at all
nervous

moderately
nervous

very
nervous

1

2

3

4

5

6

7

not at all
sad

moderately
sad

very
sad

1

2

3

4

5

6

7

not at all
angry

moderately
angry

very
angry

1

2

3

4

5

6

7

Lesson 3



Veterans Affairs Version
(VHA-HOP)

LESSON 3

Telling Your Story

LESSON OVERVIEW



After Lessons 1 and 2, you might be thinking about disclosing more about your mental health experiences to others, or maybe you have decided that you want to disclose something specific to a particular person or within a particular setting. You may also feel you need more time to think about it before deciding. Thinking through how you would want to tell your story will help with all of these.

Task 1: Learn a way to tell your story in a personally meaningful way

Task 2: Review how telling your story felt.

Task 3: Identify peers who might help you with the disclosing process

Task 4: Put together all you've learned in order to move forward.

Task 1. How to tell your story

LEARNING OBJECTIVES

- Read and discuss an example of how to tell the story of experience with mental illness.
- Use the provided guide to construct your story of experience with mental illness.

We illustrate one way that you might tell your story in a personal and meaningful way with an example by Kyle Lloyd from the book Honest Open Proud to Erase the Stigma of Mental Illness: Stories and Essays of Solidarity (2015, Corrigan, Larson, and Michaels.)

Table 3.1: Recovery Surfaces by Kyle Lloyd

In December 1976 while a senior at Southern Wells High School in Pone-to, 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 Puer-to Rico where the seabed 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 Bachelors 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 terrorist 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 State-wide 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.

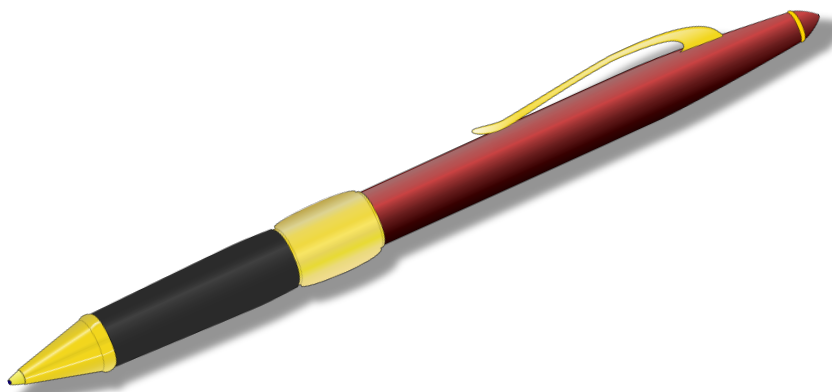
I am a role model of recovery and I willingly facilitate interested consumers with developing personal Wellness Recovery Action Plans (WRAP). Dr. Mary Ellen Copeland's WRAP is now an evidence-based practice.



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.



Your facilitator will lead you in a group discussion Kyle's story.

Some things to consider:

- *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?*

Now that you've looked at Kyle's way of telling his story, *Worksheet 3.1* offers a template to help you create a version of your story. As you complete it, keep in mind that your story will vary depending on where and when you tell it – who you are telling it to, your goals and expectations, and your mindset in the moment. For this first time filling it out, assume you are telling your story to a small group of acquaintances like at a Veteran's group or a civic group. Remember, you could decide to tell it very differently at another time in a different setting to different people. Also, you would not necessarily tell your whole story every time you decide to disclose.

To complete the exercise, fill out *Worksheet 3.1* as follows:

- A. Enter your name and what you call your mental illness (e.g., depression, PTSD, etc.)
- B. Share a few positive things about yourself such as hobbies, talents, etc.
- C. List some events in your youth that are typical of most people's lives and/or some events that might reflect the beginnings of your mental illness.
- D. List ways in which your mental illness emerged, and the age that this occurred. (As with all sections, only discuss things that you feel ready and willing to share.)
- E. List some things you struggled with over time due to your mental illness. People need to understand that it was not "just" a temporary case of the blues. Include your military service as it is relevant.
- F. Next, list some of the resources and practices that have supported your recovery.
- G. Point out how stigma has created hurdles on your path to recovery. List some of the unfair experiences and harsh messages you have experienced from society or individuals. Be ready to comment on how you dealt with them.
- H. Include some achievements or accomplishments or facts of your current life that demonstrate recovery in ways that are important to you. We all seek different goals based on who we are and where we are currently at in life. Share those!
- I. Plan to end this version of telling your story with your version of the two final key points to counter stigma (listed under item I on *Worksheet 3.1*)

Worksheet 3.1

A GUIDE TO SETTING UP A STORY ABOUT YOUR EXPERIENCES WITH MENTAL ILLNESS

See the previous page for suggestions of what to include in each section below.

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

B. I also _____.

C. Let me tell you a bit about my childhood.

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

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

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

E. Unfortunately, my mental illness did not go away quickly.

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

F. I have found my path of recovery in living my life with my illness. Some things that help me, include:

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

Worksheet continues on the next page

G. Along the way, I experienced some stigma and unfair responses to my illness.

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

H. Despite my challenges and sometimes because of them, I have achieved a number of things that are important to me.

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

I. I want to end with these two key points:

1. *Like all people with mental illness, I live, contribute, work, play, and struggle - just like you and others.*
2. *So, please treat me like others. Don't view me or treat me based on stereotypes*

TAILORING WHAT YOU WANT TO SAY

You probably do not want to communicate **EVERYTHING** you wrote on the worksheet each time you disclose. For each person or situation, keep in mind your **GOAL** (see *Worksheet 1.4*).

We suggest doing the two following things to tailor how you use your completed template for a particular person or situation where you are thinking of disclosing:

1. CIRCLE the information on the sheet that you think is especially important for that specific person(s) to hear or appropriate for the setting. This is to make sure you include it.

2. DRAW A LINE through any information that you feel is too personal, or that this particular person might not understand, or that you don't think is relevant or helpful at this particular time. You get to decide how you tell your story, and which parts to include, each time.

LET'S TRY IT OUT

Completing *Worksheet 3.1* helps you think through how you might want to share aspects of your experiences with mental illness and your recovery journey. But writing things down and saying your story out loud are two very different experiences. It is good to have the chance to say it out loud --- to practice putting the points on your template into words. To do this....

Take a few moments to prepare. First, review the points you put on *Worksheet 3.1* and think about what you want to include, leave out, or add. This is your story. Then, take some time in a quiet space and run through it in your mind. Maybe you want to write out the story on a separate sheet of paper. That's fine too; now is a time to do so. Don't be surprised if you are a little nervous, that is natural. You can do it even so!

Next, find a partner and tell your story. We will do this during our HOP group, and you may want to find someone to practice with outside of group. Either way, pair with someone you are comfortable with, who will listen to what you have to say. Then, tell them your story. When you are done, it is certainly OK to ask them what they thought of it, but you don't have to. If you prefer you can simply thank them for listening but not ask for feedback.

Once you are done, give yourself a pat on the back for doing something new and then complete *Worksheet 3.2*, on the next page, to capture the "*Quality of the Experience*" for yourself. Circle your honest response to each item, and then write in the box anything important to you about the experience that was not captured in the four questions.

Once you are finished telling your story, you'll listen to the story of your partner. Then the whole group will talk over the experience.

Worksheet 3.2

QUALITIES OF THE EXPERIENCE

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

How empowered do you feel after telling your story?

not at all
empowered

moderately
empowered

very
empowered

1

2

3

4

5

6

7

Was it therapeutic to tell your story?

not at all
therapeutic

moderately
therapeutic

very
therapeutic

1

2

3

4

5

6

7

How anxious did you feel while telling your story?

not at all
anxious

moderately
anxious

very
anxious

1

2

3

4

5

6

7

How positive was your experience telling your story?

not at all
positive

moderately
positive

very
positive

1

2

3

4

5

6

7

Please add anything else that was important to you about experience of telling your story.

Task 2. How Did It Go?

LEARNING OBJECTIVES

- Learn how to evaluate a specific instance of disclosure so you can (a) support yourself and (b) decide on things you may want to adjust about how, whether, and when or where you disclose things about your mental illness experiences in the future.

This section provides guidance on how to evaluate a specific instance of disclosure – that is, how to think through how it went. *Worksheet 3.3* (next page) lays out the steps to assess it for yourself, and helps you come to a conclusion about whether an interaction in which you disclosed to someone was positive or negative or mixed. To complete *Worksheet 3.3*:

First write down to whom you disclosed, the date the conversation took place, and the location. It will be helpful to keep track of these details to know how disclosure is going for you; doing so will help you to alter your strategy the next time you decide to disclose.

Next, in the box, list your goals for disclosing in this instance. Then write down what you said to the person; be as specific as possible. Doing so will help you keep track of key words that were successful or unsuccessful at getting your point across.

Then, in the middle of the worksheet, fill in the person’s reaction to your disclosure. That is, in your own words, how did the person respond. It might be important to note the tone of their voice and their body language, especially if these seemed different from their words.

Finally, rate how *satisfied* you were with the exchange and how *positive* you thought it was, on the scales provided. Add the two ratings into a total score for the “Total Score” box at the bottom and follow the guidance at the bottom of the worksheet. For starters, totals greater than 10 suggest that you felt the experience was a success and totals less than 6 indicate that you felt it did not go so well, so you might want to further evaluate what happened. Maybe there are things you want to consider changing about your approach, or maybe this person or situation was just negative. Either way, take care of yourself – it can be stressful to encounter a negative reaction.

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: _____

Your Goal(s): • • •	What you said: • • •
Person's Reaction:	

1. How satisfied are you with the exchange?

not at all
satisfied

moderately
satisfied

very
satisfied

1

2

3

4

5

6

7

2. How positive was the exchange?

not at all
positive

moderately
positive

very
positive

1

2

3

4

5

6

7

TOTAL SCORE

TOTAL IS MORE THAN 10: It was a good experience, worth doing again in a similar way in the future.

BETWEEN 6 AND 10: Need more information to decide what to keep vs change in your approach for the future; may have been a mixed experience.

LESS THAN 6: Not a positive experience. What went wrong? What could be changed for the better for next time?

Task 3. Honest, Open, Proud through Peer Support

LEARNING OBJECTIVES

- Understanding how peer support can help you in the disclosure process.

Disclosing things about your mental illness experiences and your recovery, and dealing with others' reactions can be easier when a person decides to join together with others for support. This might happen informally, such as a group of friends who all have lived experiences with mental illness, so people can naturally appreciate one another. However, not everyone has access to informal support, and even if you do you may not want to always go to the same people.

Therefore, this section covers more formal type of peer support: organized peer-support services, including self-help and mutual assistance programs and consumer run programs. As the name suggests, these are programs developed by peers for peers. Their main purpose is to provide the types of support and empowering exchanges that can be very helpful when one is dealing with questions and experiences around disclosure, stigma, and recovery. This can include support groups, one-on-one support, social events, skills classes, among other things. Many programs offer virtual (on line, video chat, etc.) as well as in-person support, and opportunities for you to give support to others as well as receive support.

Where do I find peer support programs?

First, you and the rest of the HOP group probably already know of some programs. Take inventory by filling in *Worksheet 3.4*; list all the relevant organizations and programs you can think of. Then your HOP facilitator will lead you in comparing notes and sharing ideas to add to everyone's lists.

Second, as you may already know, Peer Specialists (PS) working in the VHA are Veterans who have lived experience of mental health and/or substance use and work with other professionals in the treatment team to assist Veterans. The facilitator of your HOP group may be a PS. PS work in various settings in the VA, such as mental health outpatient, inpatient, or in specialty programs focusing on trauma, substance abuse, serious mental illness, homelessness, or community integration. Within these programs, they often lead groups on a variety of topics, provide peer support to Veterans, and have many other duties. If you don't already know your local PS, ask your HOP group facilitator to put you in touch with them, and add them to your list on *Worksheet 3.4*.

Third, peer programs exist throughout the United States (and in other countries). Try any of the suggestions and sources on the next page. If you don't find what you are looking for with one, try another!

Peer Support Suggestions & Resources

1. Ask people you know for their recommendations of peer support organizations. Include other Veterans and non-Veterans, people with mental health problems, providers, etc.
2. Search the internet for “mental health peer support” and your location or call your local crisis line or warm line ask them.
3. The National Mental Health Consumer’s Self-Help Clearinghouse has an amazing online directory of peer-led organizations. Visit their website (www.mhselfhelp.org) and click on “CDS Directory.”
4. The Depression and Bipolar Support Alliance (DBSA) offers peer support groups and other terrific resources across the country: www.dballiance.org or (800) 826-3632
5. The National Alliance on Mental Illness (NAMI) is another national organization that offers peer-led programs in all states: www.nami.org or 703-524-7600
6. The National Empowerment Center helps people develop consumer-led self-help materials and programs: www.power2u.org or 800-769-3728
7. There is a national directory of “warm lines” at <https://warmline.org/> A warm line is a number you can call to talk to a friendly, supportive person who is trained to listen – instant peer support! Note: warm lines are not for crises. In a crisis call the Veteran Crisis Line at 800-769-3728 or the National Suicide Prevention Hotline at 800-273-8255. Both are available 24 hours a day, every day.
8. Each state has an Office of Consumer Affairs within their Mental Health system. You can find Contact information for the Office in your state at <http://www.nasmhpd.org/content/mental-health-links>
9. The National Coalition for Mental Health Recovery has an extensive list of peer support resources, emphasizing advocacy, at <https://www.ncmhr.org/> or 1-202-642-4480
10. If you might want to become a Peer Specialist (in the VA or otherwise), talk to your local PSs, contact your local consumer support organization, your state department of mental health for its certification program, or learn more at The National Association of Peer Supporters: <https://www.inaops.org/> or info@inaops.org
11. Contact your favorite Veteran Service Organizations; some strongly support mental health

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.

Then add additional ones you want to contact or learn about as you hear about them.

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

Task 4. Putting it All Together

LEARNING OBJECTIVES

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

Congratulations! You are near the finish line of the HOP group program. We end the with a pause for insight and direction. *Worksheet 3.5* offers questions to help you summarize what you want to take away from participating in HOP and how it might shape your future decisions about disclosing. Complete these and then share your responses with a partner if possible. We will then come together as a group to discuss one or two decisions that each person has made about disclosing and moving forward since participating in this program.



Worksheet 3.5

INSIGHTS AND FUTURE DIRECTIONS

Reflect on what you have learned during HOP 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.

Reflection & Discussion Questions

- What did you learn about stigma and disclosing from this program?
- What costs and benefits of disclosing are most important to you? Might you disclose in some places? Where? (Tables 1.1 & 1.2 and *Worksheet 1.4*)
- What ways might work for you in terms of disclosing? (*Worksheet 2.2*)
- To whom might you disclose? (*Worksheet 2.3*)

Worksheet continues on the next page

- 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 self- help resources or 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.
- What other action step do you plan to take moving forward from completing HOP?

*Best wishes to you in your journey forward.
Remember to reach out to your HOP facilitator and peers along the way.*

APPENDICES

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Appendix 1.

How Does This Program Help?

Some people want to know whether completing the *Honest Open Proud* program helped them. We believe that one way people who complete the program will change is to experience a greater sense of personal empowerment. One method to assess empowerment is to complete the *Personal Empowerment Self-Assessment Scale*. Note that it is provided TWICE: *Worksheet A.1* is completed **BEFORE PARTICIPATING IN THE PROGRAM**, and *Worksheet A.2* is the same except it is completed **AFTER PARTICIPATING IN THE PROGRAM** in order to help you determine if and how your scores changed.

The scoring instructions and the interpretation guidelines can be found at the bottom of the scale on each worksheet. Complete the scale fully before scoring it. Your HOP group facilitator might lead the group through this exercise but if not and you need assistance, please ask for help.



Worksheet A.1

BEFORE PARTICIPATING IN THE PROGRAM **Personal Empowerment Self-Assessment Scale**

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

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

Scoring:

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

Box 1

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

Box 2

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

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

Worksheet A.2

AFTER PARTICIPATING IN THE PROGRAM **Personal Empowerment Self-Assessment Scale**

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

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

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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.

The Personal Empowerment Self-Assessment Scale provides two scores for people who complete it. 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 (the score in the first box). 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 (the score in the 2nd box). 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 you can compare your scores before participating in the program (from Worksheet A.1) to your scores after participating in the program (from *Worksheet A.2*) by putting them into the chart on *Worksheet A.3*. (*Table A.1 on the next page provides an example of what your A.3 Worksheet will look like.*) *This table and worksheet are a chart template.* On the left side of the graph (vertical axis), you will see all possible scores ranging from 0 to 25. On the bottom of the graph (horizontal axis) you will see **BEFORE** and **AFTER**.

To complete worksheet A.3, do the following:

BEFORE (Scores from Worksheet A.1): Mark the total score from Box 1 (**SELF**) with a half-inch straight horizontal line above the **before** section at the corresponding correct number on the vertical axis. Then draw in a vertical bar up to that score (the horizontal line you drew) using a colorful pen or marker. Repeat this process for the Box 2 total score (**COMMUNITY**). Make sure to use a different colored pen or marker and again draw the bar above the **before** section.

AFTER (Scores from Worksheet A.2): Mark the total from score from Box 1 (**SELF**) with a straight half-inch horizontal line above the **after** section at the corresponding correct number on the vertical axis. Then draw in a vertical bar up to that score (the horizontal line you drew) using the same color you previously used for Box 1 (**SELF**). Repeat this process for the Box 2 total score (**COMMUNITY**) above the **after** section. 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 **AFTER** participating in the program higher? This should give you a sense of whether or not the program impacted your sense of empowerment.

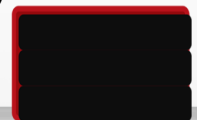
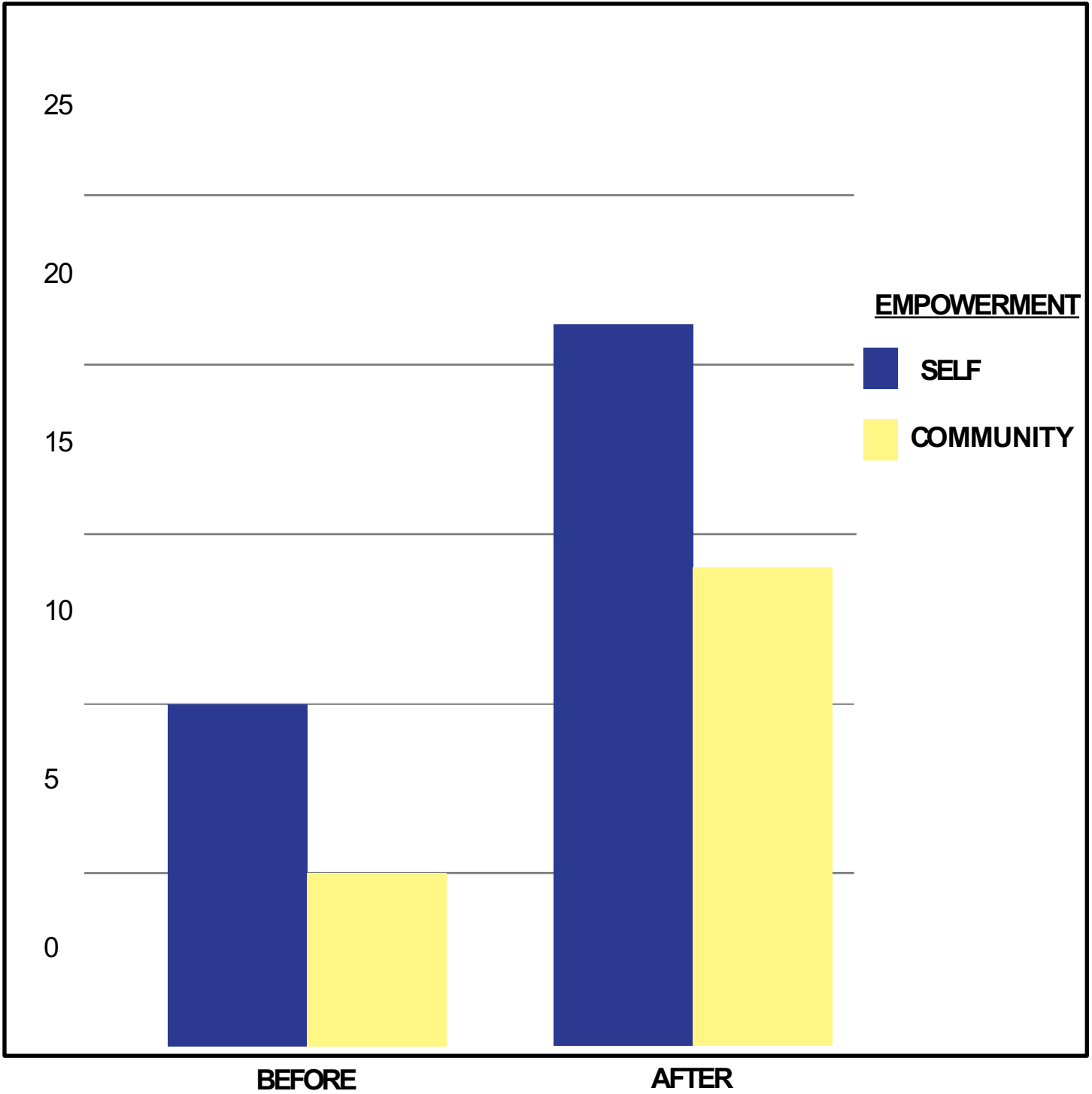


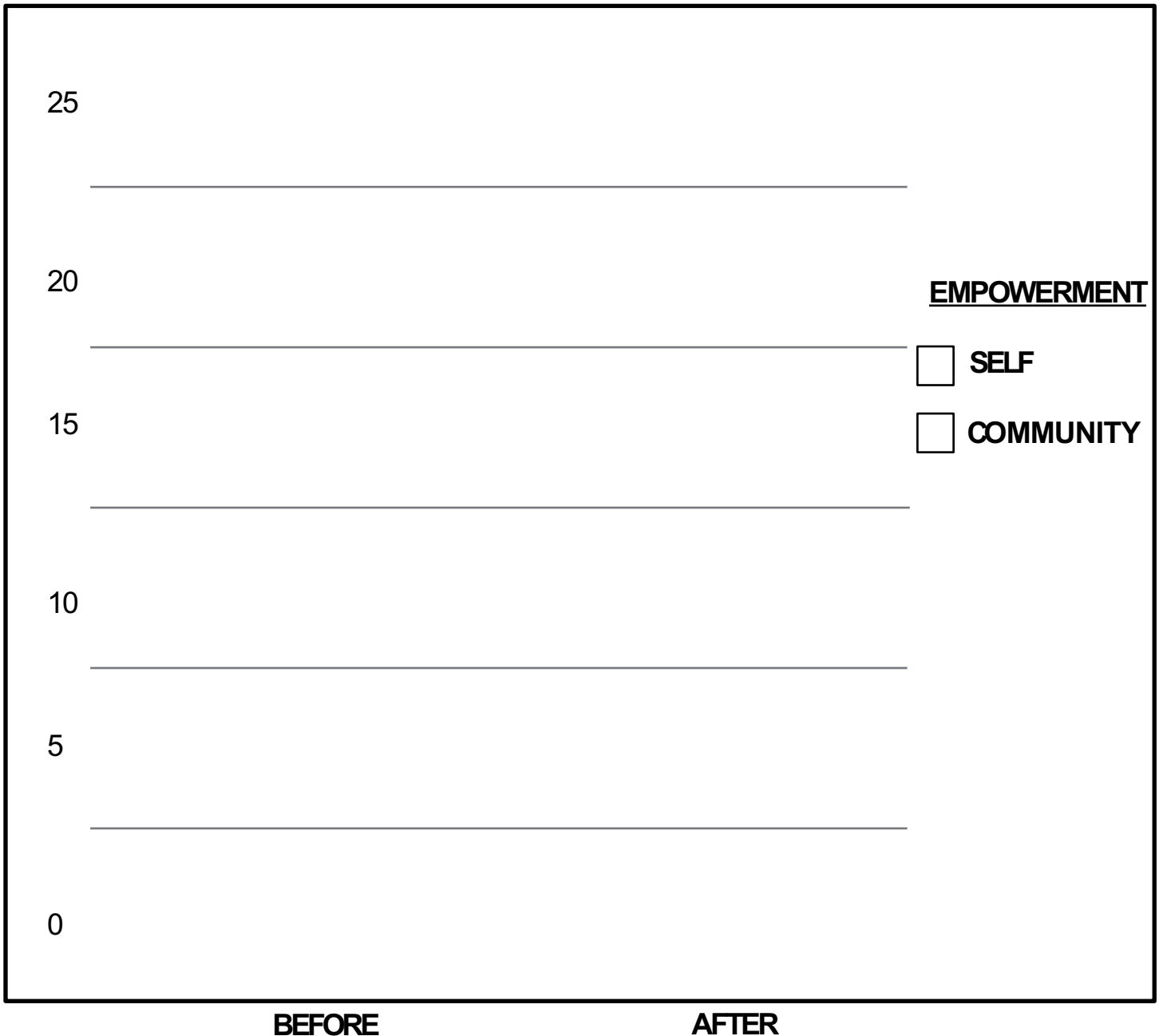
Table A.1. An Example of improvement in both SELF and COMMUNITY empowerment after participating in the Honest Open Proud program.



Worksheet A.3

COMPARING YOUR SCORES ON SELF AND COMMUNITY EMPOWERMENT – Did Your Scores Improve?

Take your scores from *Worksheet A.1* and *A.2* 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 how the program affecting your feelings of empowerment.



Appendix 2.

Challenging Personally Hurtful Self-Stigma

LEARNING OBJECTIVES

- To understand how people internalize stigma and feel shame, worthlessness, or hopelessness as a result.
- To learn strategies for managing thoughts related to internalized or self-stigma.

Stigma is based on inaccurate negative stereotypes about people with mental illnesses. For example, you are probably familiar with these hurtful and false myths, or ones like them:

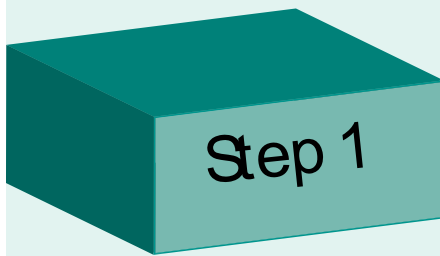
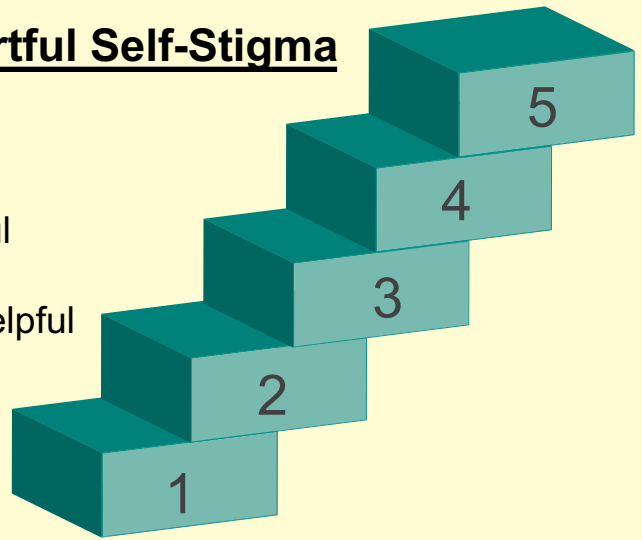
- People with mental illness are **violent** and **unpredictable**.
- They **choose** to be mentally ill.
- They are **weak** and **incompetent**.

Because these stigmatizing stereotypes are so common and come at us from so many sources so often over the years, some people absorb them, think they are true, and even apply them to themselves. When this happens they end up thinking things like:

- 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**.

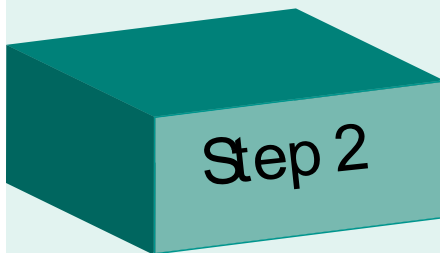
Steps to Challenging Personally Hurtful Self-Stigma

If you find you are believing similar myths about yourself, it is not your fault. But, since thinking stigmatizing things about yourself can be harmful and unpleasant, you'll be glad to know there are things you can do. The five following steps are helpful in changing a personally hurtful attitude.



Begin with a clear statement of the hurtful belief you have that you want to address, using this formula:
I must be _____ because _____.

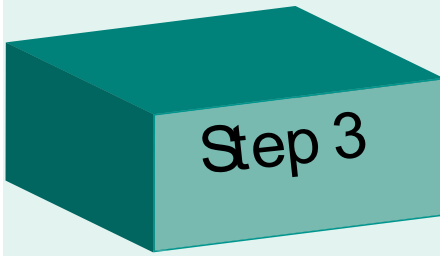
For example: *"I must be a bad person because I am weak due to my mental illness."*



One way to see the inaccuracy of such myths is to change the expression of the myth from a personal "I" statement to a universal "everyone with mental illness" statement so rewrite the statement(s) as if it applies to everyone. For example, the "I" statement- "I must be a bad person because I am weak due to my mental illness."- gets restated into universal statements such as:

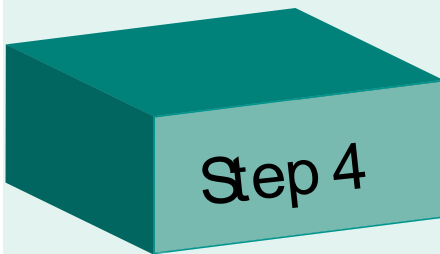
- *All people who have problems are weak and therefore bad.*
- *No strong people have mental illnesses.*

The inaccuracy of these myths is not always apparent when they are phrased as "I" statements. However, most people would easily agree that when phrased as a universal statement these two myths are clearly false. That is, we can all think of someone we know who is strong and has mental health problems. And we can all think of people who have problems in their lives, but we do not think of them as weak or bad. Both these assertions sound clearly wrong, even a bit ridiculous. Thus, restating an assumption about one's self into a statement about "everyone" helps to reveal the inaccurate myths at their core.



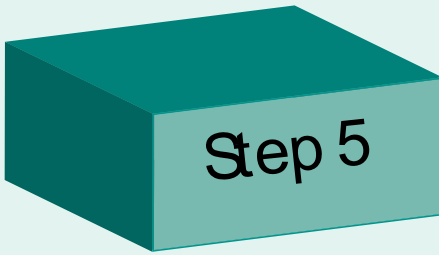
Identify trusted others to check out these statements with in order to challenge these assumptions. It helps to ask trusted others if they believe the assumptions to be true. To do this, seek out a circle of trusted people for feedback –close friends, your bible study group, support group members, etc., people you know and trust. It’s good to ask several different people or groups. *(Note: Reviewing Lesson 2, Task 2-To Whom You Might Disclose- can help you determine a trusted person or group if you are unsure who to seek out.)*

For example, you might decide to check with your bible study group and your pastor, who you think is reliable and a “straight shooter.”



Collect the evidence to challenge the assumptions. Start by challenging the first assumption which is “*believing that “normal” people never feel weak due to life challenges.*”

Continuing with the example above, let’s say that from your bible study group you learn that six out of seven people admitted to “*feeling weak*” at times although they don’t have mental illness. And your pastor tells you that she is sometimes overwhelmed by church work and feels weak. Both your pastor and the bible study group shared multiple reasons why they feel weak at times even if they don’t have a mental illness. Hearing them helps you understand that your hurtful belief of “*normal people never feel weak due to life challenges*” is incorrect. Because these are people you know, trust and have confidence in, their input helps reveal that myth 1 is false. We could gather evidence against myth 2 in the same way.



The final step is to translate your findings into an attitude that is more accurate and counters the hurtful myth. For example:

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

You may wish to write your counter message down on a card (see box below) or in a journal so that you can remember it better. Then, the next time that you’re questioning whether or not you should share an aspect of your lived experience with mental illness, pull out the card. Remind yourself that everyone has some type of lived experience, and that everyone makes choices of whether or not and how much to disclose about their experiences. Remind yourself that if you are feeling ashamed or not sharing your experiences because of this “weakness” myth, it is inaccurate and something to strive to change.

COUNTER TO:	I AM WEAK!	Date:
<hr/>		
<hr/>		
<hr/>		

Example:

To further illustrate these steps, we will use the example of Alan and how he could use these steps to challenge a hurtful and mistaken belief. You will see Alan’s completed worksheet (Table A.2) on the page after next.



Alan's Example

Alan felt ashamed that he was sometimes overwhelmed by his mental illness. By following the steps presented previously and completing the worksheet, he revised this mistaken belief.

First, he stated his hurtful belief clearly (Step 1): *"I must be a weak and worthless person because I am sometimes overwhelmed by my mental illness."*

Then, Alan broke down these statements as if they applied or could be assumed of everyone else (Step 2): 1) Veterans are strong so they don't have mental illness and 2) All people who have mental health problems are weak.

After that, he decided to challenge his assumptions in step two about all other people by first identifying some trusted sources (Step 3) – Alan sought out a circle of trusted Veterans from the local Veterans of Foreign Wars (VFW) chapter that he attends regularly. Alan also decided to talk with his older sister Connie, someone in whom he has confidence.

Alan then decided to challenge these assumptions by asking these trusted others whether or not they believe the two attitudes are true (**Step 4**). Alan was surprised by the responses from people at the VFW. Not only did they disagree with the statement that *"Strong people don't have mental illnesses,"* some also shared their experience with depression or anxiety. Two, in fact, had been hospitalized like Alan. They also took exception with the second assumption that struggling with personal problems meant that a person is bad, and Alan was especially moved by how Connie put it:

"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, etc. 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 lived experience. After hearing that neither the Veterans at the VFW nor his sister believed either statement, he began to think the statements were probably false. Alan was then able to restate his belief in a more positive and accurate way to complete Step 5. Alan wrote his counter messages and taped it on the back of his VFW meeting calendar. Now when he feels the thoughts starting to creep up, he reads his counter messages to himself.

**Table A.2: Steps to Challenging Hurtful Self-Stigma
ALAN's EXAMPLE**

Step 1. State the hurtful belief.

I MUST BE a weak and worthless person BECAUSE I am sometimes overwhelmed by my mental illness.

Step 2. Rewrite the statement(s) as if they apply to everyone.

- All Veterans are strong and so don't have mental illnesses.
- All people who have mental health problems are weak.

Step 3. Challenge the assumptions by identifying trusted other to check them out with

- I'll ask people at the VFW. They have been my friends for a while and will give me an honest answer.
- My older sister. She is smart, well informed, and always tells me the truth.

Step 4. Collect evidence that challenge the assumptions.

- Almost all my friends in the VFW said they've had psychiatric problems, like mild depression or anxiety, but they don't believe they're weak.
- They said struggling with problems and being bad are two different things.
- My sister said that dealing with psychiatric problems is a sure sign of strength, not weakness.

Step 5. Restate the belief so that it is accurate and doesn't injure you.

- This is your COUNTER MESSAGE.
- I'm not weak or bad because I have a mental illness.
- In fact, I might be a hero for moving forward with my life.

Now let's use *Worksheet A.4* on the next page to reconsider a negative attitude or thought you have about your experience with mental illness.

What are some of these? List them here:

- _____
- _____
- _____
- _____

For the purpose of this exercise in group, use other group members to challenge and collect evidence against these assumptions. Once you are finished with the worksheet, your facilitator will guide you through a discussion of it with other group participants. If you decide to follow through with this exercise outside of this group, you will want to make sure to go to someone who is well informed about mental health and will help you prove these hurtful statements to be **false**. And again, remember to review Lesson 2, Task 2- To Whom You Might Disclose- for further help in determining trusted others if you are unsure of who to turn to when completing Step 3 in Worksheet A.4.

Worksheet A.4

CHANGING OUR ASSUMPTIONS EXERCISE

Complete all five steps.

1. State the hurtful belief:

I MUST BE _____ BECAUSE _____ .

2. Define the Inaccurate Assumptions(s) embedded in the belief:

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

4. Collect evidence against the assumptions:

**5. Restate the belief so that it is accurate and does not injure you.
This is your COUNTER MESSAGE**

Remind yourself of the COUNTER MESSAGE often to help replace the initial mistaken negative belief.

Appendix 3.

Protection Against Unwanted Disclosure

In making decisions about disclosing your experiences with mental illness and treatment, you will want to consider your right to privacy and how it is protected. Most governmental bodies have laws guaranteeing that interactions with mental health professionals are confidential except under a few emergency situations. The details vary a bit from place to place. Below, Table A.3 is a fact sheet summarizing key points in the United States; some details are determined by what US state you are in and these are not included below.

Table A.3: Health & Confidentiality

All U.S. healthcare facilities and providers, including the VA, must abide by laws that protect your personal health information and privacy, including mental health. Such laws say that mental health workers and programs cannot disclose information about you or the services you use without your permission.

This means that:

- All interactions you have with a mental health organization or provider is confidential and may not be disclosed without your permission.
- This includes individual therapy and groups, meetings with a psychiatrist, counselor, peer or others, attending a mental health program, and medical care.
- It also means that other staff- like receptionists, van drivers, or volunteers- are not allowed to tell others if you attend a program or kept (or missed) an appointment
- These laws also apply to your health-related records, including mental health and medical records and charts, any forms your fill out, test results, etc.
- No one – not your employer, family members, landlord, etc. -- can get confidential information about you without your having given written permission to the provider.

However, there are important exceptions to know about:

- Workers in the same health service can share information about you and your care to help you. For example, the receptionist tells your therapist you arrived, the mental health team discusses the groups you want to attend to coordinate a schedule, etc.
- Healthcare facilities have to share limited information about you and the services you use with the entities that pay for your care (insurance, VA benefits, etc.).
- If you tell a health care provider that you are likely to hurt or kill yourself or someone else, that provider is required by law to share information about you with others in order to protect you or other people from harm, if the risk is immediate.
- In rare circumstances a court of law can issue a legal order requiring a provider to release certain information about you or your care for legal proceedings you are involved in.
- If you have a legal guardian, providers will share some of your health information with that person.

Also, you are always free to share your own information as you wish:

- You are free to tell other people about your experiences with mental health problems and services if and when and how you want to. You are also free to keep things private.
- You can give written permission for a provider to share information about you and your care, using a “release of information” form. This is usually for reasons like seeing a new therapist, new programs you want to start, or to give a provider permission to talk to your family member about your treatment. Before signing any release form make sure you understand and agree with what it says and what it will do.

Thoughts about Confidentiality Among Fellow Veterans, Friends and Family

It is also important to be aware that health information privacy laws do not apply to an important group of people you see regularly as you use mental health (and other) services: the other people also using those services. The Veterans (or non-Veterans) in your therapy group, the other clients in the waiting room, on the psychiatric hospital unit, in the PRRC, or at a community mental health program are not required by law to keep information about you confidential – such as that you attend a certain program or what you said in group. (Nor are family members bound by these laws). Certainly, staff will request that group members respect each other's confidentiality – and the other clients likely wish the same consideration for themselves -- but there are no laws requiring it.

Similarly, there are no laws preventing co-workers from telling stories, or neighbors or friends passing on information about you by accident or because they don't realize you would prefer to keep it private. Someone who hears you give a talk about your mental health challenges may tell another person out of admiration, or someone who is angry with you might tell something personal about you to others out of spite. It is not possible to have 100% control over information about one's self. However, making thoughtful decisions about whether, when, what, and to whom you disclose about your experiences living with mental illness can be empowering.

Appendix 4.

Extra Forms



Worksheet 1.4

THE COSTS AND BENEFITS WORKSHEET FOR DISCLOSING MY MENTAL ILLNESS

Setting: _____ To Whom: _____

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

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

Short-Term Benefits	Short-Term Costs
_____	_____
_____	_____
_____	_____
_____	_____

Long-Term Benefits	Long-Term Costs
_____	_____
_____	_____
_____	_____
_____	_____

What is your GOAL in disclosing? (Consider reasons you listed in Worksheet 1.3)

What do you EXPECT will happen after disclosing?

Given these costs and benefits, goals and expectations:

- I have decided to **disclose** my mental illness in this situation at this time.
- I have decided **NOT to disclose** my mental illness
- I have decided **to put off** my decision for now.

Worksheet 3.1

A GUIDE TO SETTING UP A STORY ABOUT YOUR EXPERIENCES WITH MENTAL ILLNESS

See the previous page for suggestions of what to include in each section below.

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

B. I also _____.

C. Let me tell you a bit about my childhood.

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

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

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

E. Unfortunately, my mental illness did not go away quickly.

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

F. I have found my path of recovery in living my life with my illness. Some things that help me, include:

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

Worksheet continues on the next page

G. Along the way, I experienced some stigma and unfair responses to my illness.

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

H. Despite my challenges and sometimes because of them, I have achieved a number of things that are important to me.

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

I. I want to end with these two key points:

1. *Like all people with mental illness, I live, contribute, work, play, and struggle - just like you and others.*
2. *So, please treat me like others. Don't view me or treat me based on stereotypes*