



UCL

HONEST, OPEN, PROUD

To Eliminate the Stigma of Mental Health Problems


A Self-Help Guide for Mental Health Professionals



**Katrina Scior, Henry Clements, Anna Hildebrand,
Harriet Mills, and Patrick W. Corrigan**

ILLINOIS INSTITUTE
OF TECHNOLOGY 

 The British
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 Division of
Clinical Psychology

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This guide is to be used in conjunction with the HOP-MHP website:

<https://www.ucl.ac.uk/pals/research/cehp/stigma-research/documents/hop-docs>

For more information about the original Honest, Open, Proud programme visit:

www.hopprogram.org

All illustrations by Ashley Boscoe: ashley.boscoe.15@ucl.ac.uk

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PREFACE

Experiencing distress is a common human experience. According to latest UK figures, more than four in ten adults report having experienced a diagnosable mental health problem at some point in their lives; of these a third have not received a formal diagnosis (Mental Health Foundation, 2016). Studies suggest that mental health problems are even more common among health, particularly mental health, professionals (Meltzer, Griffiths & Brock, 2008; Rao et al., 2016; Tay, Alcock & Scior, under review). This is likely to relate to numerous factors, not least that individuals who have experienced mental health problems may be more likely to be attracted to work in the field, and that work in this area places high emotional demands and stresses on practitioners.

Honest Open Proud (HOP) started as a chapter on disclosure in Pat Corrigan and Robert Lundin's book *Don't call me nuts: Coping with the stigma of mental illness* (2001). In 2011, they developed HOP as a stand-alone programme with close input from people with lived experience and partners from around the globe. HOP is a brief group intervention designed to support those with lived experience in reaching disclosure related decisions and acting on them. This self-help version of HOP combines a self-help guide with access to anonymous web based peer support. The self-help format has distinct advantages over the traditional group HOP, at least as a first line intervention, as it overcomes the paradox that those afraid of 'being found out' may also be reluctant to attend a group programme in person. In addition, our web-delivered self-help intervention is accessible to people wherever they are based.

This self-help guide is designed specifically for mental health professionals and other providers of mental health services. It starts from the recognition that mental health problems are not just stigmatised within wider society but also within mental health services. Many mental health professionals feel extra pressure to appear invulnerable and to remain firmly on the side of the 'helper'. They often also experience real dilemmas when considering speaking openly about their distress and seeking help. While the perspective of experts by experience is, for very good reasons, increasingly sought by service providers, policy makers and researchers, the usual assumption is that these 'experts' are users and not providers of mental health services, reinforcing the notion of 'us and them' and ultimately doing little to challenge stigma.

Most mental health professionals fiercely oppose the negative experiences many service users face as a result of misconceptions, prejudice and discrimination. Many who experience mental health problems themselves experience stigma. We hope that one indirect effect of the HOP-MHP programme will be to lift the lid on the taboo subject of ‘dual status professionals’ or ‘experts with lived experience’, i.e. the many on the side of the helper who have also, at some point in their lives, been on the side of those asking (or secretly wishing) for mental health support.

The overall purpose of HOP is to consider what the costs and benefits might be of disclosing one’s lived experiences of mental health problems to different people in social and work settings. For those who decide to disclose, the guide also helps to identify strategies for disclosing most effectively. Of note, this self-help guide is not focused on disclosure to clients or patients, which is a complex issue best considered within the context of the therapeutic model employed and in the context of therapy supervision. Whilst this guide does not explicitly address this complex issue, please do bear in mind any potential implications for your clinical work of disclosing your experiences of mental health problems within the public domain.

This guide was designed as four separate sessions, likely to be completed over four consecutive occasions. Each session includes tasks with learning points, questions to consider, and exercises. Some users may prefer to use the guide in a different format, such as one long intensive session followed by the booster, or many short sessions completing one task at a time. We suggest that allowing oneself the time and space to think through the issues, reach decisions and plan any actions has its merits, and that it is important to have the option of engaging in peer support whilst doing this.

Two rules for deciding about disclosure

We propose two general rules to guide any consideration of strategies for disclosing mental health problems. Rule 1 suggests caution. Once you have disclosed, it is very difficult to retract the news. According to the *Rule of Minimal Risks with Little Information*, disclosing and then recanting is much harder than being conservative and letting people know slowly.

On the other hand, Rule 2, *Delayed Decision is Lost Opportunity*, suggests caution leads to unnecessary delay. There may always be people who might dissuade you from talking about

your experience with mental health problems or judge you negatively for doing so. Don't let them keep you from disclosing to people who are caring and supportive where this feels important.

Although these rules represent wise advice to guide this tough decision, they obviously contradict each other. That's because there is no clear answer to the question about disclosure. Only you can know for sure what the right decision is for you at any one time and in any given context. You must weigh all of the costs and benefits and decide for yourself what to do. We acknowledge that disclosure is not a one-off decision and act but likely to be a continued negotiation. Having said that, we hope that this guide will help you reach important initial decisions regarding disclosure that feel right for you.

About language

This self-help guide was written specifically for mental health professionals. As such we have assumed that much of the terminology will be familiar to its users. We are mindful though that battles continue to rage over the “right” terminology to use – throughout this guide we have adopted ‘mental health problems’ and ‘lived experience’ as terms we hope will engage with the widest possible audience and cause the least offence. However, we recognise that some will find even these terms contentious, or will prefer terms such as ‘mental illness’ because it aligns most closely with their view of their experience or because it is not mental health but rather its absence that is stigmatised within society. Above all, we want this guide to be useful to its users, whatever their preferred terminology in different contexts and relationships.

Our decision, after much debate, to retain the original programme’s name ‘Honest Open Proud’ was guided above all by a desire to align ourselves with HOP’s primary aim to challenge stigma, and to give visibility to a growing network of people from a wide range of backgrounds engaged in efforts to challenge mental health stigma. We do not wish to suggest for a moment that anyone who, after some deliberation, chooses to keep their lived experience a secret from all or some in their social or work circle lacks honesty. We do hope though that this guide will afford its users the opportunity to be honest and open with themselves in deciding whether, when or how to disclose. We also hope that more of us speaking out about our lived experience will open the doors to a greater sense of pride – pride in who we are, pride in our abilities and resources in keeping our heads above water even when things may look very bleak, and pride

perhaps in viewing life and those around us through a different lens as a result.

The people involved in developing this self-help version of HOP are a mix of mental health professionals and researchers with and without lived experience. What unites us is a desire to tackle deep seated taboos and to challenge mental health stigma at all levels, including within our own professions and services. We believe that one important route to achieving this is by focusing on our shared humanness and encouraging open dialogue rather than sticking with the formality of third person language that typifies most programmes and manuals. Hence in most parts we have written this guide in first (we and us) and second person (you) language.

A bit of theory

In an era of evidence based health and mental health care, it is incumbent on us to outline the theory and evidence underpinning this self-help intervention. Four key strands of theory and evidence inform our view that an intervention that supports decision making and actions surrounding disclosure of lived experience by mental health professionals is likely to be of benefit to the individuals concerned, to the wider mental health field, and to society in general.

The first concerns the benefits of making active, positive choices about speaking out about one's lived experience rather than feeling compelled to keep it hidden. Concealment may have its benefits but it also places the person at increased risk of internalising the stigma attached to mental health problems within society and to think of oneself as somehow lesser or flawed (Corrigan et al., 2013). However, we recognise that disclosing a concealable stigmatised aspect of oneself can lead to both benefit and harm – hence the emphasis in HOP on considering both potential benefits and costs in depth before reaching any decisions about when, to whom and how to disclose. By placing the person in the driving seat of decisions and actions, HOP aims to empower, enhance self-esteem, and place stigma firmly outside of the person.

The second strand of theory is derived from the *Disclosure Process Model* (Chaudoir & Fisher, 2010). This model examines *when* and *why* interpersonal disclosure may be beneficial, focusing on both the process *and* outcome of disclosure. Of most relevance here is theorising that the outcome of disclosure is predicted by a range of factors, including on the part of the person disclosing, their goals for disclosure, how they communicate during

disclosure, and how they cope with the response; and on the part of the confidant, their reaction to the disclosure. HOP addresses all these aspects and thus maximises opportunities for a positive disclosure experience – over the course of the sessions detailed in this guide, you will be invited to formulate your goals for disclosure, consider how you would communicate your disclosure, and how you might feel about a range of reactions.

The third strand concerns evidence generated to date that HOP benefits those taking part in the programme. Early pilot trials conducted in the US and Europe have shown HOP to have positive effects on self-stigma, stigma stress, disclosure-related distress, secrecy and perceived benefits of disclosure (Corrigan et al., 2015; Rüsck et al., 2014). However, this evidence is based on the original HOP group intervention and samples of users of mental health services and not mental health professionals completing a self-help intervention. Hence this self-help version of HOP designed specifically for mental health professionals is currently subject to a randomised controlled trial to ensure that it leads to positive outcomes for those engaged with it and to ensure that no inadvertent harm results from its use.

The final bit of evidence concerns the provision of access to an anonymous web based peer support forum alongside use of the HOP-MHP self-help guide. While peer support is central to the original HOP programme, we felt that, at least as a first step, an intervention designed to support professionals who may feel reluctant to disclose, particularly within their work and professional circles, has to respect everyone's anonymity, thus precluding the option of face to face peer support. Our choice of an anonymous web based peer support forum is grounded as much on our belief in the value of peer support as it is on evidence of the benefits of peer support. Research suggests that peer support may reduce a sense of isolation, enhance feelings of empowerment and self-esteem, and foster a sense of community (Dennis, 2003; Pistrang et al., 2008; Resnick & Rosenheck, 2008).

Evaluation of this guide

This guide is currently undergoing evaluation to ensure it benefits its users. Hence, we strongly encourage anyone who has come by this guide via a third party to help us with the very important task of evaluating the impact of this guide. If this applies to you, we warmly

ask that you get in touch with us BEFORE embarking on Part 1 in order to participate in the evaluation. This will mean completing some measures before you start the programme and again when you finish. Participation in the evaluation is entirely voluntary – for more information see: www.ucl.ac.uk/pals/research/cehp/stigma-research/documents/hop-docs

Completing the sessions

As this is a self-help intervention, ultimately you are in charge of the pace at which you move through the guide. Having said that, we suggest you aim to complete one session per week for 3 weeks and schedule at least an hour to 1 ½ hours each week to do so. This will allow you time to reflect on your thoughts and any decisions you have reached before embarking on the next session. You should allow additional time if you wish to engage with other HOP-MHP users on the peer support forum. If you are taking part in the evaluation, you will be contacted after three weeks to ask you to complete the first set of follow-up measures, on the assumption that you will have completed sessions 1 to 3 over the course of three weeks. We suggest you allow around three weeks to complete the booster session. You will receive a reminder when it is time for the booster. Once completed, you will be asked to complete the measures again if you are taking part in the evaluation of HOP-MHP.

Managing Distress

It is possible that reflecting on your experiences with mental health problems and thinking about disclosure may cause you some distress. It is important that you think carefully before you complete this guide about where you can access support if you do experience distress. Our website sets out some of the ways in which you can access support: <https://www.ucl.ac.uk/pals/research/cehp/stigma-research/documents/hop-docs>

If you are taking part in the evaluation of the guide and you experience distress and would like support then you are also able to contact us and we will be happy to speak with you on a confidential basis – see:

<https://www.ucl.ac.uk/pals/research/cehp/stigma-research/documents/hop-docs>

SESSION 1

Considering the Pros and Cons of Disclosing

Session overview

Disclosure about mental health problems is the right decision for some people, but not for everyone. This section is a guide to help people decide what the right decision is for them. We approach the decision in two parts:

1. We discuss the idea of identity and mental health problems so you can decide how you frame your identity.
2. We ask you to examine your own beliefs about mental health professionals who experience mental health problems and whether you self-stigmatise.
3. We help you weigh the costs and benefits of disclosure so that you can decide whether or not to disclose.

1. Do you identify yourself as a person with lived experience of mental health problems?

Key Points

- Some people clearly identify themselves as a person with lived experience of mental health problems.
- Others do not view themselves as a person with lived experience of mental health problems, for reasons such as:
 - They do not view struggles with their mental health as central to who they are.
 - Other parts of their life are more central to their sense of who they are.

Read these stories about Yvette, Jacob and Sanjay:

Yvette is a 33 year old mental health nurse. She received a diagnosis of bipolar disorder

about ten years ago. She feels that this diagnosis doesn't have to impact on her quality of life: she has a job she enjoys, a comfortable home and a very supportive partner. Yvette regularly attends a support group where she provides guidance to peers who are struggling with their own mental health problems. She is also an outspoken advocate against stigma. She publicly identifies herself as a person with lived experience of mental health problems and openly challenges negative images of people experiencing mental health problems in our society. **Yvette is someone who identifies herself as a person with lived experience of mental health problems.**

Jacob has a similar history to Yvette. He struggled with severe depression and anxiety from the age of 19. Now he is 32, married and working as a clinical psychologist, which he finds very rewarding. For the past five years his mental health has been good. He has told some close friends about his lived experience of mental health problems and feels they are very supportive. At work he has disclosed to his supervisor and is able to discuss his own past experience of mental health problems in relation to his clinical work and possible impact on his work and relationships with clients. No one else at his workplace knows about his lived experience of mental health problems. Jacob is happy with his disclosure decisions as it has helped him maintain professional boundaries with colleagues whilst being able to access support both in his professional and personal life when he needs it. **Jacob is open about his lived experience of mental health problems in some situations but not in others.**

Sanjay shares similar experiences, having been diagnosed with obsessive compulsive disorder (OCD) in his late teens and then struggled throughout his medical training. He is now 35 years old and works as a psychiatrist. He has not experienced severe symptoms of OCD for the past five years and feels things are going well at work and at home, having just started a family with his wife. Other than his wife, no one at work or in his social circle knows about his past experience of mental health problems. Sanjay wants it that way. Not only does he choose not to let others know about his past, he does not view himself as a person with lived experience of mental health problems, feeling that they are only a very small part of who he is. **Sanjay is a person who does not identify himself as a person with lived experience of mental health problems.**

In these examples, three people view themselves differently in relation to their experience of mental health problems. Yvette thinks it is a significant part of her identity. Jacob feels it is

more important in some contexts than in others. Sanjay does not view his experience of mental health problems as in any way central to his identity.

Take some time to consider the following questions:

1. What do you think of Yvette, Jacob and Sanjay's decisions?
2. What are the pros and cons of each of their choices?

Self-identification is not a yes-no question

People sometimes believe that identifying as someone with lived experience of mental health problems is a simple, all or nothing decision: you either align yourself with others who have lived experience of mental health problems, or you don't. In reality, the decision is less clear-cut. Identifying as someone with lived experience of mental health problems also does not mean subscribing to a single set of views; for example, people with lived experience may have very different views on issues such as diagnosis, accessing mental health services and therapy. Whether and to what extent we identify ourselves as a person with lived experience of mental health problems can change over time and depends on the context. Mental health problems may have different significance to us in different contexts, at different times, and in relation to different people, for example, depending on whether problems are still present or whether we are dealing with someone who we know to hold prejudiced views.

Addressing our own beliefs and self-stigmatisation

Mental health professionals are not immune from widely held negative stereotypes and prejudices about people with mental health problems. While fortunately becoming less common and acceptable, the media, in their hunt for sensationalist stories, still frequently portray them as violent and unpredictable, as weak and incompetent, or as to blame for their struggles.

As mental health professionals with lived experience, we may find ourselves helping our clients, patients or service users to recognise that such beliefs are false, unjust and unhelpful, but at the same time we may find it difficult not to internalise these or similar beliefs when it comes to colleagues with lived experience or indeed ourselves. For example, we might find ourselves at times believing that because we have developed a mental health problem we are a failure, that we are no longer competent to exercise our profession, or that we are somehow to blame for our difficulties. Research tells us that many mental health professionals who develop mental health

problems believe that they have failed while their colleagues are ‘perfect copers’, and that they experience intense feelings of shame. It also tells us that many feel embarrassed about seeking help, that seeking help is self-indulgent, or that their choice to seek medication over therapy or vice versa is ‘wrong’ because not in line with their profession.

Take a few minutes to reflect on beliefs and prejudices that you have noticed other people hold, and the extent to which you may sometimes find yourself endorsing these or other negative beliefs when it comes to (a) other people and colleagues with mental health problems, and (b) when it comes to yourself. You may find it helpful to examine these beliefs using the five steps outlined in *Appendix 1: Challenging Self-Stigma*.

2. Considering the Pros and Cons of Disclosing

Key Points

- There are both costs and benefits to disclosing.
- Costs and benefits differ depending on the setting; for example, at work versus among your family and friends.
- Only you can weigh the costs and benefits to decide whether it is worth disclosing.
- Costs and benefits can differ on the timing; for example, status of your mental health at a given time.
- Costs and benefits can differ on your relationship with your mental health.

Why might you disclose?

Table 1.1 below lists some reasons why someone may decide to disclose their lived experience of mental health problems. Put a tick next to the reasons that stand out for you. Think about whether you have other reasons for disclosing that are not listed here, and add these to the list.

Table 1.1: Some Reasons why People Decide to Disclose their Lived Experience of Mental Health Problems

<p>1. To tell ‘the truth’</p> <p>“I just wanted someone at work to know about my experience with mental health problems.” “At times I feel like I am being dishonest, working in mental health and keeping my own experiences private.” “I feel bad for hiding what’s going on for me. I don’t want to feel this way anymore.”</p>	
<p>2. To gain understanding and empathy</p> <p>“I’m hoping others will understand my experiences with mental health problems.” “If more of us speak out, gradually we’ll have a culture of greater empathy with our colleagues who may experience mental health problems.” “I’d like someone to say to me, ‘I’ve had problems too.’”</p>	
<p>3. To create space to consider impact of dual status</p> <p>“I’d really like to use supervision to think about the impact of my own experiences on my clinical work.” “I want to be able to discuss how my lived experience may enrich my work.”</p>	
<p>4. To secure support and assistance</p> <p>“Sometimes my clinical work reminds me of my own experiences and I’d like to be able to talk about this with my supervisor.” “I’d like to be able to tell my colleagues when I’m having a bad day.”</p>	
<p>5. To secure reasonable accommodations</p> <p>“I should be able to get help from work when I need it.” “I want my manager to understand why I have been struggling with deadlines.” “Perhaps I can arrange flexible working to help manage the more difficult periods.”</p>	
<p>6.</p>	
<p>7.</p>	
<p>8.</p>	

Some costs and benefits of disclosure

While some of the reasons for disclosure in *Table 1.1* can be linked to actual or anticipated ‘benefits’ of disclosure, there are also a variety of reasons why someone may choose not to disclose their experience of mental health problems, these could be considered costs. *Table 1.2* below summarises some of the potential benefits and costs of disclosure.

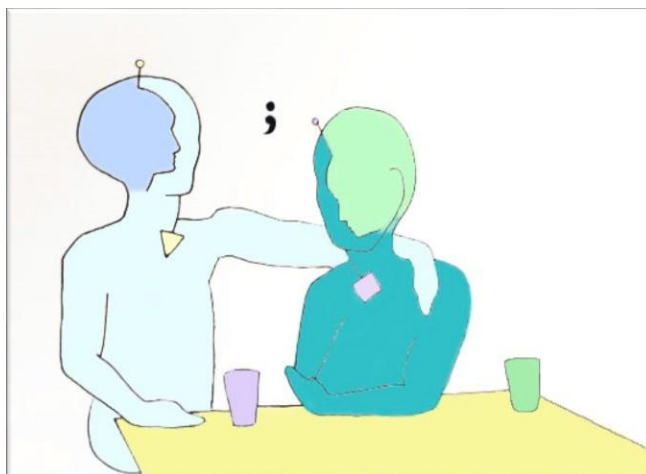
Table 1.2: Some Costs and Benefits of Disclosing Lived Experience of Mental Health Problems	
Benefits	Costs
You don't have to worry about hiding your experience of mental health problems.	You may worry more about what people are thinking about you.
You won't feel like 'a fraud' at work anymore.	Others may disapprove of your mental health problems or your disclosure.
You can be more open about your day-to-day affairs.	Others may talk about you behind your back.
Others may be understanding and support your disclosure decisions.	Others may exclude you from work and other opportunities.
Others may have similar experiences.	Others may start to see you as 'different'.
You may find someone who can help you in the future.	You may worry that others will pity you.
You may be able to positively influence others' perspectives of professionals with experience of mental health problems.	Future relapses may be more stressful because others will be watching.
You are a living testimony against stigmatising beliefs.	Family members and others may be angry that you disclosed.

Let us consider the benefits first, the reasons why letting other people know about your experience of mental health problems may help you.

The advantages of disclosing

One advantage to telling others is that you won't have to worry any more about having to hide your experience of mental health problems. It could free you from the negative feelings related to keeping these private, such as guilt,

fear, or resentment. Disclosing to other people may help you feel more open about your experiences. For example: *“I used to feel like I was living a double life with a terrible secret but now I feel accepted and valued for who I am and the experience I bring.”*; *“I used to worry about what my colleagues thought about me being off sick all the*



time, and that they would ask me what was wrong. Now they know that some days I'm not well enough to be at work and I don't have to worry about coming up with excuses.”

You may fear that others would disapprove or judge you. However, a common benefit of disclosing is receiving approval and support from others. For example: *“I didn't know you struggled with depression. I'm really impressed with how well you manage.”*; *“Your view on how our policy could be altered was really useful.”* As mental health professionals we know that everyone has to cope with some kind of personal trial or tribulation at times, whether or not related to mental health problems. They may be impressed by your openness and may respect you and be inspired by it. You may learn that others have experienced similar difficulties. Frequently, people discover that when they talk about their own struggles with mental health problems, others respond “me too” And in turn talk more openly about their own experiences. It is commonly said that around a quarter of the population will experience some kind of mental health problem at some point in their life; according to the latest figures from the Adult Psychiatric Morbidity Survey, as many as 43% of adults in the UK think that they have had a diagnosable mental health condition at some point in their lives (a third of whom have not received a formal diagnosis, Mental Health Foundation, 2016), Hence it is very likely that you will have a “me too” experience at least some of the time when telling others. As a result of disclosing, you may build friendships with those who have experienced similar

difficulties, and may be able to support one another in future. For example: *“Jo told me she gets depressed sometimes, too. That really helped. Next time I was in a low mood at work, I was able to talk to Jo about it which really helped me get through the rest of the day.”* Disclosing your mental health problems is often the first step to finding a support network of people who have had similar experiences.

Telling your story can also promote positive feelings, for example: *“I was surprised when I told my close colleagues about my struggles with eating disorders that I didn't feel nervous afterwards. I felt able to stand up for what I believe in, and make a stand against stigma.”* Telling your story may also challenge many of the stigmatising attitudes others have about mental health problems. You are a living testimony against many of the spoken and unspoken myths about mental health problems, for example: *“It was very inspiring to hear Rob talk about his own mental health problems. I didn't feel comfortable talking about my own experiences in the workplace as I thought I'd be considered weak. This helped me to begin thinking more about disclosing myself.”*

Disclosing at work may also implicitly or explicitly challenge the stigmatising language people in your workplace may sometimes use to refer to mental health problems, for example, referring to a client as “PD”.

The costs of disclosing

Although there are likely to be benefits to disclosing your experiences, you need to consider the costs as well - these are the reasons why you may have been reluctant to tell others about your experience. Some costs are listed in *Table 1.2* above and you should consider them carefully and whether there are other costs that may apply to you.

In some contexts some mental health problems may be particularly stigmatised. Costs of disclosing might include potential repercussions from others. Some people may disapprove of you for talking openly about your experiences, for example because they themselves fear mental health problems or they feel uncomfortable around people who experience mental health problems. Others may resent you for asserting your right to tell, for example: *“I don't understand what the big deal is? Why is Jane telling everyone?”*

People might start talking about you. Telling people about your experiences with mental health problems and treatment you may have received may give people something to talk about. Some people might not be so open to hearing your story. They may have unhelpful views about people with experience of mental health problems and some people may actually exclude you from activities or other opportunities. A supervisor might keep you from a good job or question your ability to do a specific role, for example: *“I don’t want someone with their own problems getting involved in this project”*. Or, the supervisor might become overly protective: *“I’m not sure she’d be able to cope with this opportunity, I’ll offer it to someone else.”*

You may also have other concerns about disclosure. You may worry that others will view you differently after you tell your story. You may wonder what people mean when they ask, *“How are you?”* or whether there is a hidden reason when they say, *“I can’t join you for lunch”*. You may be concerned that people who find out will pity you, for example: *“It was difficult keeping everything private but now I find my colleagues patronising: ‘Don’t stress yourself out’, ‘You’re working too hard’, and ‘Take a break’. This is making me even more uncomfortable”*. Some people who disclose may find subsequent relapses more difficult. Rather than attending to your needs, you may worry what colleagues or friends are thinking.

Finally, some people might experience family anger about disclosing their experience of mental health problems, for example a relative might say: *“I didn’t want everyone to know about your mental health problems. Now, people are asking me questions that I don’t want to answer”*. Families have their own stories about mental health problems and struggles with stigma, which will be affected by your decision to disclose.

Weighing the costs and benefits of disclosing

Using *Table 1.3* below, make a list of all the costs and benefits of disclosing from your own perspective. (We suggest you use the longer version of this table, *Worksheet 1.1*, available in the Appendix.) Benefits represent why you would do it, what you expect to happen that is positive as a result of disclosing to others. Costs are why you wouldn't do it, the negatives or harm that could result from disclosing.

<i>Table 1.3: Some Costs and Benefits of Disclosing My Experience with Mental Health Problems</i>	
Benefits	Costs

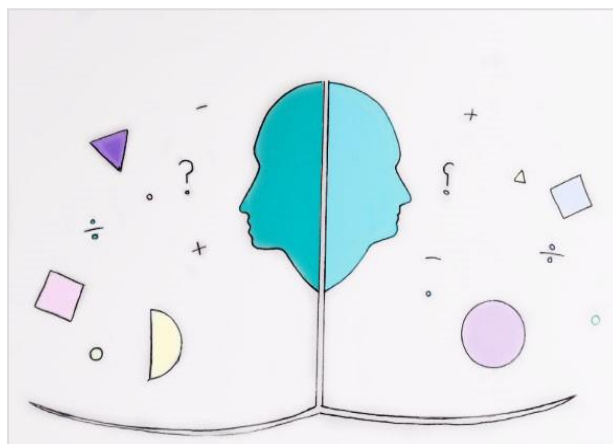
You may find it helpful to discuss these on the HOP-MHP Peer Forum, to compare and contrast the different costs and benefits identified by you and other mental health professionals using this guide.

Now let's make a different kind of list. Write down the costs and benefits from your own perspective of not disclosing. (Again we suggest you use the longer version of this table, *Worksheet 1.2*, available in the Appendix.) Again, it may be useful to discuss these on the peer forum to consider the different perspectives and ideas other people have.

<i>Table 1.4: Some Costs and Benefits of <u>Not</u> Disclosing My Experience with Mental Health Problems</i>	
Benefits	Costs

The impact of disclosure over time

You now have a list of benefits and costs. However, only you can decide for yourself how these costs and benefits balance. But first, we would like you to consider other issues associated with weighing up the costs and benefits of disclosure. The impact of costs and benefits is sometimes relatively immediate; at other times, the impact is delayed. For example,



Nisha identified short-term costs (“*If I tell my co-workers about my experiences with mental health problems they may not respect me or my work*”) and short-term benefits (“*Perhaps other people in my office may be understanding and provide some support*”) related to telling co-workers. She also identified long-term costs (“*If I tell my supervisor I have regular bouts of depression, he may not renew my contract at the end of the year*”) and benefits (“*If I tell my boss, he may be able to offer some additional support when needed*”). Generally, people tend to be more influenced by short-term costs and benefits because they happen sooner. But, long-term costs and benefits frequently have greater implications for the future. So, make sure you carefully consider those as well.

Censoring costs and benefits

Sometimes people censor themselves as they list costs and benefits. For example: “I’m worried that people won’t have lunch with me if I tell... Nah, that’s a silly idea. I’m going to take that off the list.” **Don’t dismiss any cost or benefit no matter how silly it may seem.** Put them all on the list so that you can consider all advantages and disadvantages together. Sometimes the items that you want to censor are actually important; you may just be embarrassed to voice them.

Table 1.5: Example for Nisha		Context: At the office	
Short-Term Benefits		Short-Term Costs	
<ul style="list-style-type: none"> -Others may be understanding and offer support. -Don't have to keep it hidden. -May identify co-workers with similar problems. - Build better relationships with colleagues. * 		<ul style="list-style-type: none"> - Co-workers may not respect my work. - Co-workers may not ask me to lunch. - Worry about others talking about me. - Get left out of work opportunities. 	
Long-Term Benefits		Long-Term Costs	
<ul style="list-style-type: none"> - Boss likely to provide additional support. - With accommodations may get better pay. - Stay in the job longer. * 		<ul style="list-style-type: none"> - Supervisor may not renew my contract. - Rumours about me may start. * - I quit in embarrassment. - I get fired. 	

Prioritising costs and benefits

After listing all the costs and benefits, put a star (*) next to one or two that seem to be particularly important to you. Two benefits stand out for Nisha in *Table 1.5*. First, she thinks that she will be able to stay in her job longer. In the past, she has quit good jobs after a few months worrying that others were going to find out her secret. Secondly, staying in the job longer will help her build better relationships with her colleagues. She has also starred one cost: Nisha is concerned that people will talk about her and spread rumours about her mental health problems.

Important items are the ones you spend a lot of time thinking about. You may want to star (*) the items that make you nervous when you think about them (“*If I tell my colleagues at work they will judge me and think I shouldn't be here*”). Or, you may mark items that suggest a lot of hope (“*Maybe if I tell people, they will be understanding and I'll be able to talk to them*”).

when I'm going through a rough patch"). You may want to consider the list of costs and benefits in *Table 1.2* for additional ideas about possible costs and benefits. However, don't limit yourself to these options. Frequently, you will come up with a cost or benefit not in the list that is especially relevant to you.

Your decision depends on the context

Costs and benefits of disclosing your experience will vary depending on the situation you are in. The example for Nisha was set in the context of her job as a clinical psychologist. Telling people your history with experience of mental health problems can be a lot different at work than with your family or close friends. You could conceivably decide to tell people at work but not those in your family, or tell your close friends but not your manager. Hence, you need to list costs and benefits of disclosing your experience with mental health problems separately for each setting that is important to you. You can do this by completing *Worksheet 1.3 The Costs and Benefits Worksheet* (see Appendix) - enter the name of each setting and the person to whom you might disclose on the first line at the top of the form: work (e.g. your co-worker), family (e.g. a sibling), or social groups (e.g. your good friend) and make sure you complete a separate form for each context. Then note down the costs and benefits of disclosing to that person in the respective setting.

What is your decision?

The purpose of *Worksheet 1.3* is to help you reach a decision about whether or not to disclose your experience of mental health problems. Your decision could look like one of the following:

- Yes, I want to let some people know about my experiences with mental health problems.
- No, I don't want anyone to know about my experiences with mental health problems.
- I have decided to postpone my decision.

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

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

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

What is your goal in disclosing?

After weighing up the costs and benefits you listed, review what you found to be important in *Table 1.1 (Some reasons people decide to disclose their experiences of mental health problems)*. These reasons may have changed as you considered more costs and benefits of disclosing. When you disclose, what are you hoping for? List your goals in the box (*What is your GOAL in disclosing?*) in *Worksheet 1.3*.

People who decide to disclose have hopes and desires about the impact of their disclosure. These are among the benefits of disclosing listed in *Table 1.2*. One or two of these benefits are especially likely to drive your decision to disclose to someone. List these in the last box (*What do you hope will happen after disclosing?*) in *Worksheet 1.3*. These are very important questions, hence we suggest you highlight them separately from the overall consideration of costs and benefits. In what positive ways are you expecting people to react? The answers to these questions will also help guide the personal evaluation of how well disclosing worked for you in the next session. Note that this consideration only matters if you decide to disclose. For some people, the decision to disclose is not right for them, at least not at this moment in time and, hence, disclosing should not be pursued at this time.

Complete the whole of *Worksheet 1.3*. While you are completing this worksheet remember: benefits are the reasons why you would want to disclose. Ask yourself the question, *“How will letting other people know about my experiences with mental health problems help me?”* Costs are the disadvantages to disclosing your experiences with mental health problems. Ask yourself: *“How will talking to others about my experiences negatively affect me?”* Remember, only you can decide for yourself how these costs and benefits balance.

SESSION 2

There are Different Ways to Disclose

Session overview

1. We describe five different ways to disclose and then guide you through considering the costs and benefits associated with each strategy.
2. We guide you through the process of selecting a person to whom you are considering disclosing.
3. We then consider how others might respond to your disclosure.

1. Different Ways to Disclose

Key points

- People might disclose their experiences with mental health problems and corresponding treatments in different ways.
- There are several costs and benefits of disclosing in each of the five different ways.
- You will perceive different costs and benefits associated with each of the five ways. The costs and benefits you identify may vary by setting.

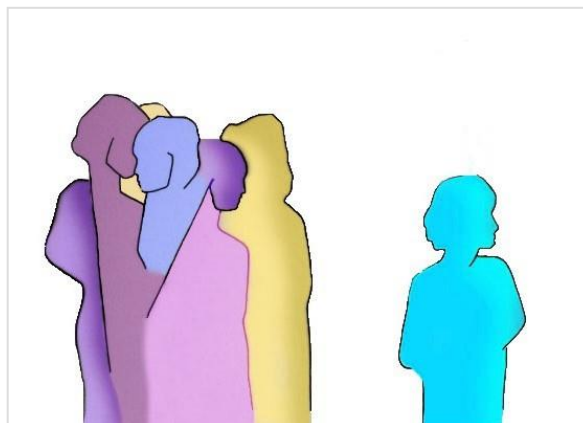
Depending on your decision, there are a variety of ways in which you might disclose, or not disclose, your experience with mental health problems. You will likely select from the five approaches listed in *Table 2.1*, depending on the context. For example, some people may choose to disclose selectively in certain situations (e.g., tell my book club and immediate supervisor at work), keep their experiences private in other situations (e.g., not tell any of my colleagues), and avoid a third set of situations altogether (e.g., not go for drinks with colleagues after work).

Table 2.1: Five Ways to Disclose or Not Disclose

<p>1. <u>Social avoidance</u>: Not telling anyone about your experiences with mental health problems and avoiding situations where people may find out about it such as social interactions.</p>	
<p>Benefit: You don't encounter people who will unfairly criticise or judge you.</p>	<p>Cost: You may lose out on work opportunities and on meeting new people who may be supportive.</p>
<p>2. <u>Keeping it private</u>: Participating in work and social activities, but keeping your experiences with mental health problems private.</p>	
<p>Benefit: Like social avoidance, you withhold information about your experiences with mental health problems from others. But you don't avoid most work or social settings.</p>	<p>Cost: You may receive less support from others because they are unaware of your experiences with mental health problems. Some people also feel guilty about concealing their experiences.</p>
<p>3. <u>Selective disclosure</u>: Disclosing your experiences with mental health problems to selected individuals, like colleagues or certain friends, but not to everyone.</p>	
<p>Benefit: You find a small group of people who will understand your experiences and provide support.</p>	<p>Cost: Some people you disclose to may hurt you with the information. You may have difficulty keeping track of who knows and who doesn't, and worry about people you have told telling others.</p>
<p>4. <u>Indiscriminate disclosure</u>: Making the decision to no longer conceal your experiences with mental health problems; this does not mean, however, that you are telling everyone your story.</p>	
<p>Benefit: You don't worry who knows about your problems. And you are likely to find more people who will be supportive.</p>	<p>Cost: You may tell people who then hurt you with the information.</p>
<p>5. <u>Actively share your experience</u>: Actively seeking out and educating people about your experience with mental health problems.</p>	
<p>Benefit: You don't have to worry who knows about your history of experiencing mental health problems. You are promoting a personal sense of empowerment in yourself. You are actively fighting against stigma.</p>	<p>Cost: You are going to encounter people who may try to hurt you with this information. You are also going to meet people who disapprove of your public statement.</p>

1. Social Avoidance

The first way to handle disclosure may be to not tell anyone. This means avoiding situations where people may find out about your experiences with mental health problems. People who fear being stigmatised may choose not to socialise with other people, such as colleagues, due to fears that they may find out about their experiences. Some people may



prefer socialising with people who also experience mental health problems to avoid those who may disapprove of, or not understand, their problems, or they may spend more time on their own pursuing solitary activities.

Unfortunately, there are several costs to social avoidance. People who choose to avoid ordinary social activities lose out on all the benefits, such as access to a broader set of opportunities or promotions at work as well as meeting people who support their experience with mental health problems. In some ways, social avoidance maintains or even promotes stigma and discrimination. It endorses the idea that people with experience of mental health problems should keep away from the rest of society and isolation can also make their problems worse. People who choose to avoid social situations may be putting off a challenge that they must eventually face. However, social avoidance may be a useful strategy during times when symptoms are intense and the person needs a respite from the demands of society. But bear in mind that social isolation may make depression worse.

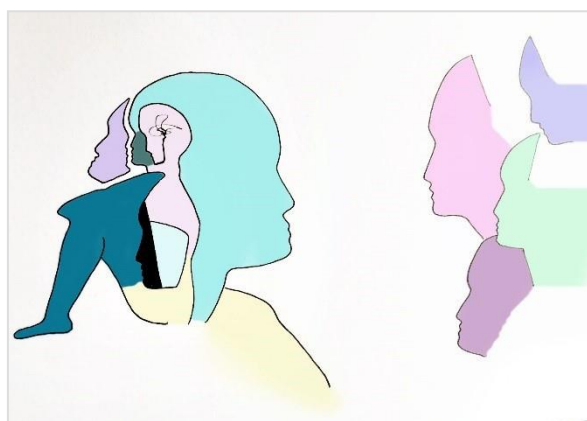
Recognising which people to avoid

A more moderate approach to social avoidance might be to steer clear of certain groups of people who are less likely to be accepting of people with experience of mental health problems. For example, you might want to avoid people who look at minorities and disadvantaged groups from a stereotyped and disrespectful perspective. Some people use disparaging and insensitive language in their conversations. They might inappropriately throw around words such as “nuts”, “crazy” or “mental”. They often perpetuate myths such as, “*People with mental health problems should not be working in mental health*”, or “*People*

with depression should snap out of it.” Unfortunately, sometimes these myths are perpetuated in the popular media.

Finally, there are those who discriminate against people with experience of mental health problems and do not want to give them a fair chance. For example, they might not want to employ, work with or be friends with someone with these experiences. People may encounter such attitudes and discriminating behaviour in the workplace, for example, by being passed over for a promotion or suspended from their job if their experience becomes known. This can then deter others from feeling able to talk about their experiences and seek support and thereby cause wider damage.

2. Keeping your Experiences Private



There is no need to avoid work or community situations in order to keep your experiences with mental health problems private. Many people choose to work and socialise but not to share their experiences with others. Paul was a popular nurse at a large hospital for six years and never told colleagues he had accessed support from mental health services for symptoms of psychosis in the past. Claire did a shared school run for her children with neighbours for 18 months and never let them know about her depression and anxiety. Amar went to mosque weekly and never let others they know about his history of substance misuse. It wasn't too hard to keep private their history of mental health problems.

Sometimes it might feel like other people can tell that you are struggling with symptoms. However, it is often much easier to hide your experience with mental health problems than to hide more visible characteristics such as your gender, ethnic background, or a physical disability. Most people cannot determine whether you are sad or worried or hearing voices unless you tell them. They do not know what thoughts are going through your mind. Also, most people tend to be focused on what is going on in their own lives rather than what is

going on around them. Colleagues may just think that you are tired or having a bad day rather than assume you have depression.

How do I keep it private?

There are two parts to keeping your experience with mental health problems private. The first part is an act of omission: don't tell anyone. You don't need to share your history of symptoms, accessing mental health services or treatments. *“I'd been playing in this 5-a-side football league for 3 years. We always went for a drink once a month after playing a match. We'd talk about the football league, work, relationships, and our time at university. But whenever we touched on the time after university, when I was receiving support from mental health services for severe depression, I always fell silent. I would then try to change the topic by asking one of my team mates to tell us some funny interview stories from his time as a recruitment consultant as this was guaranteed to get him talking.”*; *“When people asked me why I became interested in bipolar disorder research, I'd say “because I know someone who has it” – I didn't say that this person was me!”*

There are costs to not disclosing your experiences. For some people, not disclosing can lead to gaps in their life story. For example, your CV might have gaps from when you were unable to work due to experience with mental health problems. You may find it difficult to always be vigilant about what you say about yourself and feel frustrated about having to be so careful. You might feel guilty keeping your own experiences secret, or even hypocritical because you work with service users who are open about their difficulties. Nevertheless, keeping parts of your experience to yourself may prevent you from being discriminated against in terms of work opportunities and make you feel more comfortable in social settings due to not worrying about what other people might think of you.

The second part is an act of commission. You may want to fill in some gaps in your past and current experience. Consider the example of someone's CV showing that three years ago, after they first graduated from university, they had a gap in employment for eight months. This may have been due to a combination of a difficult job market and experiencing depression which affected the person's energy levels and motivation to apply for jobs. If asked about this during job interviews, they might truthfully highlight some reasons such as the difficulties of the current job market and not finding a job in line with their career goals, whilst not talking

about the depression that made it difficult for them to apply for jobs and attend interviews at that time.

You might also want to think about how to discuss current experiences related to your mental health problems such as leaving work early once a week to see a therapist. For example, you might plan responses to the following types of questions:

“Why do you have to leave at 4pm every Tuesday?”

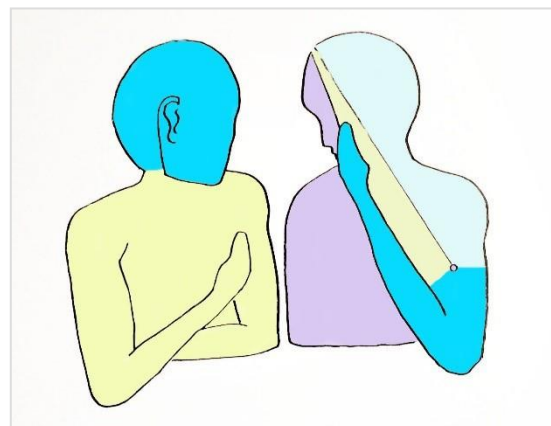
“How come you never drink alcohol at company parties? Are you teetotal?”

Without answers, these observations may stick out for some colleagues or acquaintances. Friends and family members who are familiar with your experiences may need to be aware of your answers so they know what to say and not to say to colleagues or other people in your life to whom you do not choose to disclose, for example: *“I told some of my colleagues that I pick up my niece from school every Tuesday rather than telling them about being in therapy. I would appreciate it if you could back me up when we meet them at our annual staff and partners party.”*

For some people, these acts of commission are a disadvantage: *“Why do I have to hide the fact that I experience mental health problems?”* It can be even harder to ask family members or friends to do the same. As a result, you may choose not to change or add to your story. However, filling in the gaps can be a way of refocusing your story on information that will not lead to stigmatising responses from others.

3. Selective disclosure

When you keep your experiences with mental health problems private, it may be difficult to access the support and resources of others. To address this problem, some people disclose their experiences to selected colleagues or friends. If you disclose, you may find people who are empathic and supportive towards you, for example:



“Now that I have told my manager about my depression, I can talk to her about getting the right support”. Moreover, you won't have to worry about keeping your experiences private from those to whom you've disclosed: *“Once my colleague knew about my anxiety, I felt much less anxious around him and I had someone to talk to at work whenever things got a bit too much”*.

However, there is also a risk that those who find out may avoid or reject you in response or even tell other people about what has been disclosed to them. They might say: *“I can't rely on someone who has mental health problems to do a good job.”*, or *“I think my colleague who has depression can't cope with the demands of this work.”*

4. Indiscriminate Disclosure

Selective disclosure means that there is a group of people with whom you are sharing



your experience with mental health problems, and a group from whom you are keeping the information private. More than likely, the group from whom you have kept it private is much larger than those with whom you have shared the information. This means there are still a large number of people around whom you have to be careful what you say, individuals who you don't

want to find out about your experiences. Moreover, this means that there is still a secret that could represent a source of shame: *“Even though I told my manager, some of my colleagues with whom I'm working closely on a project, and my best friend, most people don't know. Every time I meet someone, I have to be careful about what I say – it feels like I have to be quite reserved.”*

People who choose indiscriminate disclosure, or complete openness, no longer try to keep their experience with mental health problems private. They choose to disregard any of the potential negative consequences of people finding out: *“I got tired of wondering who knew and who didn't. I finally got to the point where I didn't care. I stopped trying to keep my experiences private. I stopped concealing my appointments with my therapist.”*

The decision to no longer worry about keeping your experiences private is not the same as telling everyone your story but means you are no longer actively trying to conceal it. It can help you feel relieved of the burden of trying to do this. If you choose indiscriminate disclosure, it will still be helpful to identify people with whom you can actively share your experience. Not everyone will respond to your message well. Hence, the characteristics that make someone more likely to be a good person to disclose to (see *Table 2.2* under Task 2 below) are relevant for selecting people to tell.

Reframe your experience

Some people have to change the way they view their experiences if they are to opt for indiscriminate disclosure. In the past, you might have viewed experience of mental health problems as something that is disparaged by others and should therefore be kept private. You may need to accept your experience as part of who you are in order to change your desire to keep them private. Your experience is not a bad part of you that needs to be rejected. Some people see their experience with mental health problems as one of many attributes that describe them: right-handed, brown haired, skilled in math, tall, poor at sports, and currently struggling with depression. We do not mean to make light of your experience, it can clearly affect your life and your life goals. But it is only one part of what defines who you are and what your future holds. You have successfully changed your attitude about disclosure when talking about your experience no longer evokes a sense of hesitancy or shame: it's not bad or good; it just is the way it is.

People who have accomplished this kind of reframe might say things like:

"I'm more than a list of symptoms."

"I don't care what other people think."

"Take me as I am."

Can you handle disclosure?

Disclosure, specifically the indiscriminate type, requires resilience. Many more people are going to find out than with selective disclosure and there is the potential that more people could react negatively, so you need to be able to cope with the disapproval that may result from prejudiced reactions. One way to think about whether or not you are up to this is to role-play

such situations. You may wish to complete the exercise in *Worksheet 2.4* later (under Task 3) to give you some ideas.

5. Actively Sharing Your Experience

Indiscriminate disclosure means no longer trying to hide your experience with mental health problems. On the other hand, you are not likely to go out of your way to inform people about them either. Actively sharing your experience means educating people about mental health problems. In some ways, the process is similar to “coming out” in the LGBTQ+ community (Lesbian, Gay, Bisexual, Trans, Queer/Questioning, and others); the goal is to actively let people know about your experience. This kind of disclosure is much more than letting go of your worries about keeping things private. Your goal is to seek out many people with whom to share your past history and current experiences with mental health problems. Actively sharing your experience can have the same benefits as indiscriminate disclosure: you no longer need to worry about keeping your experiences secret.

You will also find people who may provide understanding, support, and assistance to you because of your message. In addition, you may inspire other people around you to disclose their own experiences, which may have a positive effect on some of your relationships and help others get the support they need. People who choose to actively share their experience seem to derive an additional benefit. Namely, it seems to foster their sense of power over the experience of mental health problems and stigma. They no longer have to feel inferior or inadequate: *“I’m equal to everyone else. I have nothing to hide.”*; *“I feel proud of who I am and how far I’ve come.”*

This kind of awareness-raising may help to demonstrate that mental health problems are often exacerbated because of society’s reaction to them. Speaking out about this can help you feel relieved of the social stigma, oppression and disapproval. In fact, many people who choose to actively share their experience also choose to express their dissatisfaction with the way they have been treated: *“I’m angry; whenever I disagree with a decision my manager talks down to me as if my point of view is somehow less valid. I have 10 years of experience in this field and am able to make valuable contributions.”* This discontent is also aimed at society: frustration at being viewed differently, losing opportunities, and having to keep experiences private: *“I’m no less competent. I should not have been overlooked for the promotion for service lead because I have bipolar*

disorder.”

You may find that taking this course can lead to complex feelings and thoughts: *“Actively sharing has felt like great freedom and empowerment, tinged with worries you’ve made a terrible mistake.”* Finally, you may wish to be part of national campaigns such as *Time to Change* in England and Wales or *See Me* in Scotland to take action against mental health stigma and discrimination.

(See <http://www.time-to-change.org.uk/> and <https://www.seemescotland.org>).

Be prepared for anger and distancing

Actively sharing your experiences can yield negative and unsympathetic responses from those who are unreceptive to your message, for example: *“Why was I allocated to carry out this audit project together with you? If you need to take time off I’ll end up having to do all the work on my own.”*

Some people react negatively to both the message and the messenger when they hear about someone’s experience with mental health problems:

“I don’t want to hear this stuff. I’ve got enough on my plate as it is.”

“You’re lucky to have a decent job; just keep your head down and don’t rock the boat.”

“Given how contentious psychiatric diagnosis is, I’m disappointed that you’ve accepted yours.”

Human rights campaigners, feminists and LGBT+ rights activists have experienced similar reactions for decades. Messages about gender, racial and sexual inequality and political injustice challenge the status quo. People in power often don’t want to listen. In a similar manner, talking about your experiences with mental health problems and your displeasure with society’s reactions is disquieting. Other people may deny that there is truth in what you are saying or minimise your experience: *“You’re making things out to be a lot worse than they are. Society’s views on mental health problems have improved a lot over the last few years; what you are saying is no longer true.”* As mentioned before, it might be helpful to make sure you are up for this kind of reaction by completing the exercise in *Worksheet 2.4* later on.

Let's consider how each of these strategies for disclosure might play out for Alison, a psychiatrist affected by bulimia who works for a large NHS Trust. List some of the costs and benefits each strategy may have for Alison in *Worksheet 2.1*.

Worksheet 2.1: Costs and Benefits of the Five Ways to Disclose

<u>Alison's Example</u>	
Costs	Benefits
1. Social Avoidance	
2. Keeping it Private	
3. Selective Disclosure	
4. Indiscriminate Disclosure	
5. Actively Sharing your Experiences	

Costs and benefits of disclosing are likely to vary by setting. Now list the costs and benefits of the five ways of disclosing at **your** place of work in *Worksheet 2.2*. If you don't currently have a place of work, use somewhere you have worked in the past or somewhere you see yourself working in the future.

Worksheet 2.2: Costs and Benefits of the Five Ways to Disclose

<u>Setting:</u>	
Costs	Benefits
1. Social Avoidance	
2. Keeping it Private	
3. Selective Disclosure	
4. Indiscriminate Disclosure	
5. Actively Sharing your Experiences	

2. To Whom Might You Disclose?

Key Points

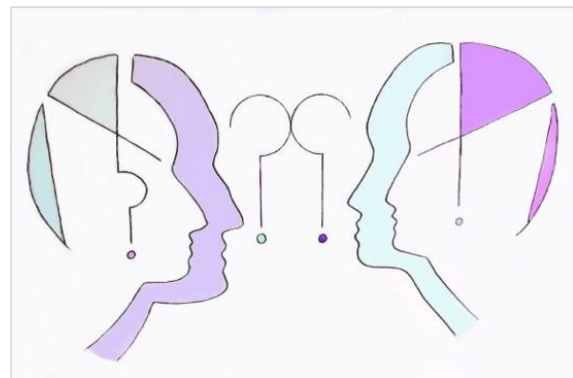
- Some people are better to disclose to than others.
- How to identify a good person to whom you might disclose.
- A procedure for “*testing out*” the person before disclosing.

In the previous section, we thought about the different ways people might disclose their experience with mental health problems and corresponding treatments. If you are considering disclosing, this section helps you to think about who might be a ‘good’ person to disclose to, someone who is likely to respond positively. Two things are considered:

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

Who is a good person to disclose to?

There are several reasons why you might pick a specific person to disclose to. *Table 2.2* provides an overview of three types of relationships you might want to consider. Review each type and determine which one(s) appeals to you. There are blank rows where you might add additional types of relationships and qualities that are important to you.



The *functional* relationship represents an association with another person who has a specific purpose and disclosing to them might allow them to better fulfil their role. For example, functional relationships in your life might include your GP, your manager at work or a close colleague.

You might also consider disclosing to a person with whom you have developed a *supportive* relationship and who has shown that they are kind, caring and open-minded. This might help you feel fairly certain that they will support you when they hear that you have been struggling with mental health problems.

You might choose to disclose to someone who *empathises* with you, who is willing and able to listen and understand. They may have a loved one with similar experiences or have their own experiences. You might even inspire them to disclose their own experiences. They might tell you: “*I know how paralysing it can be, I've had depression, too.*”

Table 2.2: Types of Relationships to Consider for Disclosure

<p>1. Functional Relationship The person provides some function for you, and knowing your experiences with mental health problems might help accomplish the function. Sample functional relationships include:</p>	
<p><i>Therapist</i> <i>GP</i> <i>Manager/Supervisor</i></p>	<p><i>Colleague</i> <i>Lecturer</i> <i>Religious / Spiritual leader</i></p>
<p>2. Supportive Relationship The person seems to be friendly and is likely to provide support and approval when they find out about your experience. Characteristics of this kind of person might include:</p>	
<p><i>Pleasantness</i> <i>Concern for others</i> <i>Trustworthiness</i></p>	<p><i>Open-mindedness</i> <i>Loyalty</i> <i>Helpfulness</i></p>
<p>3. Empathic Relationship Some people to whom you might disclose might have had similar experiences and they may provide support and understanding. Their characteristics might include:</p>	
<p><i>Willingness to listen</i> <i>Kindness</i></p>	<p><i>An understanding nature</i> <i>Honesty</i></p>
<p>4.</p>	
<p>5.</p>	

Participating in self-help or mutual support groups may help you feel less isolated with your experiences and help with potential concerns regarding whether or not to disclose. They may also help you to feel more empowered.

There are many organisations where you can find peer support; examples in the United Kingdom include the *Peer2Peer Network* hosted by the National Survivor User Network; *Together*; the *Mental Health Foundation*; local *Mind* branches, and others (see the HOP-MHP website for links). However, these might not offer specific support for some of the concerns that can arise for mental health professionals experiencing mental health problems. As part of this self-help intervention you can therefore access the dedicated **HOP-MHP peer forum** available only to mental health professionals with lived experience who are completing this self-help guide. You will have been given information about the peer forum and how to access it when you signed up. In case you have misplaced these details, contact the project team at any time for a reminder as we believe peer support can really help you benefit from HOP-MHP.

Testing a Person for Disclosure

If you are thinking of disclosing to someone then it can be helpful to test whether they may be a good person to disclose to. One straightforward and inconspicuous way of doing this is to discuss an example from a recent news story, magazine article, TV programme, or film focusing on mental health problems, and to see how the person responds. An example from the media can work well, but other examples can work equally well. You might choose a colleague who has disclosed their history of experiencing mental health problems. If you work in a mental health team, you could use an example of a service user to begin a conversation in which you test how compassionate the person might be if you were to disclose: “This client of mine is amazing – she really struggles with anxiety a lot of the time yet is a high flier at work.”

Worksheet 2.3 offers a space for you to identify the example of a positive representation of a person or people experiencing mental health problems that you would like to use. It then has three suggested questions to help you find out whether the person may be a good person to disclose to. Of course, you do not have to ask these precise questions and you may prefer to ask different questions using your own language: the key thing is to find out the person’s likely views on people with experience of mental health problems.

Consider this example: *“Claire, have you been watching Casualty on BBC One? There’s this character called Ruth Winters who is an ambitious medical student. They had this story on the show where Ruth had a lot of difficult experiences at work and in her personal life and eventually had a breakdown where she was sectioned and diagnosed with bipolar disorder. I was really impressed by the show; I thought it was a powerful portrayal of a professional experiencing a crisis and struggling to accept that she needed support, and then showing her recovery journey and slow return to work. What do you think of storylines like this? What do you think about people sharing their experiences with mental health problems?”*

Then, stop and listen to Claire’s response. Think about how you might rate her response if she said: *“Yeah...I’ve been watching that show. I have a friend with bipolar disorder and shows like this really help me better understand how resilient he is in managing life’s struggles.”* Some might rate her responses as high on being sensitive and kind and conclude she is a person to whom they might disclose.

Think about how your view might be different if Claire said: *“You know, I am really worried about these kinds of storylines where they make it look acceptable for people with experience of mental health problems to practise as health professionals. It doesn’t feel quite right.”* Some might view this reaction as less sensitive and conclude that Claire might not be a good candidate for disclosure. After listening to the person to whom you might disclose, form a view whether they might make a good person to disclose to or not. If you are uncertain, you will need to think carefully about what else you know about the person and their views before making a decision about whether to disclose, or perhaps try testing them again at a later date using a different example.

Alternatively, you might see how a person reacts when you make observations such as: *“Have you seen the latest figures – apparently nearly half the population have experienced mental health problems at some time or other. There are a lot of us in this team – makes you wonder, doesn’t it?”* Or *“They say many people are attracted to working in the mental health field to deal with their own demons. What do you make of that?”*

Worksheet 2.3: Testing a Person for Disclosure

Name of Person: _____

Example of a positive representation of a person or people experiencing mental health problems (e.g. from the news, TV, film or a mutual colleague or service user)

- What do you think of stories/shows/films like these? (If you prefer, write out an alternative question you might use.)

- What do you think of people like this in the story/show/ film? (If you prefer, write out an alternative question you might use.)

- Do you know anyone like this? (If you prefer, write out an alternative question you might use.)

Having reflected on this person’s response, I judge them to be:

- Probably a good person to disclose to
- Probably not a good person to disclose to
- Uncertain

What will you disclose?

A decision to disclose to someone does not mean you must disclose everything and give up all your privacy; everyone has things they prefer to keep to themselves. Don't feel compelled to share things that you feel uncomfortable sharing with others. Rather, you are sharing information so you no longer have to keep your experiences completely private, to get some help and support, and perhaps to increase interpersonal closeness with some people in your life. Hence, just as you decided to whom you might disclose, it is helpful to think about what you will and will not share about your past and current experiences.

The purpose of disclosing is to give people some understanding of your experiences with mental health problems. Depending on the context, you may want to share different issues such as: what mental health problems you have experienced, how you are doing at the moment and if you need any support (e.g. at work). For example:

“When I was younger, I struggled with anxiety and panic attacks but was able to overcome these with support from a therapist. Several years after qualifying as a clinical psychologist myself, I started experiencing episodes of depression and anxiety and began to doubt my abilities – I felt like a fraud. I told some of my close friends and family who were really supportive and encouraging. I was able to seek help from another professional and make sense of what was going on for me. Since then I have been managing well and I make sure to maintain a good work-life balance, and to keep an eye out for any warning signs so I know to get the right support early on if needed.”

You may wish to show other people that your experiences have much less of an impact on you now but that you may need support in the future. *“There are still some periods when I feel a bit low in mood but I can generally handle it well. It is good to know that there is someone at work I could talk to.”* Some people may respond with empathy: *“I know what it’s like to have problems with depression and I’m here for you.”* Others may offer support: *“What can I do for you when you're having a particularly bad day?”*

Disclosing is a process, so as you get to know the person with whom you shared information, you may decide to provide more detail: *“As I got to know Amina, I told her more about my gambling addiction and the events which had led up to it. She had a good understanding of what I was talking about as she had supported her husband through similar*

experiences.”

Conversely, you may decide to withdraw from people who disappoint you after you disclose some information to them. *“I made a mistake with John. I thought he was open-minded but after I disclosed to him he seemed really nervous and uncomfortable around me. He didn’t seem to want to talk about what was going on so I decided to keep my distance but remain courteous.”*

Why I wanted you to know

You might also need to tell people your reasons for letting them know about your experiences. Carefully thinking this through in advance will make it easier to judge whether or not the other person responded to you telling your story as you hoped they would. For example: *“I was worried about letting my manager know. I wanted her to agree to let me leave work early on Mondays for my therapy appointments. I also wanted her to be informed in case any issues arise in the future. Her reaction was very understanding and supportive, and I feel less worried now about ‘being found out’ and feeling devalued in the workplace.”*

You may have touched on your reasons for telling others when you listed the benefits of disclosure (*Worksheet 1.1*). You can translate these reasons into requests so others can be clear about what you expect from them. Some common reasons and requests for telling peers are summarised in *Table 2.3*. Some people are moved to disclose their condition as a way of feeling less burdened by having to keep it private. Others disclose in the hope of feeling less isolated with their experiences and perhaps finding others who are also willing to talk about similar experiences more openly. They might also hope for an understanding response and for emotional or practical support and assistance.

Finally, there can be legal reasons for disclosing. In particular, the Equality Act (2010) offers some protection for people with a disability. ‘Disability’ is defined in the Act as a “physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day to day activities”. Amongst other things, an employer may have to make reasonable adjustments for you to be able to carry out your work. You can find out more about your rights on the HOP-MHP website.

Table 2.3: Some Reasons People Disclose

To share your experiences with someone

“I just wanted someone else to know that I see a therapist for my depression”

“I don’t want to have to feel like I can’t tell others about my experiences.”

“I felt bad for keeping it private. I don’t want to feel bad anymore.”

Understanding

“I’m hoping others will understand not only my panic disorder, but the difficulty trying to keep it private.”

“I’d like someone to say to me, ‘I’ve had problems, too.’”

Support and Assistance

“Sometimes I feel overwhelmed. I’m looking for someone who can be supportive when that happens.”

“Could you cover my shift on Mondays when I have my appointments? I’ll swap with you for another shift.”

“Sometimes, I just need someone to talk to.”

To Fight Taboos

“I got fed up with everyone pretending that professionals don’t struggle with experiencing mental health problems themselves.”

“I wanted to be able to speak out not just about my struggles but also about how my experiences have enriched my clinical work.”

Reasonable Adjustments

“According to the Equality Act, it is your duty to make reasonable adjustments so I can keep this job.”

“Can you reduce my workload for the next few weeks? I’m feeling very stressed and overwhelmed and it’s starting to affect my mood and my sleep. I know from past experience, that if I slow down for a bit now, I can work more productively when I am back to my usual self.”

3. How Might Others Respond to Your Disclosure

Key Points

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

Disclosure tends to affect the people around you. Whether you choose selective disclosure or decide to actively share your experiences with as many people as possible, some of the people who hear your story are likely to react strongly, probably in both positive and negative ways. Their emotional response will influence what they say and their behaviour towards you. It can be helpful to consider the varied ways in which people may respond, and plan your reactions accordingly. *Table 2.4* lists a variety of reactions to disclosure.

Positive Responses

People hearing your disclosure can respond positively in a variety of ways. Three of these involve reaching out to you. They may express understanding of or empathy with your experiences. For example: *“Dealing with mental health problems must be difficult. I’m impressed with how open you are about your experiences.”*

Along with understanding, they may provide interpersonal support. This may include commitments to provide practical assistance or to be available for you if you need them: *“Let me know if you need to swap any shifts so you can make it to your therapy appointments on time or if you’d like to go for a coffee when you aren’t feeling so great.”*

Oddly, another positive response might take the form of someone pulling away from you. Someone with similar experiences might let you know that they understand but that they do not currently wish to disclose. This might mean occasionally backing away on interactions so that they are not ‘discovered’. They might say: *“I really am impressed with the strength you have shown in sharing your experiences with bipolar disorder with the rest of the team. I wanted to let you know that you’re not alone with your experiences but I am not ready to talk about my experiences with mental health problems with other people, I’m worried how they*

might respond. So, I might withdraw a bit if you're talking about this as I get worried that I might say something that will give it away.”

Negative Responses

Unfortunately, hearing your story of self-disclosure may also lead to negative responses. Some people may seek you out in order to share their reactions. Their reactions might include disrespect (“*People like you should not work as mental health professionals.*”), denial (“*I’ve never seen you upset, you don’t have any real problems.*”), and spite (“*I’ll be keeping an eye on you. You won’t get away with not pulling your weight.*”). Such reactions are clearly invalidating.

Some people may show their negative response by pulling away. People may avoid you, e.g. if they are unsure what to say (“*I feel a bit embarrassed around you. We used to make jokes about our work as a way of coping and now I feel like I can’t do that around you.*”), or they may start gossiping about you (“*Did you hear about Ahmed? He’s been taking anti-depressants.*”). People may blame you for your decision to disclose (“*Why did you have to burden us with your personal issues? We’ve got enough on our plate.*”).

Table 2.4: How People Might Respond to Your Disclosure

Positive Responses	Negative Responses
<p>Understanding <i>“I know how hard it can be to live with depression and feel pressured to keep it private.”</i></p> <p>Interpersonal Support <i>“I’m here for you if you need someone to talk to.”</i></p> <p>Assistance <i>“Do you want to swap your night shifts this week for my morning shifts? I know you’ve only just gotten back into a good sleep routine.”</i></p>	<p>Disrespect <i>“I don’t want someone with mental health problems practising in my team.”</i></p> <p>Denial <i>“I’m not giving you any special breaks because of your mental health problem.”</i></p> <p>Avoidance <i>“I feel awkward around you. I’m staying away.”</i></p> <p>Gossip <i>“Hey, did you hear that Olivia has taken time off work because of panic attacks?”</i></p> <p>Blame <i>“Because Olivia has been working reduced hours the rest of us are even more stressed. I feel overworked too but I don’t go complaining to our manager about it.”</i></p>

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

Worksheet 2.4 on the next page will help you consider how you would feel if you received negative responses to your disclosure. Write down something that is part of your disclosure story. Read the responses one by one and consider carefully how you would feel if this was a response to you disclosing. The goal of this exercise is to get a sense of how you might feel if someone were to respond harshly or less sensitively than you might hope. Then

ask yourself whether or not you are willing to encounter such reactions. And remember, reading a response on the worksheet has far less sting than a remark from a colleague or friend in real life. Like all other points we have made about disclosure in this workbook, disclosure has its costs and its benefits. Only you can decide whether disclosing to others is worth pursuing.

Worksheet 2.4: Are You Able to Cope with Disclosure?

You are making a disclosure to a colleague and say, for example:

“When I experienced my worst episode of depression I was unable to work for six months.”

Put your own example of what you might say here:

Read the following responses:

1. *“Wow, they let you have your job back?”*
2. *“Are you sure this kind of work is right for you?”*
3. *“That makes sense, I thought you were really struggling with the work.”*
4. *“What happened to your clients?”*
5. *“Isn’t it better to keep working rather than wallowing in self-pity?”*
6. *“If you needed time off again, with all the cutbacks I guess we would have to pick up the slack.”*

After reading these comments, consider how you would feel if these were in response to you disclosing

I would feel in response to statement:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

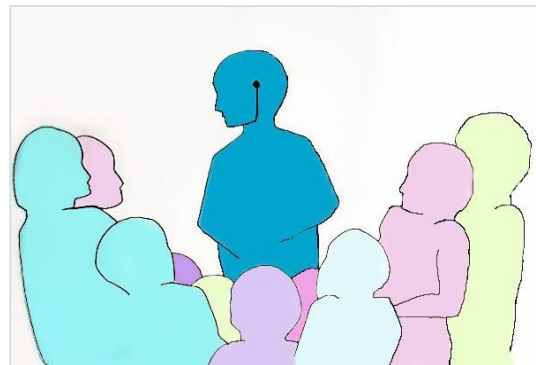
SESSION 3

Sharing Your Experiences

Session overview

As a result of Sessions 1 and 2, you might have decided that you want to disclose. Hence, this last session has the following goals:

1. Think about how to share your experiences in a personally meaningful way.
2. Review a specific experience of disclosure.
3. Identify different types of support and resources.
4. Put together all you have learned in order to move forward.



1. Sharing your experiences

Key points

- Read through an example narrative of a mental health professional's experiences with mental health problems.
- Use the provided framework to identify and write down key points about your experiences with mental health problems.
- Consider how sharing your experiences might make you feel.

Some people disclose their experiences with mental health problems to family and friends and others decide to share their experiences more widely, for example by talking to colleagues, writing a letter to a publication, posting on social media or speaking at events. Disclosure can help to promote a sense of personal empowerment. Furthermore, speaking openly about your experiences can contribute to reducing harmful stigma. The goal of this task and the next task is to think about how you can make the disclosure experience as effective as possible.

It can be helpful to write out the narrative of your own experiences with mental health problems. You can then use this to help you think about what, if anything, from it you would like to disclose depending on the specific context. As an example, we present below a mental health professional's (who we've called Isabel here) narrative of her experiences with mental health problems.

My battle with depression began when I was 14 years old. I felt out of place, different and uncomfortable in my own skin. At 16 I started to experience flashbacks to the early childhood abuse I had suffered, but repressed. On the one hand the flashbacks helped me make sense of my feelings of not fitting in and that dreadful feeling I had for as long as I could remember that deep down there was something 'wrong' with me. It was a relief to be able to construct a narrative which made sense of my years of discomfort and otherness, but the memories and flashbacks included the realisation that my parents when I approached them for help told me not to tell lies about 'other people' (my abuser). In many ways the damage of their response was far worse than the abuse I suffered because I trusted and relied on them for my wellbeing, and was left to cope and make sense of what was happening on my own at the age of five.

I was living with my parents when my flashbacks started but felt unable to approach them because of my memories of their response when I went to them as a child. Consequently, I internalised everything I was experiencing and once more tried to manage the painful memories, thoughts and feelings on my own. It isn't surprising that I became even more socially withdrawn, unable to socialise or think about doing normal teenager things like going to parties or dating. I was very interested in psychology and mental health but I also discovered the complex world of false memories and was very worried that somehow my mind was tricking me and I was 'making up' my memories to make sense of my emotional turmoil. As a result, I continued to bear the burden of my anguish alone. It was perhaps unsurprising that I started self-harming to relieve the emotional pain I was feeling, although of course the relief was short lived and only

served to increase my feelings of difference and damage. It was also unsurprising that I started to think about suicide and thought about killing myself nearly every day for about six years.

Things changed when at the age of 21 I finally decided to speak to my sister about my memories. I was elated when she acknowledged that the abuse was real, and saddened to learn that she too had been abused by the same person. In many ways, sharing my story with my sister, having her corroborate my experiences and tell me I wasn't making things up gave me the hope I was looking for to keep on fighting. I decided to start therapy and realised that I carried my abuse history and depression inside me like a dirty secret. I felt such enormous shame because of my parents' denial of my experience that I felt unable to trust others with my story or indeed my emotions. So I started to break the silence, first with a few close friends, and finally I approached my boss. I remember asking for time off from work because I was scared I couldn't function at a good enough standard because of my depression. I was terrified of his response and feared he would want me to resign. But instead he was kind and compassionate, and gave me time off work. I went away to try and rest and recover but realised quickly that isolating myself made me feel worse. So I came home and returned to work and doing the things that made me feel at least partly alive.

It took me a decade to really work through my depression, and come to terms with my childhood experiences and how these impacted my life. During this time, I was able to finally speak to my parents, who acknowledged my abuse. However, years of holding on to a secret, and trying to conceal depression and suicidality while remaining a high achiever took their toll on me and I remain vulnerable to recurring depression and struggle with anxiety. When I decided to embark on a career change to mental health I realised that I needed to think carefully about the support I may need – not because I am weak, but because I am a human being with a complex life story. I had to acknowledge that my own past would at times be present for me when working with clients and that this would need to be processed and reflected on. During training, I disclosed my history to my course tutor and clinical supervisors, and decided to resume therapy. In work, if I choose to disclose my battle with depression to colleagues I notice how others feel able to speak about their own challenges, and how normalising the process of disclosure has been for me. I still get anxious when I feel myself needing a break or feel a bit low in mood and acknowledge this with others, and I can easily become self-critical and doubt my ability to do my job. I worry others will judge me as incompetent or think that I am too damaged to do this work. But my experience has been one of compassion and understanding, and perhaps even more importantly, disclosure has increased my own self-compassion and limited my tendency to internalise and

ruminate over every experience and doubt myself.

Consider the following questions:

- What are some of the things you liked about Isabel’s story?
- How does it reflect a story of recovery?
- What parts might be difficult to tell other people?
- What parts might you say differently?

Below are some key elements you may (or may not) wish to include when writing your own narrative of your experiences with mental health problems, bearing in mind that what you decide to disclose or not to disclose from this narrative will likely vary depending on the context. Not all of these may be relevant to you at present and you might want to include additional points not covered here:

- Making it personal - sometimes it can be easier to talk about your experiences and impressions using neutral or third person pronouns or formal language; however, using first person pronouns is more likely to make your story effective.
- Including concrete experiences, e.g. specific people, places, and times. People are often better able to visualise and relate to explicit examples (*“Sometimes I would get so depressed that I would feel unable to get out of bed and go to work.”*) rather than abstract or vague ones (*“Depression enveloped me like a dark cloud.”*).
- Your understanding of how your experiences with mental health problems developed. This can help to broaden people’s views of ‘who’ develops mental health problems.
- Raising awareness – some people use disclosure as an opportunity to raise awareness about mental health problems. Isabel uses her story as an opportunity to educate others on what experiencing depression might entail.
- Your thoughts on how your own experience with mental health problems has affected you as a clinician. You may feel, for example, that they have helped you to empathise when working professionally with clients who are facing mental health stigma.
- Your feelings about the impact of mental health problems on your life. Most people can understand and empathise with the distress caused by a difficult event or experience disrupting one’s life. *“My mental health problems really interfered with my plans. I was*

approaching the final stage of my training and then unexpectedly had to take some time out. Suddenly everything was different and I felt like a failure.”

- Emphasising how stigma, particularly stigma within the mental health professions, made your experiences more difficult than they already were, for example by making it harder to seek help.
- Some details about how you are doing now and how you have dealt with or are dealing with any challenges posed by your experiences with mental health problems, including what resources and support you have found helpful.

Sharing your experiences can be an opportunity to emphasise that the appropriate support should be available to you and other mental health professionals experiencing mental health problems. Unfortunately, some people still believe that mental health professionals in this position should not work full stop, regardless of their current circumstances, that they are not “stable” enough, and this can stop professionals from disclosing their experiences and accessing support that may be available in their workplace. You may even inspire others such as some of your colleagues to disclose their own experiences with mental health problems and seek support for themselves. Of course, talking about your experiences more publicly can be difficult and carries risks, so it is important that you feel ready and feel it would be beneficial to disclose. Using *Worksheet 3.1* as a guide, start developing your narrative of your experiences of mental health problems.

Worksheet 3.1: A Guide to Developing a Narrative of your Experiences of Mental Health Problems

“I would like to talk to you about my own experience of mental health problems.”

You may then want to include some of the following:

- **Some details about your background, childhood e.g.:**
 - Events which are typical of most people’s lives
 - Or events which may have contributed to you developing mental health problems
 - Your journey into your chosen profession

- **When you first started to experience mental health problems**
 - What did you first notice?

- **What sort of experiences have you struggled with as a result of experiencing mental health problems and how these continued or changed over time**
 - You may want to highlight what you have achieved despite, or even because of, these experiences

- **Your fears of being stigmatised by colleagues and of what might happen if you disclosed your experiences at work, e.g. to your manager**
 - How stigma can prevent someone from accessing support and thus pose an obstacle to their recovery
 - The lack of support for mental health professionals experiencing mental health problems

- **What actually happened when you disclosed**
 - Any stigmatising responses you experienced
 - Positive responses by others
 - Support / lack of support you received

- **What has helped you and how you are doing now**
 - Any support you accessed and resources you found helpful
 - Any goals you have accomplished or are working towards

- **What you would like to happen moving forward**
 - Any key points you would like the person / people to take away

What do you want to share?

Now review what you have written about your experiences and consider which parts you would or would not feel comfortable disclosing. If you want to disclose, you may not want to share everything, for example, because something seems too personal or you feel that other people would not understand. Alternatively, you might want to add additional information which the worksheet did not capture. Of course what you choose to disclose may vary depending upon the context (e.g. speaking to a colleague or your supervisor, posting on social media or sharing your experiences at a conference on mental health).

It might be helpful to consider the benefits of disclosing which you identified in *Table 1.1*. If you decide you would like to disclose parts, or even all, of your narrative in a particular context, refine the parts you want to disclose until you are happy with them or talk through them with someone you trust or have already disclosed to.

When thinking about sharing parts, or all, of your narrative, consider the following:

- Would sharing these experiences with other people increase your sense of empowerment?
- Would you feel relieved to share these experiences rather than keeping them private?

How did it go?

Key points

- Reflect on a specific instance of disclosure

If you do disclose then you may want to keep track of whom you disclosed to when, and how your disclosure went in order to keep note of what makes disclosing a more or less positive experience for you. This section provides a space for you to write some reflections on a specific instance of disclosure. Here are some questions you may wish to consider:

What was your goal in disclosing?

What did you say?

How did the person/people respond to what you said?

How satisfied were you with this disclosure experience? What has changed as a result?

If you choose to disclose again:

What would you do or say in the same way?

What would you do or say differently?

Is it worth disclosing again?

If yes, reasons why:

If no, reasons why not:

If you decide to share parts or all of your narrative from *Worksheet 3.1* in a new, different or more public setting, complete *Worksheet 3.2* below to reflect on your experience.

Worksheet 3.2: My Experience of Disclosing

- 1. How empowered do you feel after sharing your experiences?**

- 2. Was the experience or aspects of it therapeutic or relieving?**

- 3. How nervous or worried did you feel while sharing your experiences?**

- 4. How positive was it to share your experiences?**

Not at all positive			moderately positive			very positive
1	2	3	4	5	6	7

Note anything else not already discussed about the quality of your experience. This might include observations you might want to come back to later or things you may want to discuss with others on the HOP-MHP peer forum.

Support and Resources

Key points

- Consider the different types of support and resources you can access

On the HOP-MHP website, you can find a range of resources for advice and support. You will probably be familiar with many if not most of them. If you are aware of any other ones you have found helpful in the past please do share them on the HOP-MHP peer forum and advise the HOP-MHP team so that they can be added to the website.

Putting it all together

Key points

- Summarise your ideas and reflections from the worksheets provided in this workbook.
- Decide how you would like to move forward with the issue of disclosure.

We end this guide with a pause for reflection and thinking about future directions. In *Worksheet 3.3* below you will find some questions regarding all the key points you considered throughout this guide. We suggest that you complete the questions to help you think about any decisions regarding disclosure – whether you have already disclosed to someone new, plan to disclose in the future or have decided not to disclose.

Worksheet 3.3: Insights and Future Directions

This worksheet is designed to encourage you to reflect on what you have learnt whilst completing this guide by considering the following questions. You may wish to discuss these questions and any other comments or concerns you have on the peer forum.

- What are your thoughts on stigma and disclosure following this intervention?
- What are the costs and benefits of disclosure for you? (*Worksheet 1.1*) Might you disclose in some new settings or to new people? Where?
- What strategies for disclosure might work for you? (*Worksheet 2.2*)
- To whom might you disclose? (*Worksheet 2.3*)
- How did you feel about hearing potentially stigmatising responses from others? (*Worksheet 2.4*)
- What do you think of your written narrative of your experiences? Read it through again - would you make any changes to it? (*Worksheets 3.1 and 3.2*)
- Are there any peer support programmes that might be helpful for you? Did you identify any resources for professionals that you were not previously aware of?
- Given all of this, are there any actions you might do in terms of disclosing in the future?

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APPENDIX

Appendix 1. Challenging Self-Stigma

Key Points

This appendix suggests a five step approach to challenging self-stigmatising beliefs. If you have discovered that you do sometimes hold self-stigmatising beliefs about your experience with mental health problems, then you may find it helpful to examine these beliefs by completing the worksheet at the end of this appendix using the five steps below.

Step 1. Begin with a clear statement of the self-stigmatising belief

Self-stigmatising beliefs are often very rigid. It may be helpful to use the following formula to write out your belief:

I MUST BE _____ BECAUSE I HAVE MENTAL HEALTH PROBLEMS

Example: “I MUST BE incompetent BECAUSE I HAVE MENTAL HEALTH PROBLEMS”

Step 2. Define the assumptions

Underlying a self-stigmatising belief are usually some rigid assumptions, so the next step is to identify the assumptions underlying your belief. If it works for you and your specific belief then it can be helpful to use the following statements to help identify the underlying assumptions, but the important thing is to identify the rigid assumptions underlying your specific belief:

- ALL PEOPLE WITH MENTAL HEALTH PROBLEMS (OR THIS SPECIFIC MENTAL HEALTH PROBLEM) ARE_____.
- _____MEANS BAD. ALL PEOPLE WHO HAVE MENTAL HEALTH PROBLEMS (OR THIS SPECIFIC MENTAL HEALTH PROBLEM) ARE BAD.

The belief in the example in Step 1 above is based on the following assumptions:

- ALL PEOPLE WITH MENTAL HEALTH PROBLEMS ARE incompetent.
- Incompetent MEANS BAD. ALL PEOPLE WHO HAVE MENTAL HEALTH PROBLEMS ARE BAD.

Step 3. Explore whether these assumptions are actually true

Now explore whether each assumption is actually true. The following are three strategies you can use, but feel free to use different ones that work for you – the important thing is to find out whether each assumption is actually true:

- Ask yourself whether the assumption really does always hold true, e.g. is it true for *all* people with mental health problems.
- List all the people you know both personally and in wider society, including the media, who do and do not fit with the assumption.
- Find out from other people you trust whether they also hold this assumption or have a different assumption / related belief, and if so why? (You might like to explore this with people on the peer forum.)

Step 4. Collect the evidence

As you complete Step 3, collect all the evidence you gather and write it down.

- What does and does not support each of your assumptions?

Step 5. Reexamine your belief and create a more realistic belief

Reexamine your belief in the light of the evidence you have collected and based on the evidence write out a belief that it is more realistic and no longer stigmatising.

In the example above, the new belief might be: “I am not incompetent because I have mental health problems. For example, I have been very competent as a clinician for a number of years. Occasionally, I can feel incompetent but it highly likely that my colleagues feel similarly from time to time.”

Think about how best to remind yourself of this new, more helpful and realistic belief. For example, you might like to write it down on a card that you carry with you.

Challenging Self-Stigma

1. State the self-stigmatising belief

I MUST BE _____ BECAUSE I HAVE MENTAL HEALTH PROBLEMS

2. Define the assumptions

3. Explore whether these assumptions are actually true

4. Collect the evidence

5. Reexamine your belief and create a more realistic

Appendix 2 - Worksheets

Worksheet 1.1

Some Costs and Benefits of Disclosing my Experience with Mental Health Problems

(This Worksheet is a longer version of Table 1.3 in the main body of the guide.)

Benefits	Costs

Worksheet 1.2

Some Costs and Benefits of Not Disclosing my Experience with Mental Health Problems

(This Worksheet is a longer version of Table 1.4 in the main body of the guide.)

Benefits	Costs

Worksheet 1.3

The Costs and Benefits Worksheet for Disclosing my Experience with Mental Health Problems

Setting: _____ To Whom: _____

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

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

Short-Term Benefits	Short-Term Costs

Long-Term Benefits	Long-Term Costs

Given these costs and benefits:

I have decided to disclose my experience with mental health problems.

I have decided NOT to disclose my experience with mental health problems.

I have decided to postpone my decision.

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

What do you expect will happen after disclosing?