

TEEN

TEEN | Workbook for Program Participants



WISE and Patrick W. Corrigan
(Wisconsin Initiative for Stigma Elimination)

Up to Me ■ Talking about our mental health?

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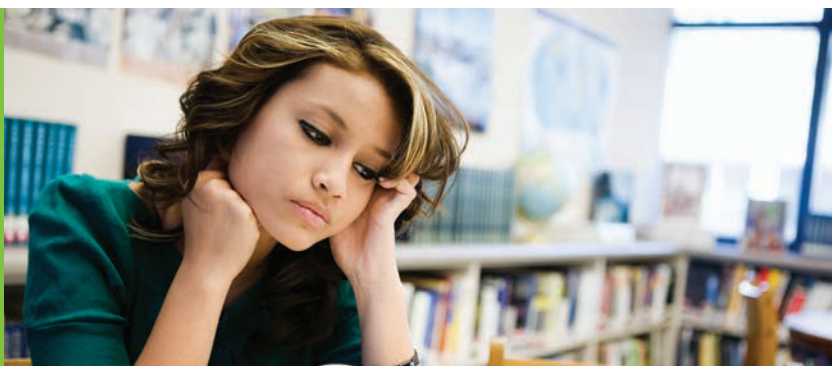
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Preface

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

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

Materials in this workbook along with the videos can be downloaded for free from the Up to Me tab at WISEwisconsin.org.

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

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

For information and to download manual and workbook, contact WISE (wise@wisewisconsin.org) or visit the Manual and Resources page at wisewisconsin.org/up-to-me.

Setting the Tone: Starting Each Lesson

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

“Our goal here is to consider the choices that we have when it comes to disclosing, or talking about, our experiences with mental health challenges to others. We will also work together to learn helpful ways to disclose this information most effectively and protect ourselves against hurtful reactions from others, should we decide to disclose.”

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

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

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

One of the things you may have strong feelings about is how you discuss your mental health. You may use words like emotional struggles, labels like depression, or terms like mental health condition. Throughout the workbook, we use the term “mental health challenges” to refer to mental health concerns. People facing mental health challenges include people who have received a diagnosis and people seeking to maintain their mental health. The stories in the workbook use many terms. These terms were not changed to honor the choice that individuals have in how they talk about their own experiences.



Consider the words you use. You may refer to yourself in any way that feels comfortable. The workbook may help you decide what words you want to use. You might find it helpful to discuss your preference with the group.





LESSON 1: The Story I Tell Myself

LESSON OVERVIEW

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

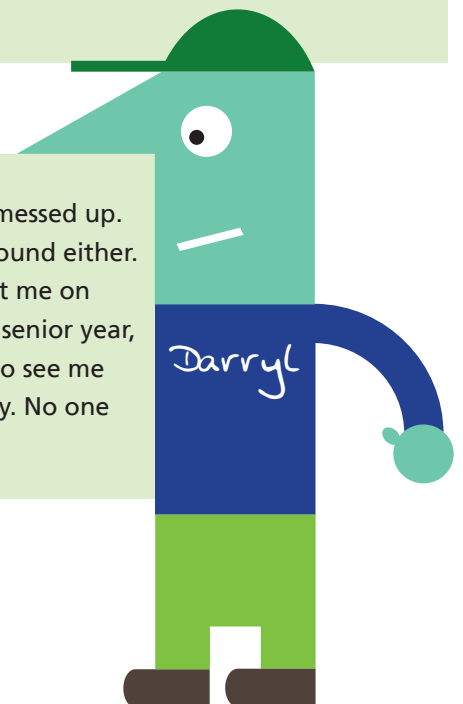
1. Helpful and Hurtful Self-Talk

Maggie and Darryl had an assignment to write a diary entry to summarize their lives during the past four years.



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

I struggled with bipolar disorder since I was 14. I am 18 now. I was so stupid and messed up. My family and friends hated having me around. I wasn't so sure I wanted to be around either. I worked hard in therapy and sometimes went three times a week. They finally got me on track when they gave me the right medication. The coach let me play football my senior year, and I just found out that they accepted me into college. My therapist only wants to see me every other week now. No one at school knows about my illness. I want it that way. No one understands what this is like, so I deal with it alone.





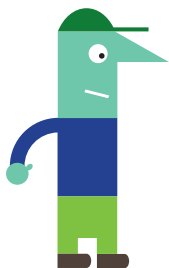
Analyzing a Story for Hurtful and Helpful Self-Talk

1. What are the **helpful beliefs** that Maggie and Darryl hold about themselves and their experiences with mental health challenges?

Maggie



Darryl



2. What **hurtful beliefs** do they hold about themselves and their mental health challenges?

Maggie



Darryl





Your Self-Talk Puzzle

On each puzzle piece, first list different parts of who you are (such as friend, artist, student, grandchild, athlete, singer, etc.) next to #1. Be sure to include "a person with a mental health challenge" (or however you refer to that aspect of yourself) on one of the pieces. Next, list beliefs that you hold about yourself related to each #1. Write the belief as a self-talk quote on each puzzle piece next to #2. For example: #1 Student #2 "I work hard at math." Or #1 Grandchild #2 "My grandmother thinks I am a freak." Or #1 person with ADHD #2 "I cause trouble."

#1 #2	#1 #2
#1 #2	#1 #2
#1 #2	#1 #2

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



2. Five Steps for Changing Personally Hurtful Self-Talk



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

Maggie's example of a counter: *"My mental health challenge will not keep me from having good friends!"*

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

To challenge a statement, you want to first **ask others** whether or not they believe it to be true. Ask people whose opinions you value. You will likely give up hurtful beliefs about yourself when you discover that your underlying beliefs are actually **false**.

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

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

These negative beliefs about self can be **turned into true-false statements** about people with mental health challenges in general.

A true-false statement from Maggie's example: *"People with mental health challenges cannot be friends with those who do not have mental health challenges."*

4. Collect evidence that challenges the true-false statement.

Maggie's example of collecting evidence: Maggie asked her sister's friends and a teacher if they have any friends who have a mental health challenge. She discovered that most of them have a friend with a mental health challenge of some kind. Matter of fact, many said that they had more than one friend with a mental health challenge, and two of them even disclosed that they have a mental health challenge. After speaking with them, she understood that her hurtful belief (*that people without a mental health challenge would not be friends with her*) is not true.

3.

1.

Begin with a clear statement of the hurtful belief using the formula:

I must be _____ because _____.

An example of Maggie's hurtful belief:
"I must be unable to make friends because people don't want to be friends with people who have a mental health challenge."



DARRYL

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

Table 1 shows the process Darryl went through to challenge his assumption and change the hurtful belief.

Here is Darryl's completed worksheet.



Table 1: Change Our Self-Talk Exercise

1. State the hurtful belief.

I MUST BE a bad person BECAUSE I caused problems with friends and family.

2. Define the true-false statements.

People who had problems in their past are bad.

The blame for the problems lies on the person, not the illness.

3. Who are the trusted people you will ask to see if they believe the statement is true?

- I'll ask my football coach.

- My older sister is usually honest and direct with me.

4. Collect evidence that challenges the statements.

- My coach said he doesn't blame people and that he did some things when he was depressed but is proud of how he faced it and deals with it now.

- My sister said people should not be blamed and that they often don't know the whole story. My sister said she does not blame me for our past problems and is proud of me.

5. Change the hurtful belief to a helpful belief statement. This is a COUNTER.

"I'm not bad because of my past problems. In fact, I have reasons for having pride in how I 'tackled' my challenges."

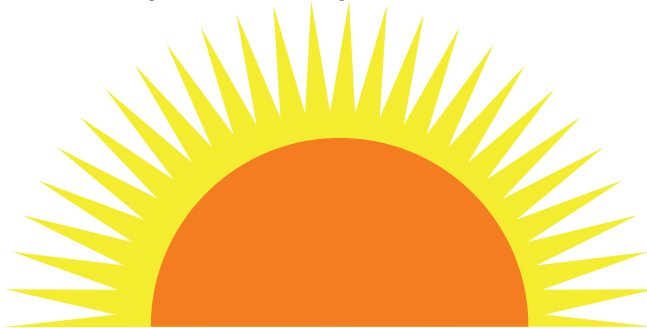
Use Worksheet 1.3 on the next page to counter a hurtful belief that you hold about yourself. Use the hurtful beliefs you checked on your self-talk puzzle.

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



Change Our Self-Talk Exercise

Complete all five steps to counter a hurtful belief that you hold about yourself.



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

Collect evidence that shows the statement to be false.

5.

4.

Turn into a true-false statement.

Who is the trusted person you will ask to see if they believe it is true?

3.

2.

1. State your hurtful belief.

I must be
because



LESSON 2: Disclosure Choices



LESSON OVERVIEW

In this lesson, you will look at the pros and cons of talking about your mental health challenges and recovery journey to help you decide what the best decision is for you at this time. You will explore different options for disclosure and how different settings impact your decision, including social media.

Worksheet 2.1



Pros and Cons of Disclosing

Team One: List of all the pros and cons of disclosing your mental health challenges.

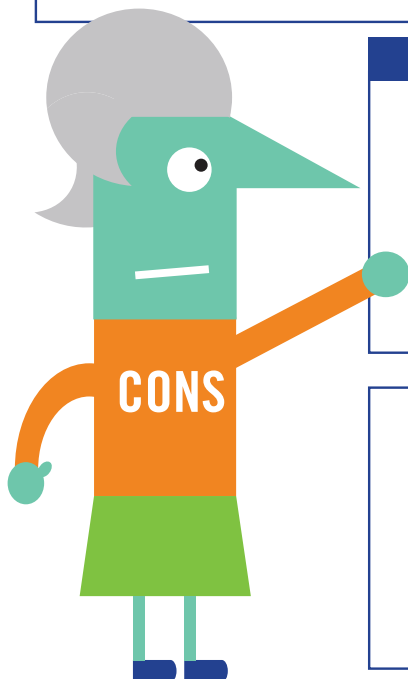
Team Two: List all the pros and cons of keeping your experiences a secret, of NOT DISCLOSING.

Team One

Team Two

--

--



Team One

Team Two

--

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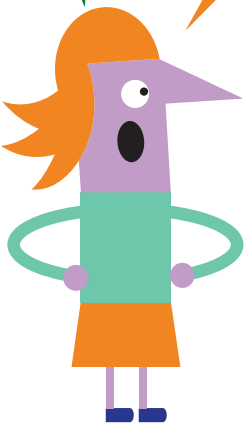
Five Points to Remember About Disclosure Decisions:

1. **Don't dismiss any pro or con no matter how "silly" it may seem.**
Sometimes what you might feel embarrassed to say is actually important. If the item is really not important to you, you'll ignore it in the final stage of your decision-making.

2. **Your decision depends on the setting.**
Pros and cons of disclosing your experience vary by the situation you are in. For example, telling people your history with mental health challenges is a lot different in your classes than with a close friend or with your teammates. You could decide to tell your close friends but not your teacher. You need to think about pros and cons of disclosing your experience with mental health challenges separately for each setting that is important to you.

YOU CAN CHOOSE

YES NO LATER



3. **Your decision can be yes, no, or to decide later.**
Two decisions are straightforward: YES, I want to or NO, I don't want to let some people know about my experiences with mental health challenges. Finding the right answer for you is not as simple as adding up the pros and cons. Some pros and cons will be more important and, therefore, should be considered more strongly when making a decision.

"Even though I came up with three pros and nine cons, I still hope that I'll find other people who have similar problems. For this reason, I've decided to talk to my friends."

You may not be able to decide about disclosing after reviewing pros and cons; you may decide to POSTPONE your decision and think more.

4. **Know your reason for disclosing.**
When you talk about your challenges and what helps you to live in recovery, what do you want to happen? Is your goal to be understood, to get assistance, to tell the secret you have been holding, or another?

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

WHAT'S YOUR GOAL?





My Pros and Cons Worksheet

for Disclosing Mental Health Challenges and Recovery



Setting: _____ **To Whom:** _____

Don't censor any ideas. Write them all down. Put a star (*) next to pros and cons you think are especially important.

Given these pros and cons:

- ☐ I have decided TO disclose my mental health challenges in this setting.
- ☐ I have decided NOT TO disclose my mental health challenges in this setting.
- ☐ I have decided to POSTPONE my decision to disclose in this setting.

What is your REASON/GOAL for disclosing?

What do you expect will happen after disclosing?



Social Media Disclosure

Media I Use the Most: _____

In pairs or as a whole group, discuss pros and cons of using the media you listed as your means of disclosure.

PROS:

CONS:

Given these pros and cons

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

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



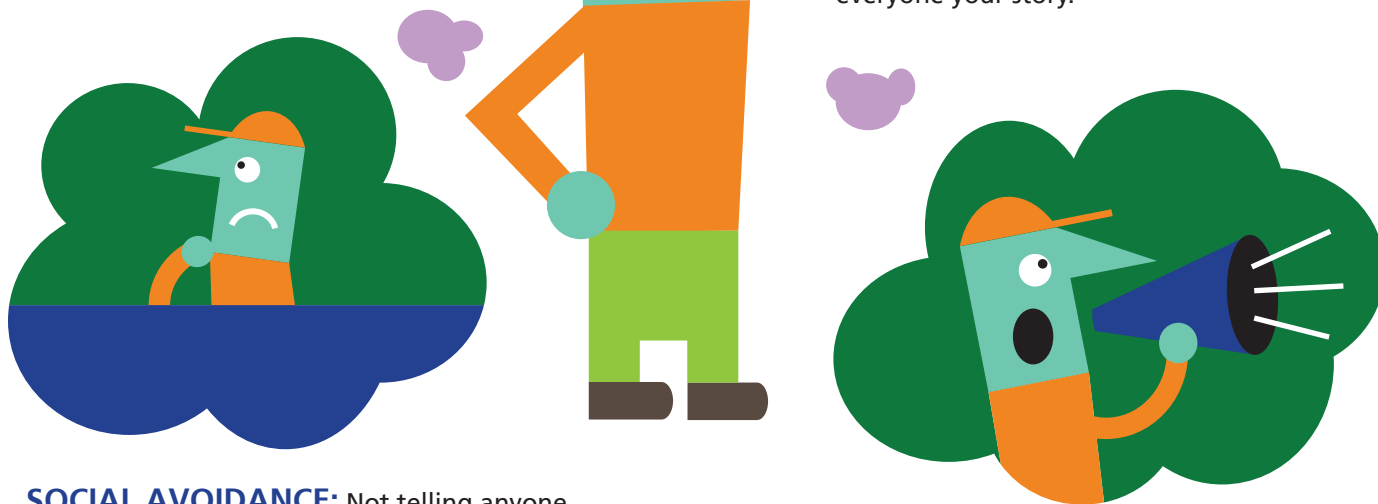


SELECTIVE DISCLOSURE: Disclosing your mental health challenges to selected individuals, like a teacher or boyfriend/girlfriend, but not to everyone.



SECRECY: Participating in activities, but keeping your mental health challenges a secret.

OPEN DISCLOSURE: Making the decision to no longer hide your mental health challenges; however, this does not mean that you are telling everyone your story.



SOCIAL AVOIDANCE: Not telling anyone about your mental health challenges and avoiding situations where people may find out about it.

BROADCAST YOUR EXPERIENCE: Actively seeking out and educating people about your experience with mental health challenges.



Table 2: Five Choices of Disclosure Pros and Cons

SOCIAL AVOIDANCE

Pros: You don't encounter people who will unfairly harm you.

Cons: You lose the opportunity to meet new people who may possibly be supportive.

SECRECY

Pros: Like social avoidance, you withhold information about your mental health challenge from others. But, you don't avoid important things like participating in sports or friendships in the process.

Cons: Some people feel guilty about keeping secrets. You may also receive less support from others because they are unaware of your mental health challenge.

SELECTIVE DISCLOSURE

Pros: You find a small group of people who will understand your experiences and provide support.

Cons: You may disclose to some people who then hurt you with the information. You may have difficulty keeping track of who knows and who doesn't.

OPEN DISCLOSURE

Pros: You don't worry who knows about your problems. You are likely to find people who will be supportive.

Cons: You may tell people who then hurt you with the information. People who you have disclosed to may break your confidentiality and tell others.

BROADCAST YOUR EXPERIENCE

Pros: You don't have to worry who knows about your history of mental health challenges. You are promoting a personal sense of empowerment in yourself. You are striking a blow against stigma.

Cons: You are going to encounter people who may try to hurt you with this information. You are also going to meet people who disapprove of your political statement.

Disclosure choices when someone else brings up the subject to you:

- Giving a medical explanation: "I have Tourette Syndrome" or "I sometimes have tics" or "I make movements and sounds I can't stop."
- Do not respond
- Using humor
- Make up another reason for your tics: Saying that you have allergies as a way to explain a cough or sniff



Consider the five disclosure choices in groups YOU are a part of by listing the pros and cons in *Worksheet 2.4*. For the setting, name a group you are part of.

Worksheet 2.4



Pros and Cons of the Five Choices of Disclosure for Me

Setting: _____



SECRECY
PROS:
CONS:

SELECTIVE DISCLOSURE
PROS:
CONS:

OPEN DISCLOSURE
PROS:
CONS:

BROADCAST
PROS:
CONS:

SOCIAL AVOIDANCE
PROS:
CONS:



LESSON 3: Disclosure Decisions

LESSON OVERVIEW

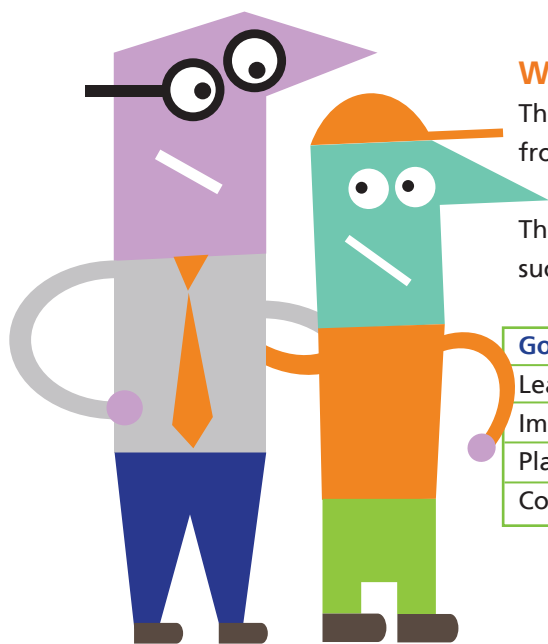
In this lesson, you will review what we did in the first two lessons using the Disclosure Decision Practice Game. Then, you will explore how to choose a safe and helpful person to whom you can disclose. You will consider how others might react to your disclosure and prepare for how you can respond to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

1. Disclosure Decisions Practice Game

You will practice considering disclosure choices further through an interactive card game.

2. To Whom Might You Disclose?

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



Who is a Good Person to Disclose to?

There are some people we might want to tell in order to get what we need from them.

These are relationships that you have because they help you reach your goals, such as:

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



Testing Someone for Disclosure

News story, TV show, or movie that addresses mental health

Name of Person:

Questions you might ask to test the waters:

What do you think of stories (shows, movies) like these?

What do you think of people like this in the story (show, movie)?

Do you know anyone like this?

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

The person's responses were sensitive.

strongly disagree

moderately agree

strongly agree

1	2	3	4	5	6	7
---	---	---	---	---	---	---

The person's responses were kind.

strongly disagree

moderately agree

strongly agree

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

strongly disagree

moderately agree

strongly agree

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Add up the scores.

Enter
total here:

Below are some suggested cut offs for the score totals.

16-21: Probably a good person to disclose to.

3-9: Probably not a good person to disclose to.

10-15: Uncertain.



3. How Might Others React to Your Disclosure?

Disclosure **will** impact the people around you. It is helpful to consider the ways in which people may react and plan how you want to respond. *Table 3* lists a variety of reactions to disclosure that are sorted into groups by helpful and hurtful emotional reactions. Think of examples of what these reactions might sound like.



Table 3: How People Might React to Your Disclosure



EMOTIONAL REACTIONS



Helpful

- Understanding
- Caring Support
- Assistance
- Sincere Interest

Hurtful

- Disrespect
- Denial
- Punishment
- Fear/Avoidance
- Blame

Ways to Prepare For and Manage Hurtful and Unhelpful Reactions



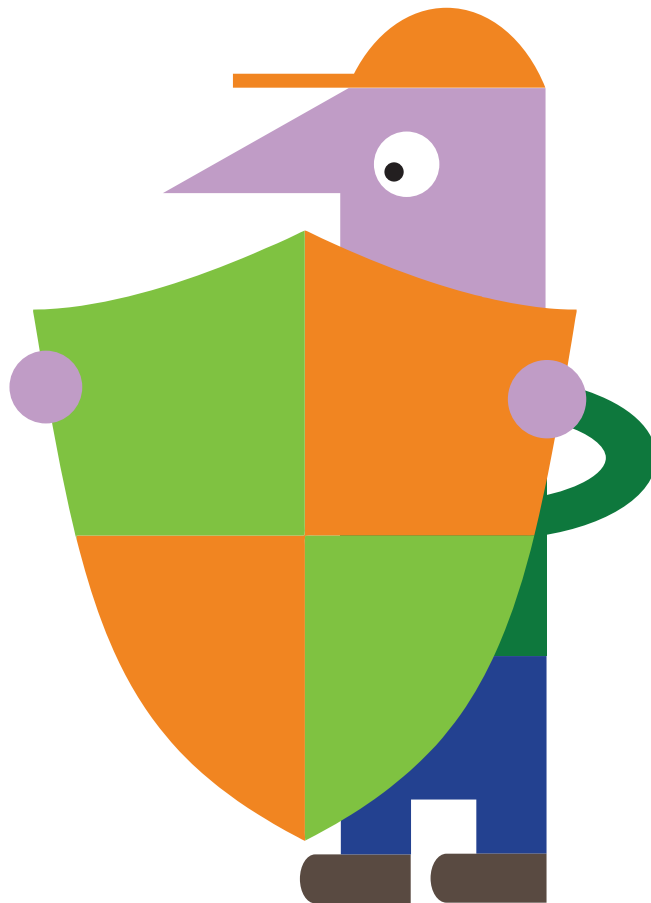
- Consider talking with someone who supports you about your disclosure before you disclose.
- Take a breath and allow yourself time to feel, process, and formulate your response to any hurtful or unhelpful reaction.
- Be kind to yourself by using positive self-talk (remember your “counters” from *Lesson One*).
- Walk away. Delay your response until you are ready or do not respond at all.
- Ask someone you already trust to help you think of effective responses.
- Remember that the person may be having a difficult time understanding what it has been like for you if they have not had a similar experience.
- Allow yourself to make mistakes in deciding to whom you should disclose. When you feel ready, review what went well, what didn't, and use what you learned in future opportunities for disclosure.



You will be given a set of cards with different relationships on them such as a coach, a grandparent, etc. You will consider how you would respond to the different reactions if someone from your own life said one of them to you when you chose to disclose to them.

Protections Against Unwanted Disclosure

In making decisions about disclosing your experiences with mental health challenges, you need to consider how your right to privacy is protected. Most governmental bodies have passed laws guaranteeing that interactions with mental health professionals remain confidential; however, if you are under the age of 18, a mental health professional is required to report any known or suspected child abuse, and they must report if they believe that you are a danger to yourself or others. Most teachers and other school workers are also mandated reporters. This means that if you disclose that you feel like hurting yourself or someone else or that you have been abused, a mandated reporter would have to share that information with people in your community who could keep you safe. Appendix B has further information for you about this topic.





LESSON 4: Telling a Story of Challenge, Resilience, and Recovery

LESSON OVERVIEW

As a result of *Lessons 1-3*, you might have decided that you want to talk to someone or a group of people about your mental health challenges and steps you are taking in recovery. Hence, this lesson has one goal.

If you are interested in disclosing, to become more comfortable in telling your story, and to practice methods for selective and/or broadcast sharing.

1. How to Tell Your Story

Different Ways of Telling your Story

There are a lot of different ways to tell your story depending on whether you are choosing selective disclosure or broadcast disclosure. You may feel comfortable giving a speech to a larger group or sharing in front of a small group. You may have decided you're only comfortable with selective disclosure to one person you feel you can trust. Below are many different ways to share your story.



When putting together your story, remember two key things:

1. Consider your reasons or goal for your disclosure. (from Lesson 2)
2. Use your counters to avoid sharing hurtful self-talk. (from Lesson 1)

Before going into the next section, we again want to stress that you are in control of what choice you make as to whether you will share or not. While we provide the opportunity for people to be able to share their story in front of the group, there is no requirement to participate if you've decided it is not the right time to do so.



Here, we provide one example of how Grenesha tells her story as a speech.
You can also view her telling her story at: rogersinhealth.org/resources/grenesha-finds-recovery.

GRENESHA



My name is Grenesha. Even when I was very young, I always felt different.

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

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

We did a lot of different things in day treatment—exercise, meditation, occupational therapy, art therapy. The majority of the groups we had were about learning

life skills and mindfulness, and learning to communicate with others and have goals for your life. Fitness is also a big part of my recovery, like doing tae kwon do.

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

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



working with others is very motivational and makes me wonder what else can I do.

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

"I'm very proud to be me now."

Today, there are many possibilities. I just thank God for giving me a second chance at life, and for all the support I've had in this process. Now, there are so many different ways I could go. I've always loved drawing. I've already

been accepted into the animation program at a local technical college. Recently, I was at National Portfolio Day and they said, whatever you want to do, you can do it because you obviously have talent. I'm not trying to brag or anything, but it felt really good to hear that. Like I really do have a purpose and I really do have something to offer. I even have a boyfriend now. I used to think it wouldn't be possible for me to have a relationship, so it's amazing to be able to connect with somebody.

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

Consider the following questions:

1. What are some of the things you liked about her story?
2. How does it reflect a story of recovery?
3. What parts of it might have been hard to tell?
4. What parts might you have said differently?

Grenesha's story is an example of a person telling their story in a speech format, to a small or large group. Remember, there are a lot of other ways to tell your story.

Worksheet 4.1 provides a template to fill out to help you outline a story that might work for you. Your story will vary depending on where you tell it. For this exercise, select a setting and person/group you are thinking about talking to. You may wish to role-play a more natural conversation with a partner, where your partner takes on the role of the person in your life you are considering disclosing to.





A Guide to Setting Up a Story

Hi, my name is _____ and I deal/live with _____.

Here are a few things about me and my childhood. List some events in your youth that are typical of most people's lives and/or that might reflect the beginnings of your mental health challenges.

My mental health challenges started when I was about _____ years old. List some of the things that you first noticed or experienced related to your challenges.

These challenges did not go away quickly. List some examples of how this impacted you in the past years.

This is how I found what works for me. List who and what were your sources of support.

What works (has worked) for me includes: List what you do that helps and what others can do to support your mental health.

(Worksheet 4.1 continues on page 25)



Along the way, I have experienced some unhelpful responses to my mental health challenges. List some of the unfair experiences and harsh reactions you have experienced from others. (stigma)

Despite my challenges and sometimes because of them, I have many strengths and have some achievements that I am proud of. List some of the things that you have accomplished in terms of your classwork, relationships, and other personal goals. Also list some of your strengths.



I want to end with these two key points:

1. I, like all people with mental health challenges, live, go to class and study just like you.
2. So, please treat me like anyone else. Do not treat me differently based on any unfair stereotypes.

WHAT DO YOU WANT TO SAY?

You probably do not want to communicate EVERYTHING in the worksheet. Remember your REASON/GOAL for disclosing (from Lesson 2).

1. **CIRCLE** the information in the sheet you think is important for the person or audience to hear.
2. **PUT A LINE** through any information:
 - a. you believe is too personal or
 - b. the person might not understand and isn't important for them to support you.

Let's try it.

For those who are willing, you will now be given a chance to tell your story to fellow participants. Be sure that at least half of your time is spent sharing your strengths, wisdom and accomplishments. Tell the parts of the story that work for you. When listening to others' stories, the goal is to offer SUPPORT. Listen intently to your peer and praise the person for their message and their courage.

Take turns now.

After you are done, complete the *Quality of Experience Worksheet 4.2* on the next page. The worksheet lists a series of questions about your feelings related to telling your story. Use the worksheet to help you think about what you would say the next time you want to share your story.



Quality of Experience

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

How empowered do you feel after telling your story?

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

How therapeutic was it to tell your story?

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

How anxious did you feel while telling your story?

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

How positive was your experience telling your story?

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

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



LESSON 5: Moving Forward

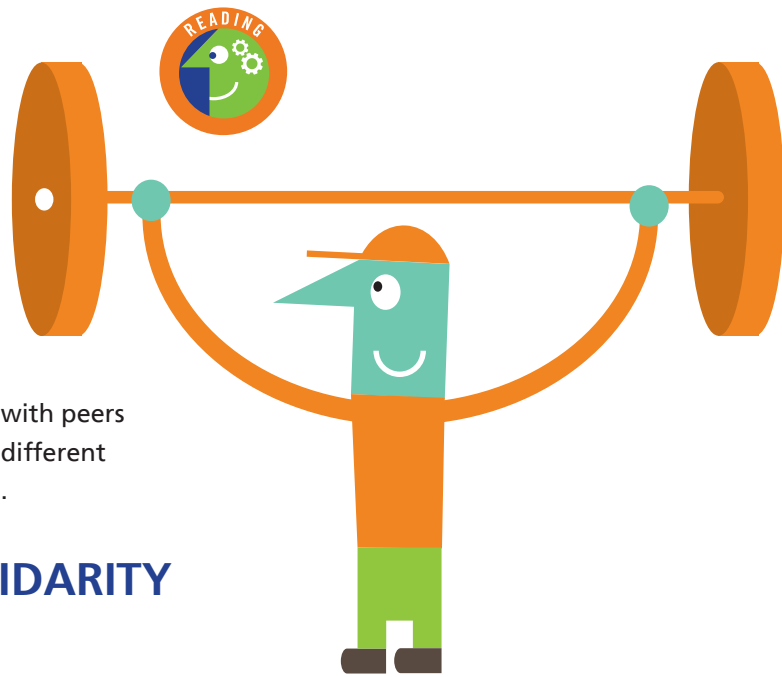
LESSON OVERVIEW

In this lesson you will see that solidarity with peers may make disclosure easier and explore different types and characteristics of peer services.

Up to Me through SOLIDARITY and Peer Support

Up to Me promotes the idea that experiences with mental health challenges are a large part of who many people are. Instead of keeping it quiet, people may want to share their stories with others. Instead of trying to hide aspects of their lives, people want to be accepted for who they are. **SOLIDARITY** is the desire and expectation that the public stands with us as we are, for whom we are. People who speak out about their mental health challenges are doing just that. Solidarity has two meanings.

- Disclosure is easier when I stand proudly with peers.
- I'm in the right peer group if they support my disclosure decision.





The Safe Person Decal Seven Promises



By displaying this decal for youth and adults to see, I promise to:

1. Acknowledge that reaching out for support is a strength.
2. Listen and react non-judgmentally.
3. Respond in a calm and reassuring manner.
4. Reflect back the feelings, strengths, and ideas I hear when listening.
5. Ask how I can be helpful and respond as I am able.
6. Do what I can to connect to other supports if asked.
7. Maintain confidentiality and communicate if exceptions exist.

To order free decals or to learn how to put the promises into action, go to safeperson.org.

When you display the Safe Person decal it signifies to others that you pledge to provide a safe space for persons to discuss mental health. A safe space is a space that is free of judgment, where every individual is treated as capable and valuable in our community. When you see this decal, understand that the person displaying it is not perfect. They have, however, made a commitment to provide a safe space and try to provide a listening ear. These individuals have agreed to abide by the seven promises detailed above.

Peer Support: Disclosures can be easier when a person decides to join together with others for support. This might happen informally, such as joining a group of friends who have shared experiences, or formally, through community programs often called peer-support services. Peer-support services, which include self-help groups, are perhaps the best kind of programs that promote empowerment. As the name suggests, peer-support programs were developed by peers for peers in school and the community.





Where do I go to find peer support?

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

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

Where do I go to find adult support?

List programs you know of and learn about today.

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



Insights and Future Directions

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

Discussion Questions

What did you learn about stigma and disclosure from this program?

**What are the pros and cons of you disclosing? Might you disclose in some places?
Where? (*Worksheet 2.1 and 2.2*)**

What disclosure choices might work for you? (*Worksheet 2.3*)

To whom might you disclose? (*Lesson 3 section 2*)

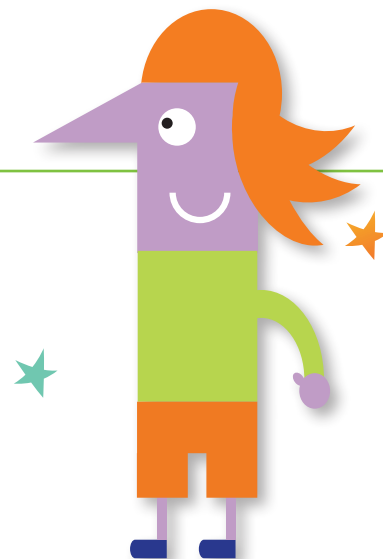


What could you do to respond to stigmatizing reactions from others? (*Lesson 3 section 3*)

What do you think of how you outlined your story? How might you improve it? (*Worksheets 4.1 and 4.2*)

What organizations or groups at school or in the community might offer you peer and/or adult support? (*Worksheet 5.1*)

Given all of this, what might you do in terms of disclosure in the future?





APPENDIX A

Definitions

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

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

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

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

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

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

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

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

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

Recovery support components:

- **Hope** – recovery is real – can overcome internal and external challenges, barriers, and obstacles. Hope internalized and fostered by others – catalyst for recovery process
- **Person driven** – self-determination and self-direction foundations for recovery as individuals define their own life goals and design unique paths towards their goals.
- **Holistic** – Recovery encompasses individual’s whole life, including mind, body, spirit, and community.
- **Peers and allies** – Mutual support and mutual aid groups, including sharing of experiential knowledge and skills, as well as social learning, play invaluable role in recovery.
- **Relationships and social networks** – important factor in recovery process presence and involvement of people who believe in person’s ability to recover; who offer hope, support, and encouragement; and who suggest strategies and resources for change
- **Culturally-based and influenced** – culture and culture background, including values, traditions, and beliefs key to determining person’s journey and unique pathway to recovery

- **Addresses trauma** – trauma precursor to drug use, mental health problems, etc – services and supports must be trauma informed
- **Individual, family, and community strengths and responsibility** – all resources and strengths serving as foundation for recovery and all have responsibility to help and offer support
- **Based on respect** – Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – crucial to achieving recovery

Stigma can be described with three words-

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

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

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

Co-Occurring Experiences and Stigma

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



APPENDIX B

Protections Against Unwanted Disclosure

Who Must You Tell?

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

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

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

Confidentiality Laws

No one has the right to know that you have ever been in a hospital or attended a community mental health center, without your prior written permission; however, there are some exceptions to this in the case of minors. Laws vary somewhat by state. In many states, a provider may disclose information about your treatment to your parent or legal guardian as a result of certain conditions being met. For example, in the state of California, your provider may disclose information to your parent or legal guardian in the event that three conditions are met: your situation poses a substantial threat to the life or physical well-being of you or another; this threat may be reduced by communicating relevant facts to your parents; you lack the capacity because of extreme youth or a mental or physical condition to make a rational decision on whether to disclose to your parents. Again, laws vary by state.

Some may permit disclosure about your treatment to a parent or legal guardian under less stringent circumstances, while the laws of other states may be similar to California's. You can look into the laws of your individual state. In addition, there are some practical concerns. Even if you make the appointment on your own, if your parents get insurance statements or bills related to your care, they will know you are seeing a therapist.

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

Who the laws do and don't apply to.

Confidentiality laws clearly apply to psychiatrists, psychologists, social workers, nurses, and other staff providing mental health services. In fact, these laws apply to all paid employees of an agency including receptionists, bus drivers, food service workers, and housekeeping staff. In addition, these laws apply to unpaid workers associated with the mental health program: recreation volunteers,

therapy students, outside advocates, and members of the board of directors. Note, however, that laws do not apply to one group of people who you regularly encounter at a mental health program: the other people receiving services. Confidentiality laws do not apply to other people you meet in a psychiatric unit of a hospital, or who you meet in group therapy at a community program. Nor must family members attending therapy sessions protect your confidentiality. It is certainly the case that staff will request that fellow group members respect your confidentiality — they probably wish the same protections for themselves — but there are no laws requiring that they do.

There are clearly many legal protections to ensure your privacy. Unfortunately, these protections are not absolute; gossip may always spread. For example, there are no laws that prevent classmates from telling stories, and neighbors and friends may pass out information about you in a spiteful manner. These are all important things to consider as you make decisions about talking about your mental health challenges.

