Should Youth Disclose Their Mental Illness?

Perspectives from Students, Parents, and Teachers

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Abstract

Disclosure seems to be a useful strategy for adults to deal with both the public and self-stigma of mental illness. However, youth may face a different set of risks when coming out with their experiences. Youth with and without mental illness, parents, and teachers participated in focus groups to help investigators better understand these risks. Questions were framed to elicit the different ways mental illness is discussed in schools and families. Surprisingly, the benefits of disclosure seemed to far outweigh the costs across groups. Benefits included ways to deal with stigma, reducing isolation and "differentness," as well as the pursuit of mental health services if needed. Costs included harsh and unfriendly ways peers and family members might respond to disclosure. Focus group participants shared strategies used to minimize risk, including where and to whom youth might share their stories. Implications for addressing stigma are discussed.

Key words: stigma, mental illness, children, disclosure

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Public endorsement of prejudicial attitudes and subsequent discrimination against adults with mental illness undermines life opportunities for these individuals, restricting work, independent living, health, and relationship goals (Callard, Sartorius et al., 2012; Sartorius & Schulze, 2005). Some people internalize these attitudes leading to self-stigma, shame, and a why try effect: why try to get a job; someone like me is not worthy of it (Livingston & Boyd, 2010). Disclosure has been identified as a key factor in decreasing public and self-stigma of mental illness in adults. Public stigma seems to be most effectively diminished through contact with people with mental illness who disclose their experiences of recovery (Corrigan, Morris, Michaels et al., 2012). Similarly, self-stigma seems to be diminished for those who are "out" with their mental illness experiences. People who have disclosed their experiences report higher personal empowerment and quality of life (Corrigan, Morris, Larson et al., 2010). As a result, advocates and researchers believe coming out should be a purposeful strategy to erase stigma by replacing it with affirming attitudes, like empowerment and recovery (Corrigan, Kosyluk, & Rusch, 2013). *Coming Out Proud to Erase the Stigma of Mental Illness* is a formal program meant to help participants consider the costs and benefits of disclosure, as well as approaches to telling one's story while minimizing risk. Results of a randomized controlled trial revealed that, compared to a control group, research subjects who completed the *Coming Out Proud* program (Rusch et al., 2014) experienced significant reductions in stress related to stigma and disclosure.

Models are emerging that suggest stigma has a similarly egregious impact on children with mental illness, harming friendships as well as success at school and in extra-curricular activities (Hinshaw & Cicchetti, 2000; Swords, Heary, & Hennessy, 2011). Although research on mental illness stigma change in youth is scarce (Heary, Hennessy, & Swords, 2014), trends from similar research on HIV-AIDS (Schiff et al., 2003) and physical disabilities (Sentenac et al., 2012) suggest contact with children disclosing their story might mitigate the public stigma of mental illness in this population. We are unaware of research examining the relationship of disclosure and self-stigma in youth. Extrapolating from adult research, disclosure might be a useful tool for challenging the stigma of mental illness experienced by youth. However, youth are likely exposed to different risks of disclosure than adults. Moreover, parents, guardians, and other authorities often influence decisions like these in children's lives.

This paper summarizes results of qualitative research meant to obtain perspectives on this question from important constituencies: youth, parents, and teachers. Youth were considered by age (to examine whether younger and older [middle and high school students] vary on this issue) and mental health history (students with and without mental illness). Parents were limited to those with children with a history of mental illness. Teachers included general education teachers, educational assistants and other youth leaders, including school social workers and mental health counselors working exclusively with school-aged youth. The goal was to obtain perspectives about costs and benefits of strategic disclosure of youths' mental health experiences. We sought to make sense of these ratios by understanding how mental health is viewed and discussed at home and in school. Finally, we sought recommendations on how disclosures might be less risky and more effective in situations where it is pursued.

Methods

The Wisconsin Initiative for Stigma Elimination (WISE) is a coalition of advocacy and provider groups, as well as people with lived experience of mental illness and recovery, from across the State of Wisconsin attempting to replace the stigma of mental illness with affirming attitudes of recovery and self-determination. Among its agenda was consideration of *Coming Out Proud* as an anti-stigma approach for Wisconsin youth. Prior to committing to and adapting the program, WISE sought perspectives on advantages and disadvantages of disclosure in this age group. Community based participatory research (CBPR) was used to direct this study (Minkler & Wallerstein, 2008). A team of investigators and two groups of stakeholders from Wisconsin joined together to make decisions about research questions, sample, design, analysis, and results. The first stakeholder group was drawn from the Milwaukee area, mostly female (81.8%), six adults, and six students. This was an ethnically diverse group: 45.5% African American, 36.4% Latino, and 27.3% European American. Because WISE believed that decisions needed to also reflect rural Wisconsin, work of the Milwaukee group was reviewed by a second CBPR group of 3 adults and 3 students, all female, from outside Wisconsin's urban areas. This group was 67% European American, 12% African American, and 12% Latino.

Two sets of CBPR decisions are especially relevant to the methods outlined in this paper. (1) The CBPR team crafted the interview guide that facilitators used for focus groups. The general goal was to query focus group members about mental illness and corresponding services for Wisconsin's youth. This led to several questions relevant to the analyses discussed herein. How is mental illness discussed at home and at school? Given this discussion, what are benefits and risks for students disclosing their mental illness? What are strategies that might make disclosure less risky?

Interview guide questions varied by stakeholder group. This led to the second set of decisions made by the CBPR team: who should be focus group participants? They decided to recruit six homogeneous groups; four were youth divided into high school and middle school cohorts who had or had not experienced mental illness. In addition,

parents of youth with mental illness and teachers as well as other youth leaders, were recruited for separate focus groups. As outlined in Table 1, 19 focus groups were convened with 103 participants. The CBPR team also sought gender and ethnic diversity in the samples. Overall, the groups were over-represented for females but fairly well mixed for ethnicity. Finally, the CBPR team wanted to recruit from urban and rural Wisconsin. Hence, focus group participants were sought from metropolitan areas as well as locations outside Milwaukee. An investigator led focus groups with a scribe taking copious notes of responses including verbatim quotes. Each group was comprised of about 2 to 10+ participants and lasted from 60 to 90 minutes. Overall themes were gleaned from transcripts of focus groups using a grounded theory approach to qualitative analysis (Strauss & Corbin, 1998). Independent raters examined responses specific to the goals outlined in this paper. Open coding yielded more than 150 discrete themes suggesting saturation was reached after 19 groups. Raters then sorted themes into subsequent groups and concepts. A summary of themes and concepts was then provided to the CBPR team for feedback. Feedback from the CBPR team was used to provide the final set of themes, which are summarized in Table 2. All aspects of this project were approved by the IRB at the Illinois Institute of Technology.

-- Insert Tables 1 and 2 about here. --

Results

How are mental health and mental illness talked about at school?

Many students across focus groups noted a relative absence of discussion of mental health or mental illness in school. When mentioned, mental health issues arose as the object of health classes; however, these discussions were vague and no formal presentations on symptoms, diagnoses, or recovery were available to students. Students noted health discussions sometimes viewed physical illnesses as disabling but not mental illness. Some students also reported confusion between physical and mental illness with peers. Outside class discussions, mental illness was often mentioned negatively using disrespectful terms like “crazy” or “attention whores.” Students from all four groups noted this distinction. Disrespectful messages lead to gossip, being bullied, or isolation in “special” classes. Students noted that isolation in special education was demoralizing, often resulting in reduced self-esteem. Some students also reported mental illness being discussed in terms of pity, though respondents generally expressed a disdain for this kind of sympathy. Others believed pity led to excuses; that children with mental illness are given easier coursework or treated more leniently in school.

Teachers and youth leaders largely echoed student comments. Some reported a notable absence of discussing mental illness in school, that it was actively avoided as a taboo topic. One teacher was concerned that lack of involvement of social workers and other mental health professionals in classrooms might account for the silence about mental health issues. Like students, teachers noted mental illness, when formally discussed, to be the object of health classes. Many teachers developed one-on-one relationships with

students with mental illness, often to help them manage their illness in school. Some teachers noted that students who disclose their mental illness are bullied, gossiped about, and potentially lose their friendships.

How are mental health and mental illness talked about at home?

When asked about how mental illness is discussed at home, students typically focused on messages heard from their parents. Like school, students in all four groups noted the absence of mental health talk at home, which largely remained constant even after the youth's diagnosis with mental illness became known. This is the first of many places where the quality of responses given by middle and high school students with mental illness differed from their peers without mental illness. The former group typically expressed themselves in the first person with special concern about the way stigmatizing statements by parents and family negatively impacted them. Children with mental illness noted the absence of discussing mental health as hurtful, like parents were ignoring a key part of them. Other high school groups noted parental denial of mental illness experiences in some youth. High school students with mental illness thought this occurred, in part, because parents failed to accept the mental health challenges of their children. Respondents noted a sense of "difference;" that children with mental illness are somehow different than other family members. Difference included disrespect and fear; that youth with mental illness are "retarded," or an "idiot." These beliefs led some families to distance the child with mental illness from other members of their family, especially ones they considered to be vulnerable to influence (e.g., younger cousins). Additionally, lack of openness and negative dialogue led youth with mental illness to believe they were responsible for the deteriorating health of their family members. Largely, youth believed parents, and the older generation in general, did not face the same challenges and demands that impact children today, which accounts for the absence of discussion surrounding mental health.

Some youth described positive home environments where mental health and illness were discussed openly. Some parents checked in regularly: "how are you doing today?" Some parents tried to communicate to their children that it is okay to discuss their feelings and challenges. Other youth, however, expressed concern about parents becoming overly involved in their mental health challenges, impeding their independence. Many were especially concerned that self-report of symptoms might be used against them, sometimes leading to threats of hospitalization, coercion into care, and exclusion from treatment decisions.

What are the benefits of youth disclosing their mental illness?

Given the environment in which mental health is discussed in school and at home, focus group participants were asked what the benefits might be for youth disclosing their mental illness. Responses differed between youth and adults; hence, they are reviewed separately. Among youth, the disparity between how students with and without mental illness viewed disclosure was noticeable. Middle and high school students with mental illness spoke of coming out to decrease the varied effects of stigma. Disclosure

replaces shame with a sense of victory by sharing stories of courage, strength, and empowerment. Students with mental illness believed disclosure helps others in the closet. Speaking out says to them, "You are not alone." Disclosure might also help those in the closet avoid mistakes when coming out; there are strategic and relatively safer ways to do so (e.g., how to know when a friend will be supportive and trustworthy). Disclosure also challenges public stigma, the kind of prejudice and discrimination peers or adults might endorse. Disclosure is a public assertion leading to awareness: "Don't label me!" "Don't discriminate against me!" Although less forceful or personal, youth without mental illness echoed many of the stigma-busting qualities of disclosure. They believed coming out normalizes these experiences; that everyone has personal challenges in life and therefore mental illness is nothing of which to be ashamed. Some students without mental illness seemed to be encouraging peers to disclose, that coming out "is a good thing."

Disclosure has a second set of benefits; it promotes discussion of mental health and corresponding treatment. Interestingly, although a few students with mental illness noted this benefit, the advantage of coming out to receive treatment was mostly touted by children without mental illness. Discussing one's mental illness leads to a more positive view of effective treatments. It also leads to a supportive infrastructure; that youth and adults encourage peers with mental illness to discuss their challenges so others can help them. "Others" are not only health care professionals, but also teachers and peers at school. Youth also believed disclosure among peers opens communication with adults, especially parents. Youth who are willing to discuss their mental health problems with friends might be more open to sharing with teachers and adult family members.

Teachers noted benefits to student disclosure of their mental illness, including attacks on stigma as well as a more open forum for discussing the advantages of treatment. Teachers expressed pride in students who have come out with their mental illness. They thought teens who spoke openly were positive role models for peers who were in the closet, still struggling with the shame of their mental health challenges. Teachers also thought disclosure helped other students in need seek out services for their mental illness, as well as seek help from their parents. Interestingly, parent respondents largely focused on how disclosure undermines stigma. Parents said children with mental illness feel relieved when disclosing. It helps peers who are struggling with being in the closet. Disclosure also helps the broader collection of students who are naïve to mental illness stigma.

What are the costs of youth disclosing their mental illness?

Although many risks to coming out were noted, coders were surprised by the relative lack of concern about disclosure. While a general concern was expressed about how youth can be mean and hurtful, significant barriers were not listed. Nevertheless, middle school students enumerated costs to coming out. Friends might have negative reactions, becoming uncomfortable with the disclosing student. Peers may attribute normal emotional fluctuations to mental illness diagnoses. Friends may gossip about their peer after disclosure, escalating to name-calling and discrimination: exclusion from social activities. Middle school students with mental illness felt it to be personally painful to disclose deeply personal self-statements and then to be discounted or ignored. They were also turned off by others who prescribed interventions to them, particularly those of a religious

nature: "The devil is taking you, you need more Jesus Christ in your life." A few middle school students were concerned disclosure might disappoint, or let their family down. High school students with mental illness largely echoed concerns mentioned by those in middle school. They were apprehensive about being defined by their diagnosis and that public persona such as this might lead to shame. High school students with mental illness did not want to be pitied by others. They were additionally concerned about the impact of disclosure on family, worrying about burdening many already distressed parents.

Youth without mental illness were less aware of the need to disclose and thought perhaps mental illness should be kept private; that the person might pass as normal. This group thought disclosure might be confusing for them; they might not know how to respond to their peer who has disclosed or not know what to do with the information. Respondents without mental illness listed several similar concerns about disclosure, albeit without the kind of first person tone noted by their peers. They worried that others might gossip about youth who disclosed, framing them as different and pitiable. They might view the person as disclosing for attention. The majority of participants did not condone these negative reactions.

We expected adults, especially parents, to be concerned about the risks of disclosure. While some were mentioned, coders again noted the absence of disadvantages. Parents were concerned that peers might not understand or be fearful of youth who disclosed leading to gossip and prohibiting them from "hang outs" or other social events. Teachers had similar concerns and both groups feared disclosure could lead to being bullied by peers. Interestingly, some parents had concerns about how disclosure might affect manifestations of mental illness in schools. There was a concern about the spread of mental health effects; i.e., children discussing mental illness with others might worsen symptoms in the latter or might lead to copycat actions.

What strategies might make disclosure easier for youth?

Children with mental illness were asked what they might do to strategically enhance the benefits and reduce the risks of disclosure. We arranged responses into strategies about where and to whom students might disclose. Responses were similar by school age. Both groups identified multiple venues where coming out might be more effective including school, small groups, and media such as radio and news channels. Both also thought art might provide a medium for expressing personal experiences with mental illness. Notably, a few students expressed an in-your-face bravado saying people should come out anywhere. They, as students with mental illness, did not care who heard their story. This kind of confidence spread into the question of to whom? Middle school students, in particular, did not care who heard their story. Rather than discussing specific roles of people whom might be good for disclosure – friends, family, coaches – respondents discussed qualities of people who would be good listeners. They were described as trustworthy, welcoming, older and wiser. Importantly, they would also be people who would keep the disclosure a secret. Many students discussed teachers as targets for

disclosure. Better targets were qualified as teachers who were friendly, with strong connections to students, and who would keep it private. They also said a teacher who self-discloses his or her own mental health challenges are excellent for disclosure.

Teacher self-disclosure. Teachers in focus groups were specifically asked their thoughts on self-disclosure; these additional analyses and responses are summarized in Table 3. Interestingly, many viewed it positively and reported it to be something they had done. Teachers believed those who disclosed were more real to students, communicating that they were once young and experienced similar challenges. Self-disclosure frames the teacher as a role model showing vulnerability. Messages like these communicate that the student is not the only one with troubles, a way to decrease the sense of alienation many people suffer when hurting emotionally. Disclosure shows teachers are vulnerable, and it is okay to open up. Self-disclosure from teachers also echoes a message of "hope;" demonstrating that the teacher "made it," so students with mental illness can also achieve their goals.

-- Insert Table 3 about here—

Despite its benefits, teachers advised caution when engaging in self-disclosure. Teachers who disclose need to maintain professionalism making sure relationships do not become that of a peer. Teachers should not go into explicit detail nor be seeking help from their student. Also, when disclosing, teachers should not divert attention from the central goal: being supportive and helping students with their needs. Despite general support for teacher disclosure, some respondents were uncomfortable with the idea believing it can backfire and blur the helpful relationship between student and mentor.

Discussion

Mental illness is a stigmatized condition; labeling people as psychiatrically disordered can lead to significant prejudice and discrimination. As our results suggest, this applies not only to adults, but also to youth, both middle and high school aged students. Adults who come out about their mental illness seem to experience positive effects, reducing the harmful impacts of public and self-stigma. Research respondents in this study identified both benefits and costs to coming out for this population. Youth with mental illness believed disclosure undermines self-and public stigma, replacing it with a sense of valor and empowerment. Youth without mental illness were not as sensitive to the impact of disclosure on stigma, but thought it might decrease mean-spirited gossip among peers. Youth from both groups also noted the benefits of disclosure on the general discussion of mental illness and corresponding treatments among students. Students struggling with psychiatric symptoms may be more willing to seek help in an environment where disclosure is modeled and supported. Despite these benefits, many concerns were noted about sharing one's mental illness. Youth with mental illness expressed concerns

that others might gossip about them, label them as defective, and exclude them from social functions. Interestingly, children without mental illness thought disclosure might cause confusion; students may not know how to respond to peers' disclosure.

Surprising to us were the parent and teacher assessments of the costs and benefits of disclosure. Given their custodial duty as well as their deep concern for youth, we expected respondents in these groups to be more cautious about endorsing disclosure. Many parents and teachers seemed optimistic about benefits of disclosure. One parent noted pride in the disclosure efforts of her child. Teachers believed children who disclosed were positive role models; they suggest to peers that vulnerability is an asset. Still, parents and teachers expressed concerns about youth disclosing: "There are kids who won't understand; they will think he's weird and might pick on him."

Middle and high school students provided some useful suggestions on how to disclose in less risky ways. They enumerated settings (school, small groups, media) and people (someone trustworthy, welcoming, and older) that might make disclosing easier. Several respondents also mentioned teachers who disclosed mental health challenges were excellent models for a student's disclosure. Teachers were asked separately what the perceived costs and benefits of self-disclosure might be. Once again, despite expecting conservative responses about hesitancy to disclose, there was openness to the idea. Teachers who self-disclose are more genuine and good role models of vulnerability, signifying students with mental illness are not alone. These were balanced with some cautions for teachers who self-disclose. These included making sure teachers do not become peers to students and editing the degree of detail when disclosing to younger students.

This study was strong given the number of focus groups and participants in these groups. It also included different stakeholder groups who were somewhat diverse in terms of gender and ethnicity. Efforts were also made to ensure youth groups were representative of students with and without mental illness. Still, concerns arise about representativeness of participants in qualitative studies. Our greatest concern is perhaps people with a mental health advocacy agenda self-selected for the study. Students, their parents, and teachers with more education about and interest in promoting mental health and erasing stigma might have volunteered at a greater rate for the study. As a result, the ratio of benefits to costs of disclosure was greater than a group not committed to this cause might propose.

With this information, we revisit the question, whether youth with mental illness should disclose. Whether an individual discloses reflects the decision of that person alone (Corrigan, Kosyluk, & Rusch, 2013). *The Coming Out Proud (COP)* program, developed for adults, includes a careful audit of perceived costs and benefits of disclosing in different settings (Rusch et al., 2014). Sharing one's experience with mental illness will likely be associated with different costs and benefits dependent on the setting and people within it (e.g., school, home, faith-based community). Given the profile of costs and benefits at school, for example, an individual can decide whether she wants other students to know. The decision is always framed in a conservative light; if unsure, do not disclose. Once people share their stories, the disclosure cannot be taken back. Participants in COP

also learn relatively less risky ways to disclose, reflecting some of the strategies described in this paper. Finally, program participants can practice crafting a story that best reflects their goals in disclosing. COP is typically led by peers with lived experienced who have disclosed in small groups with others still in the closet about their mental illness. Our results suggest many youth have disclosed their experiences with mental illness and have received mixed responses; these reactions often serve as the barometer for future disclosure decisions. Other youth are considering disclosure in a variety of settings, but are unsure how to go about it safely. Therefore, modification of COP could be beneficial in aiding disclosure decisions, reducing disclosure-related risks, and hopefully yielding supportive responses for middle and high school-aged youth with mental illness. Participating in COP and discussing disclosure (whether or not youth choose to disclose), should promote self-efficacy and personal empowerment, and when carried into adulthood can help mitigate the harmful effects of both public and self-stigma faced by those with mental illness.

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Table 1: Characteristics of the Focus Groups

	Youth				Parents of Youth with Mental Illness	Teachers and Youth Leaders
	Middle School Students with Mental Illness	Middle School Students w/o Mental Illness	High School Students with Mental Illness	High School Students w/o Mental Illness		
Gender	50.0% female	79.2% female	66.7% female	86.7% female	83.3% female	88.2% female
Age	M=13.0 SD=0.93	M=12.4 SD=0.88	M=16.0 SD=1.79	M=16.3 SD=1.11		
Race	50.0% African American 37.5% White 12.5% other	25.0% African American 45.9% White 29.1% other	20.0% African American 73.3% White 6.7% other	40.0% African American 53.3% White 6.7% other	45.9% African American 50.0% White 4.1% other	23.5% African American 76.5% White
Ethnicity	12.5% Latino	29.2% Latino	13.3% Latino	20.0% Latino	16.7% Latino	0% Latino

Table 2: Distinct themes in response to key questions: How is mental health described at school and at home? Given this, what are the benefits and costs of disclosing? If disclosing, where and to whom? Themes are sorted by respondent group. Themes in the same row are similar across groups.

Youth				Parents of Students with Mental Illness	Teachers and Youth Leaders
Middle School Students with Mental Illness	Middle School Students w/o Mental Illness	High School Students with Mental Illness	High School Students w/o Mental Illness		
How are mental health and mental illnesses talked about in schools?					
Not discussed; never had a class about it	Not discussed		Not discussed; admin and teachers awkward with topic; it should be discussed more		Avoided; taboo; no social worker support
Discussed in "behavior" class	Discussed in health class; play about mental health; discussed by authorities; e.g., teachers, social work, special center;	A few formal presentations	Discussed in health class briefly; play about mental health; discussed by authorities; e.g., teachers;		Discussed in health class
					Discussed in other ways: bullying, loss of friendships
Discuss physical disability but not mental illness; confuse the two	Discuss physical illness (cancer) but not mental illness				
Disrespectful: "retards"	Negative: fearful if don't take meds	Looked down on: weak, crazy, "attention whores"	Mental illness viewed as an insult		
		Injured: gossiped about, bullied, fought with	Children with mental illness isolated in "special" classes		
	Sympathetically: though some don't like pity		Children with mental illness treated easier; used as an excuse for incomplete work		
					Some teachers will talk one-on-one with students with mental illness; e.g., about medications
How are mental health and mental illnesses talked about at home, especially by parents?					
Do not want to understand; misunderstand as anger problem or personal choice	Don't understand; ignore the topic; minimize it	Not discussed; don't understand; minimized; don't feel like that; personal choice	Not discussed; minimized; just a phase; don't understand; get tough		
		Parents need to accept illness.			
Negative concepts; such as demon possessed					
Disrespectful: "you're	View me as crazy or	View me as different	Disrespectful; "idiot"		

retarded"	"different"				
	Parents never had these kinds of problems	Parents' age group did not have problems like these	Age and generational difference; parents not dealt with issues like these		
			"My children do not have these kinds of problems; they're perfect."		
Want and get positive report; want parents to check in; "how are you doing today?"	Tell whole family everything	We have an open environment			
Prefer communicate with friend			Easier to talk to a friend		
Want other family members to discuss their mental health problems					
Threatened with hospitalization	Use the information against them	Overreact: hospitalization; keep child out of decision process			
		Keep it private; don't tell others			
What are the benefits for children disclosing their mental illness?					
				Uncertain	
To undo my personal shame		Share my victories; inspire peers; stories of courage, strength, empowerment		Proud of child who discloses	Students feel relieved when they disclose; take a load off the disclosing student
To help others who are in the closet; you are not alone; reduce backlash against those who disclose	Normalize experience; not something to be ashamed of	Help closeted peers avoid mistakes; let them know not alone; "I am someone you can talk to."	Model for others that coming out is good	Share with teens going through same thing; boost self-esteem; not alone; there is nothing "wrong" with my child	Gives hope to others in the closet
To promote public awareness of stigma; don't label me; don't discriminate against me		Increase public awareness of stigma; stop labels and stereotypes; increase opportunities like employment	Open doors about stigma; respect people who come out		Makes other students aware of stigma

To promote awareness of mental health; it CAN be treated	Celebrate positive response to treatment; propel student to get more information about mental illness		Learn more about mental illness; "amazed" at number of students with symptoms; learning warning signs	Helps peers with mental illness seek help	
			Get help for myself	Get help from peers with similar problems	
	Provide support; listen to the person; be with them for the long haul; maintain confidentiality; promote trust with friends		Offer a safe space and support; share coping skills; promote trust; keep checking in; keep it private		
	Help student get help from adult		Gently suggest parent involvement with problems	Children who share with peers may share with parents	
What are the risks for children disclosing their mental illness?					
A need to disclose does not come up			Never heard someone need to do this; others do not want to hear this kind of stuff	Unsure	
	Should keep it private; if you look "normal," you can pass as that				
		I don't want to be defined by my diagnosis; I might feel shame or guilt			
Friends/others will feel uncomfortable; will diagnose all my behaviors as mentally ill	The disclosure would "confuse me"	Don't want others to judge me; to misunderstand me; attribute regular emotions to mental illness	People don't know how to respond to me	Other students will not understand	Others will become fearful of disclosed student
			Don't want to burden friends		
	Friends/others pity them; don't want to be pitied	Don't want people to feel sorry for me			
Friends/others will gossip about me	Students will spread it around		People will spread the word about me	Other youth will talk about the discloser	Others will talk about the student; gossip
Friends/others will hurt me; exclude me; call me a "retard"; "you're just doing it for attention."	Friends will treat me "differently;" others make fun of discloser; ignore them		People are disclosing just for attention	Others may react negatively; be bullied by others	Others will laugh at the person; peers are cruel; cyber-bullying
		Let other people down			
Painful to disclose and be discounted; that's not					

really a problem; counselors who cannot empathize					
Prescribe solutions; here's what you need to do; get more Jesus in your life					
Physical and emotional harm to family					
		Lose family support; become burden to family			
		Get coerced into treatment			
				Youth talking to their peers about mental health problems might worsen illnesses	
				Peers might copycat the symptoms from another youth's story	
How might youth disclose their mental illness yielding the most benefits?					
WHERE		**WHERE**			
Stories in groups		Small groups; write about it			
		On stage			
Through art and drawing		Through art			
At school		At school			
On a news channel		On the radio; online			
Anywhere!		Anywhere; just want to be heard			
TO WHOM		**TO WHOM**			
Don't care who knows					
Good longtime friend					
Someone who knows your past struggles					
You can tell by how someone looks at you; good vibe		Someone who is trustworthy, welcoming, supportive			
Someone who will keep it a secret		They'll keep it secret			
Someone older and wiser					
Teachers with strong student bonds; active in		Teachers who are nice, get to know the students			

clubs and sports					
Teachers who self-disclose their experiences		Teachers who have self-disclosed			
		Teachers who will keep it private			
		Someone connected to the family			

Table 3. Teacher responses regarding self-disclosure.

Benefits
Teachers who disclose are seen as more genuine to students
Message suggests to students that teachers were once young with similar problems
Teachers are role models suggesting vulnerability is okay
Students are not alone
Cautions
Make sure teachers don't become peers to students
Do not explicitly detail problems in teacher disclosure
Make sure not to divert attention from student when disclosing