

The Impact of Real Stories

Sharing real stories on mental health and the impact of stigma and discrimination is one of the best ways to change the way people think and behave. This follows the idea of social contact, that the best way to change negative behaviours is to hear directly from someone with that experience (lived experience). This can also work indirectly, in sharing real lived experience through video, blogs, podcasts, news articles etc.

These stories can come from anyone, in any area. We share lots of stories in the media to try and change perceptions of mental health on a national scale. However many of our partners, people like you, have seen the impact of real stories in creating changes in workplaces, education, health and social care, with friends and family and in communities.

While the audience may be different, there are some key things that we would advise, to help you in sharing your story, or someone else's, in a way that is safe, timely and will have the biggest impact.



Why/ What/ Who/ How/ Where/ When?

Why: Why are you telling this story? Keep this in mind to make sure any story is on point, and doesn't drift. A person's life is made up of so many different factors, and it's important to focus the story for maximum impact. For example if people in workplace/ school/ community are using discriminatory language about mental health, a story from someone who has struggled with their mental health, but felt they couldn't tell anyone, or ask for help, because they had heard people acting discriminatory can show the impact words can have.

What: What change do you want to create, what behaviours and attitudes need to be different? You know the issue and why you want to tell the story, but the story also needs to be explicit in what changes are needed. So in the example above, we want to change the way people speak about mental health, so people don't feel the need to hide any mental health problems.

Who: There are two parts to who. First, who is your audience, who are you targeting, whose behaviour do you want to change, or who do you want to be more aware of this?

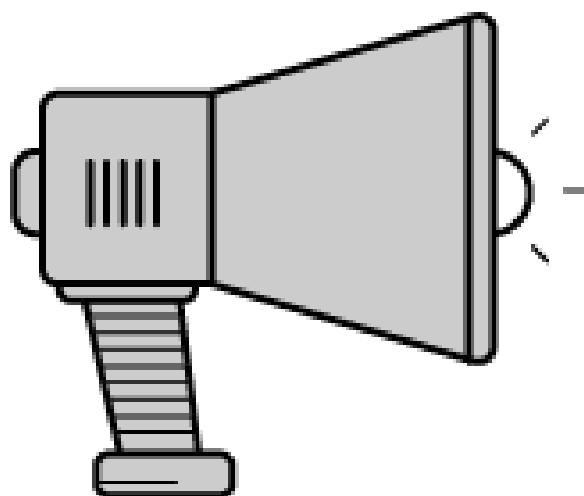
The second 'who', is who should tell the story? If you know the change you want to create, who has the real life experience which will actually encourage people to change their behaviour. You also need to think, who would want to do this, would feel comfortable doing this and is in a good place to do this?

How: This is where real stories have the biggest impact. Telling someone to just change the way they behave won't always have the impact you want, as people don't know how they should change. So a personal story is a great way to give a real life example of how people have acted differently, to give tips and show the impact

behaving differently can have. In the example above, a personal story could explain how people used more inclusive language around mental health, showed that they were open to having a conversation, and that resulted in the person telling someone they were struggling and getting help. You could also give tips in the story to show how to start a conversation, and the impact that has had on the person.

Where: Where you tell the story will depend on where you think it might have the most impact or where most people could see it. It could be a talk to an audience, or a video, a blog, a podcast, an email update, a social media post etc.

When: You need to find the right time to tell the story, so it has the biggest impact. You could link in to existing dates in the calendar where people will be thinking about mental health and looking for information, like Time to Talk day, Mental Health Awareness Week, or World Mental Health Day. Or you may have some planned activity, and you want to kick it off with something impactful to get people interested.



Finding Stories

It's not always easy to find people who are comfortable sharing their stories. In some places you may need to begin this process by sharing messages around mental health, creating the right culture and show your commitment to tackling stigma, before someone will feel safe coming forward. Working with See Me is a good way to do this, we have lots of stories and videos of people sharing their experience, which can be a good start so others feel comfortable to come forward.

Preparation

After considering all the key questions above, preparation is key for a person sharing their story. Sharing a part of your life is a big deal, so it's vital people feel prepared and supported in doing this. There are a few key things needed before any story is made public:

- Think about the main changes you want to see,. How can a story show why the changes are needed and demonstrate how change can be achieved?
- Encourage the person taking part to really think about why this is important to them, and to keep this in mind to make sure telling their story has the impact they want.
- Ensure the person sharing their story is fully comfortable in doing this, advise them to think about the impact of everyone hearing/ reading it and what would happen if they got a negative reaction?
- To ensure the person is happy sharing their story, work with them to think about all the parts of their story they are comfortable with anyone knowing.
- Importantly, work with them to think about what parts of their story they don't want everyone to know. **This step in the**

preparation is key. If people know what they don't want to talk about, and have fully considered it, then they will be more comfortable in putting their story out as they won't be worried about the reaction.

- If there is a part of someone's story they aren't sure whether or not they want to share it, the best practice is not to include it. If you do the person will worry about the reaction and it will add extra stress. A story isn't worth telling if it will negatively impact the person telling it.
- Don't name and shame. If a person's story is all about highlighting the behaviour of certain individuals, this will have a negative impact on those people, and the person sharing their story. It also won't have the impact you want. You can highlight situations, but ensure that any details which could make it directly relatable are left out.
- We always advise people sharing their stories have 'critical distance' from the experience they're talking about. This is important so people are able to look back and reflect, without still having the raw emotion. This makes it easier for them to say what could have made a situation better.
- Opinions, facts and personal experience are all key in making an interesting story
- Getting the right person is important for all of this, to make sure it will be a positive experience. It is also important to have the right impact, for example, in a workplace, a senior leader sharing a story will have a huge impact in changing the culture throughout and organisation. If you're in a school, it's best to have someone over 18, but in a similar age bracket to the pupils, so they can relate.

How can you shape a story?

Below are some ideas of questions which can help shape a story which aims to tackle stigma and discrimination.

- When did you first struggle with your mental health?
- What experience have you had of mental health problems through your life?
- What impact has that had on you?
- Have you ever experienced stigma or discrimination because of your mental health?
- Have you ever worried about telling people about your mental health?
- Have you ever been treated unfairly because of your mental health?
- Have you ever had someone really react well and support you and your mental health?
- Have you experienced good/bad support in health and social care/workplace/education/in your community?
- What was the impact of the good/bad support?
- What would have made the situation better?
- What impact would it have had if you hadn't experienced stigma and discrimination?
- Why should other people not act in a stigmatising or discriminatory way?
- What change do you want people to make?
- Why do you think it's important to tackle stigma and discrimination?

Key messages

See Me has a range of key messages which have been developed with people with experience of mental health stigma and discrimination. If you can include these in your stories, it can also have a big impact.

- Mental health is part of everyone's day to day life, it affects all of us, but there is still a stigma around it. To tackle this properly people need to understand that it is okay not to be okay and you can talk about it.
- You don't have to be an expert to speak about mental health, just asking someone if they are okay can be a powerful thing.
- We need to change the culture around mental health so people feel confident enough to speak about how they are feeling and can ask for help if they need it, without the fear that they will be stigmatised and discriminated against.
- No one should ever be made to feel ashamed or embarrassed to tell anyone that they experience mental health problems.



Tips on speaking about mental health

The language we use while speaking about mental health can have a huge impact and when sharing a story it's important to get the language right to avoid any unexpected consequences.

Suicide

When speaking about suicide don't use terms:

- Committed suicide
- Killed themselves
- Don't describe a suicide as successful.

As suicide is not a crime it is no longer accurate to use the phrase committed suicide. When speaking about suicide, or suicide attempts, **do not go into detail about the methods or specifics around the process.**

When speaking about suicide use terms such as:

- Completed suicide
- Took their own life
- Died by suicide

Self-Harm

Similarly to suicide, it is not helpful to mention specific methods of self-harm, e.g. it is okay to mention an overdose, but avoid detailing amounts or what substance. Pictures of self-harm can also be triggering and should not be shared. A good general rule when speaking about self-harm is to focus on feelings, not behaviours.

Avoid presenting self-harming behaviour as a solution to problems, as people listening or reading may interpret the behaviour as a positive coping strategy.

Eating Disorders

When speaking about eating disorders, as a general rule, try to avoid speaking about specifics, or anything that could lead to copying behaviour.

- Do not mention specific weights relating to the lowest weight a person was or you were, if speaking about your own experience
- Similarly, mention of specifically small amounts eaten e.g. 'lived on half an apple a day' would act as an encouragement to restrict or purge.
- Images, especially photographs of certain emaciated body parts are triggering – ribcages, concave stomachs, collar bones, sternums and spines. Tops of arms that are shown as the same circumference as wrists, or thighs the size of knees are also unhelpful.

General Tips

- Don't describe someone as 'suffering' with a mental health problem, instead use experiencing.
- Don't describe someone as 'a schizophrenic' or a 'depressive', instead say someone who is experiencing schizophrenia or someone who has depression.
- Don't use terms like 'nutter', 'maniac' or 'schizo' as they can just add to the stigma around mental health

What's it like?

Our media volunteer Liam has spoken about the impact of sharing his story on himself, and others:

One of the first things I did with See Me was share my story for Time to Talk Day. That's a campaign all across the UK and Ireland, which See Me lead in Scotland, aiming to get people talking about mental health.

Sharing my story in the media that day, I found courage within myself that I never knew or realised that I had. And that's the God's honest truth. I found courage that I never realised was actually inside me, because I was really nervous that day, I was really bricking it.

But the reaction after that was great. People just come up to me in the street now and say, are you still doing your work with See Me, Liam? Are you still trying to help others, are you still helping yourself, what you've been up to? So it's empowered me.

Sharing my story made me feel so much better about my own inner self. It took away all the years of shame that I felt. I know I shouldn't have felt ashamed because it's not my fault I've got a mental health condition, but I did. You kind of blame yourself. You think it's your own fault. So it made me realise that it's not my fault. And the amount of people that actually spoke to me afterwards that said, I've suffered from depression or I've got a family member who's been diagnosed with bipolar, things like that.

It made me feel really empowered. It made me feel really happy in my own skin again. It gave me that voice to speak out and realise I'm a human being, I can say this without fear, without the shame, without embarrassment, and that can make a difference.

Read Liam's full story on our Journey of a Social Movement site <https://report.seemescotland.org/liam-rankin>.