Towards mental health inclusion

Tackling mental health stigma and discrimination in healthcare

Participant workbook

See Me
End mental health discrimination

Who is this training for?

This training is for people in healthcare settings who are passionate about ending mental health stigma and discrimination. The activities can be used to prompt reflection and discussion about mental health inclusion within healthcare. You can use this training to explore how to tackle stigma and discrimination within your healthcare setting.
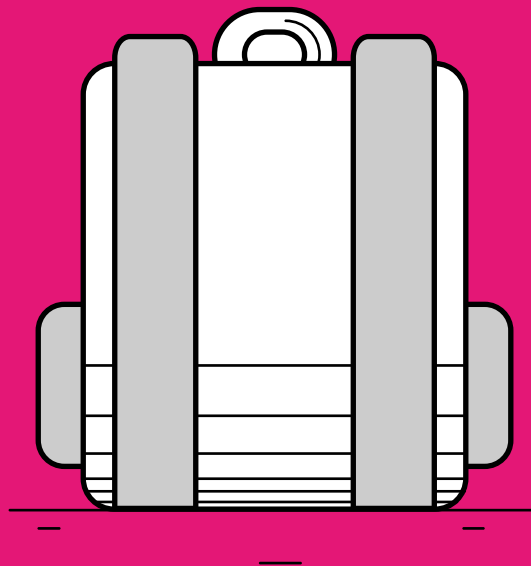
How do I use this workbook?

The participant workbook can be used by participants to follow the "Towards mental health inclusion" session and take notes for future reference and reflection.

Participants and facilitators should try to approach the session with as much empathy and patience as possible. Mental health stigma and discrimination can be a difficult subject to discuss and it is easy to fall into the trap of blame and shame. Everyone should work hard to share their experiences openly and focus on learning, growth and improvement.

Session outline

What is stigma and discrimination, and what is the impact?

Tackling stigma and discrimination is foundational to ensuring people can get the right help and support when they struggle with their mental health. Increasingly people are talking more openly about their mental health and that of others, sharing experiences of mental health problems, seeking help and support, and providing support to others. Improvement efforts such as **Realistic Medicine** are designed to produce compassionate, patient focused care that shares decision making power and focuses on what matters to them.

Whilst this is welcome, a high profile for mental health within healthcare does not necessarily equate to stigma reduction. People who have mental health problems continue to experience poorer health, their life expectancy is shortened, and their quality of life is poorer overall. Stigma and discrimination within healthcare settings can have a negative impact not only on a person's access to and experience of services, it can also be detrimental to their recovery, and have other long-term impacts such as an adverse effect on them seeking help and support in the future.

A person disclosing can worry about not being listened to, confidentiality, not being taken seriously, being judged, being seen as a burden, receiving a diagnosis, or being labelled. Many people worry about speaking to another person about their mental health due to a lack of knowledge and confidence, being fearful of saying or doing the wrong thing, not knowing where to signpost, and thinking they may have to take on responsibility for that person if they disclose. All these factors act as barriers to people seeking help and support from others and in people providing support and initiating discussion around mental health.

Healthcare staff that understand the importance of their role in facilitating mental health recovery are likely to maintain positive attitudes and clinical clarity. Patients are then far more likely to have an experience of healthcare services that is in line with the **National Health and Wellbeing Outcomes**: that people have their dignity respected and are safe from harm; and that services contribute to reducing health inequalities and help to maintain or improve their quality of life.

Unfortunately, when people reach out for support, they do not always get the advice, support, or care they seek as a result. Across many settings, including healthcare, mental health continues to be erroneously linked with weakness, violence, attention seeking and lack of decision-making ability. In turn, these beliefs encourage people

to act differently, to exclude, avoid, or use coercive practices with people with mental health problems, and collude with others to restrict their freedoms under the assumption that they are not able to live independently. Staff who work within acute wards, psychiatric settings, A & E, Out of Hours, Social Work, etc. only ever see people when they are in crisis, and do not get to see any one individual's journey back to health.

A person's story involves many ups and downs, and people with mental health problems do experience very serious inequality of opportunities and outcomes. However, recovery is real, and people with mental health problems can live fulfilled, successful, lives full of purpose and wellbeing. The principles of the **"[Health Promoting Health Service](#)"** concept encourage all healthcare professionals to view every interaction as a health improvement opportunity. This directly affects quality of care but also strengthens help seeking behaviour especially in people with lived experience of mental health problems.

Many people describe the stigma they experience in services as worse than the diagnosis of a mental health problem. If someone is impacted by stigma linked to another protected characteristic (LGBTI, BME, age, sensory impairment, etc.), the experience of stigma due to a mental health problem can be heightened significantly. These attitudes also affect people connected to people with mental health problems such as family members or friends i.e. stigma by association. Stigma in all its forms can have a detrimental impact on the mental wellbeing of the person and those around them. All staff should be comfortable having a conversation with someone who is presenting in distress, understand the concept of self-management, and how to signpost people to local and national support resources.

Commitment to end mental health stigma needs to be embedded in policy and practice rather being viewed as additional. Greater use could be made of the policy, political and legal drivers, and levers available to influence change in healthcare standards where reference to mental health inclusion is explicit. A blend of education, social contact and influencing are the most powerful ways to tackle mental health stigma and discrimination especially when lived experience is embedded in the approach. Leadership role modelling, inclusive policies, learning and development (literacy, safeguarding, first aid, etc.), workforce wellbeing, communication of available support, peer-led approaches and focusing on recovery are fundamental in ensuring parity of esteem between physical and mental health is achieved, as outlined within the **[Mental Health Strategy 2017-27](#)**.

Involving lived experience across the lifespan of mental health inclusion improvement work and seeing this as a measure of quality will lead to greater impact. Change is possible and people like you will end mental health stigma and discrimination in healthcare.

Towards mental health inclusion

Tackling mental health stigma and discrimination in healthcare

Slide 1

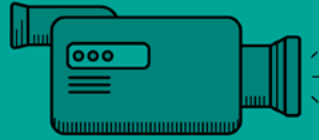| Learning outcomes	Your notes
1. Participants have increased understanding of mental health stigma and discrimination in healthcare settings. **2.** Participants have a greater awareness of the impact of mental health stigma and discrimination in healthcare settings. **3.** Participants have increased knowledge of strategies that can reduce mental health stigma and discrimination in healthcare settings.	

Slide 2

See Me definitions	Your notes
Stigma: "The negative attitudes or beliefs based on a preconception, misunderstanding or fear of mental health." Discrimination: "When a person performs an action, whether intentional or unintentional, that creates barriers and inequality for people with lived experience of mental health problems."	

Slide 3

Video	Your notes
This film provides testimony from people with lived experience of mental health problems describing interactions with the health and social care system. Whether you are an ophthalmologist, a nurse, a health visitor, a GP or any other role, you can make a difference to patients' experience, health, recovery and help seeking behaviours.	

Let's play stigma and discrimination!

Slide 4

Game	Your notes
There are three types of stigma: self-stigma, public stigma (includes stigma by association), and structural stigma, and six forms of discrimination: direct, indirect, failure to make reasonable adjustments, discrimination arising from a disability, harassment, and victimisation. On the next page you will find a collection of descriptions and examples of the various types of stigma and discrimination. In small groups we would like you to match up the types of stigma and discrimination to the corresponding descriptions and examples using the grid found on the page after the jumbled descriptions and examples.	

Definitions	Examples
The negative attitudes and beliefs held by the general public towards people with mental health problems or the people connected to them.	"Oh he is always doing that to himself... just make him wait."
It's a form of discrimination not to make reasonable adjustments. This is only if a service provider or employer knows or should know about a persons disability, and the adjustments they asked for were 'reasonable'.	"I just think people say they have anxiety or depression because they are lazy."
Where a person is treated badly because they complain about discrimination or they help someone who has been discriminated against.	"For goodness sake I mean honestly the way you are, it's like you just don't give a damn about anything."
When someone is treated worse than other people because of a protected characteristic.	"People shouldn't ever have to change things just to accommodate my needs."
When there's a practice, policy or rule which applies to everyone in the same way, but has a worse effect on some people than others.	"I'm reducing your shifts because I don't want a trouble maker around the rest of my team."
When someone behaves in an aggressive or intimidating way towards someone or their behaviour creates a hostile or offensive environment for that person.	"I don't care what you are like in the morning, that's when your appointment is."
Self-stigma happens when people who experience mental health problems internalise public stigma.	"The hospital cannot accommodate phased return, working from home or light duties in your case."
Where an employer or service provider treats someone unfavourably because of something relating to their disability.	"When dealing with schizophrenic people..."
Refers to an organisation's policies or culture of negative attitudes and beliefs.	"Everyone needs to attend clinic appointments for this physical condition so you have to as well, it makes it fair for everyone."

Type	Definition	Example
Self-stigma		
Public stigma		
Structural stigma		
Direct discrimination		
Indirect discrimination		
Discrimination arising from a disability		
Failure to make reasonable adjustments		
Harassment		
Victimisation		

Slide 5

| Policies and improvements	Your notes
1. **Nursing 2030 Vision** – Tackling inequalities, being sensitive to stigma and discrimination, establishing parity of esteem between physical and mental health, and thinking about nurses' own mental health are all included in the vision. 2. **Mental health strategy 2017-2027** – Commits explicitly to reducing mental health stigma and discrimination. 3. **Realistic Medicine** – Puts the person receiving healthcare at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to the patient so that the care of their condition fits their needs and situation. 4. **Health Promoting Health Service** – Reduces inequalities by viewing every healthcare contact as a health improvement opportunity.	
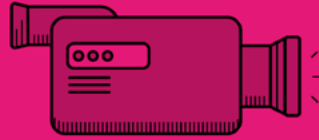
Being taken seriously

Slide 6

Video	Your notes
This film provides testimony from people with lived experience of mental health problems describing the challenges of being dismissed, mis-diagnosed and ignored and the lasting benefit of compassionate, person centred care.	

What can we do?

How could you reduce mental health stigma and discrimination?
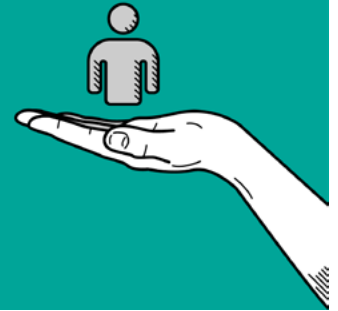
Slide 7

Reducing stigma and discrimination	Your notes
Have a go at completing the "Mental health stigma and discrimination reduction matrix". Think about your own work environment, the different forms of stigma and discrimination, the policy context, your whole group discussion and the lived experience testimony.	

Mental health stigma and discrimination reduction matrix

Activity	Setting		
	Healthcare	Social Care	Other setting
Testimony from lived experience			
Multiple forms of social contact			
Mental health literacy			
Myth busting			
Role model person centred approach			
Emphasising recovery			
Culture and environment			
Other strategy			
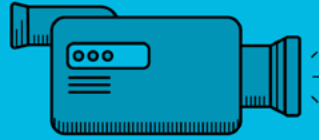
Here for you

Slide 8

Video	Your notes
This film provides testimony from various health and social care professionals describing their practice and interactions with patients experiencing mental health problems.	

Slide 9

Resources	Your notes
- Nursing Vision 2030 - **https://www.gov.scot/publications/nursing-2030-vision-9781788511001/** - Mental Health Strategy 2017-2027 **https://www.gov.scot/publications/mental-health-strategy-2017-2027/** - Realistic Medicine – **https://www.realisticmedicine.scot/** - Health Promoting Health Service – **http://www.healthscotland.com/documents/4128.aspx** - Care Opinion – **https://www.careopinion.org.uk/** - Breathing Space – **www.breathingspace.scot** - Samaritans – **www.samaritans.org** - NHS 24 – **www.nhs24.scot** - 7 cups – **www.7cups.com** - See Me – **www.seemescotland.org**	

See Me resources

Let's Chat

Concise, practical tool to help managers and employees have better mental health conversations. The tool content was developed alongside See Me volunteers with successful professional lives and lived experience of mental health problems.

What's On Your Mind

Built around the four capacities outlined in the Curriculum for Excellence, this pack supports teachers and young people to learn about mental health and develop the skills and confidence to tackle stigma and discrimination in school and the wider community. It includes a session on Feels FM (https://feelsfm.co.uk/) – the world's first emoji powered jukebox for mental health allowing people to express how they're feeling using music as a positive coping strategy.

Time to Talk Day

Time to Talk Day aims to get people all around the country talking about mental health. The anti-stigma programmes from the UK and Ireland get together to challenge discrimination by getting people everywhere to have conversations. Time to Talk Day happens on the first Thursday every February.

Communities Can

Contains information, session plans, tools and resources which can be used to tackle mental health stigma and discrimination. It has been made by people with lived experience of mental health problems and See Me. This pack is useful for everyone in any type of community.

See Me resources

(continued)

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Pass the Badge

You can start talking about mental health by finding a photo which means something to you and uploading it to passthebadge.co.uk to put our digital badge on. Then share it on social media with a story about why you think it's important to start talking about mental health. Then tag a couple of people, ask how their mental health is and get them to share their own badge picture.

Walk A Mile

The idea is that people get paired up with someone they don't know, using different colour t-shirts, and then walk a mile together speaking about mental health. The activity was created by See Me and Chris McCullough Young, inspired by his walk around the UK to tackle mental health stigma.

Power of Okay

Support for anyone is a matter of encouraging and nurturing communication and discussion. Start by asking 'Are you okay?' Time To Change, our sister organisation in England have a similar campaign called "Ask twice" as the first time you ask the likely response is "I'm fine".

See Me in Work E-learning

Mental health awareness should be a priority for all managers and staff. Recognising staff needs from understanding mental health, rights and how to speak openly about mental health is essential. Learn more about how mental health stigma and discrimination impacts people in work.

All of these are available at https://www.seemescotland.org/resources/. See Me also have a YouTube channel where you can access films about anti-stigma and discrimination projects, lived experience testimony and campaign videos.

Slide 10

Self-care	Your notes
Let's create a 'Stay Well Card'! This activity is adapted from the See Me Communities Can pack and simply involves you folding a piece of A4 paper into a care shape and decorating it with words, phrases and pictures of strategies to help you stay well.	

Slide 11

Next steps	Your notes
Briefly review your completed stigma and discrimination reduction matrix and come up with one tangible step you will take towards the potential actions. **Finally if you haven't already done so, please complete the course evaluation form and hand over to the facilitator.**	

Additional resources

National Health and Wellbeing Outcomes – **https://www.gov.scot/publications/
national-health-wellbeing-outcomes-framework/.**

World Health Organisation (2009) Mental health, resilience and inequalities (pg. 35-37).
Available at: http://apps.who.int/iris/bitstream/10665/107925/1/E92227.pdf.

Reiss, F. (2013) Socioeconomic inequalities and mental health problems in children
and adolescents: A systematic review. Social Science and Medicine, 90, 24-31.

Farka, M. et al. (2005) Implementing Recovery Oriented Evidence Based Programs:
Identifying the Critical Dimensions.

About *See Me*

We are Scotland's programme to end mental health stigma and discrimination enabling
those who experience mental health problems to live fulfilled lives. We are funded by the
Scottish Government and managed by SAMH (Scottish Association for Mental Health)
and the Mental Health Foundation. Our mission is to mobilise people to work together
and lead a movement to end mental health stigma and discrimination; work with people to
change negative behaviour towards people with mental health problems, and ensure that
the human rights of people with mental health problems are respected and upheld.

See Me encourages workplaces to get involved in campaigns and activities that support
employees to open conversations about mental health, and build the capacity of line
managers to support employees to stay in/return to work when they experience mental
health problems. Visit our website for details: **www.seemescotland.org.**